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# Servicios de La Raza

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## 2012 Needs Assessment

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## Executive Summary

In 2012, 186 surveys completed in full, very few (7%) were completed in Spanish. Most (59%) of the respondents were female, with an average household size of 4.1 individuals. A large majority (81%) were employed, with 63% being employed full time. These responses are compiled with those of the previous two years –when possible.

Overall, developmental programs (substance abuse, health education, and programs surrounding employment and education) were also determined to be significant needs. SDLR has an opportunity to create better youth programming centered on employment and college applications. Considering that only 19% of the respondents in the Needs Assessment indicated that they had used SDLR services, instituting youth employment and college attainment programming may bring new clients into the SDLR family. There was no significant difference in perception of the need for youth employment and college attainment based on either gender or family size. There was, however a negative correlation where the higher the employment level of the respondent, the lower the perceived need for employability programs.

Messaging regarding health care and health care access is not usually designed to reach beyond mainstream culture and it is often difficult to understand, even for well-educated, English speaking individuals. A study of consumer health education, demand and delivery found that 40% of the American population found health education "too difficult to be of value." This is what makes getting the word out so challenging-- and so essential. With new laws and regulations like the Affordable Care Act going into effect, the healthcare landscape is changing rapidly. With vital funding, the ENTRA program at SDLR intends to have explanatory models in position to get the healthcare message out to hard-to-reach audiences.

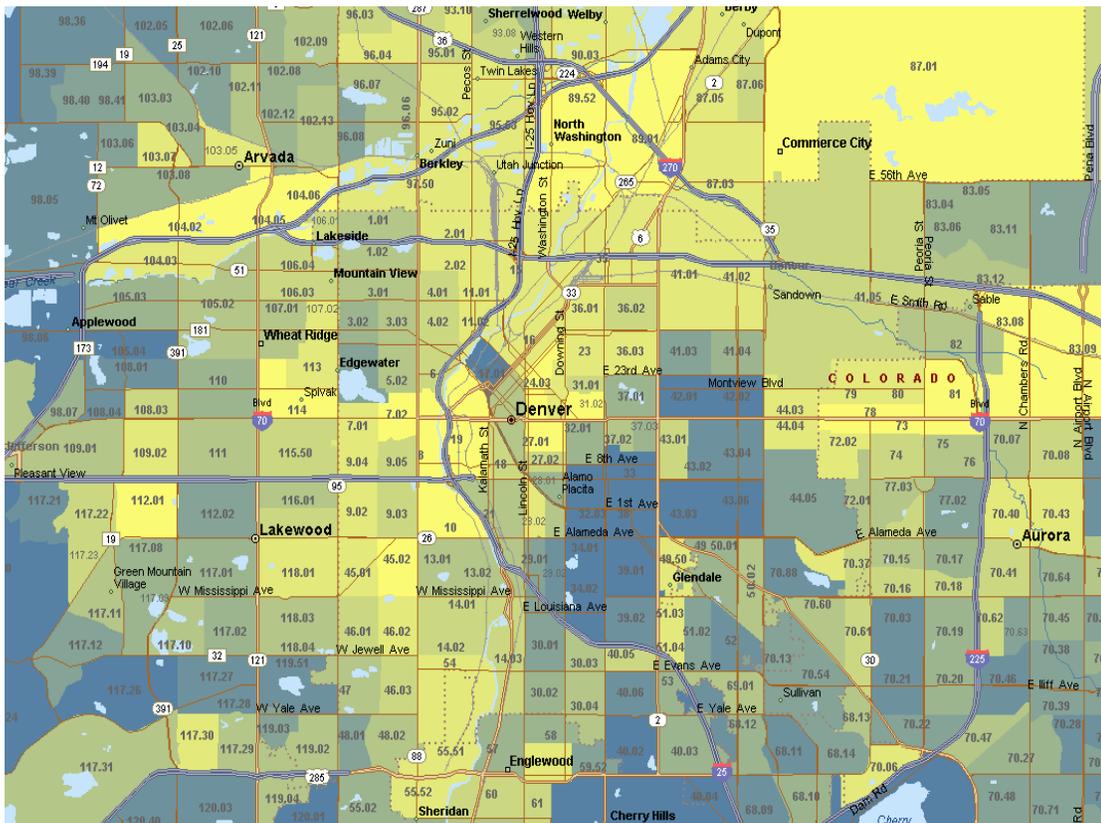
Programming surrounding retirement continues to be a high need. Retirement is closely associated with both meeting basic living needs and maintaining good health. While not indicated on the maps, the home-owning Latino population outstrips younger family-forming households (CPS 2009). This presents a good opportunity to offer assistance and education on living conditions, activity, and volunteer efforts for local seniors.

For the most part, SDLR has Supportive partnerships with other community organizations. Similar to having partnerships with organizations from different sectors, it is important to have a balance of partnership types. SDLR has some Collaborative partners, but engages with very few Competitors.

## Introduction

For over 40 years, Servicios de la Raza (SDLR) has served the needs of the people living in Denver. The community has been extremely supportive of the activities of SDLR and its staff and board members have emerged as community leaders, representing the interests of all under-represented individuals living in the urban corridors of the city.

Servicios de La Raza continues to serve the needs of the population living in the urban corridors of the Denver metropolitan area. The map below shows where there are high concentrations of household with low incomes living in Denver. The yellow areas represent those areas where there are the more and poorer households, a great number of whom live near the national poverty line. As is evident, the need for services offered by SDLR is virtually everywhere in the city. In the three years since the needs assessment project began, the areas of need have expanded from those areas immediately surrounding the I-70/I-25 intersection, to encompassing all but a few select neighborhoods. The SDLR catchment area, therefore, has increased and now spans four municipalities and three counties, placing additional operational and policy burdens on the organization.



## Program Descriptions

Servicios de La Raza's mission is *to provide and advocate for culturally responsive, essential human services and opportunities*. For over 40 years, the organization has been fulfilling this mission through a variety of services and programs, all designed to act jointly and severally to benefit those individuals most in need in Denver. Together, there are five programs:

- Youth Experiencing Success (YES)
- Basic Emergency Services (BES)
- Victims in Safe Transition and Self-sufficiency (VISTAS)
- Everyone Needs Tender, Respectful Attention (ENTRA)
- La Gente, a bilingual HIV/AIDS services program

SDLR is also a licensed mental health service organization and is able to offer low-cost services for self-pay clients. As a Medicare provider, the organization offers case and medicine management, individual, family, and group counseling, and referrals to psychiatric counseling.

### YES Program

The Youth Experiencing Success (YES) program aims to advocate for and empower Metro Denver youth to pursue sustainable careers through access to education, employment and training opportunities. Acting in accordance with their mission, the YES staff members continue to meet with youth to direct them towards positive social activities to help improve their lives, the lives of their families', and the community at large.

In 2012, YES case managers enrolled and served 222 individuals, exceeding contract goals by 36. YES also added a dedicated job developer that placed more than 40 individuals in work-related activities, including work experience and un-subsidized work positions. YES also worked with more than 20 different agencies and organizations to write two grants for a federally funded program that aimed to reduce recidivism in ex-offender youth as part of the Transitions for Young Adults collaborative. The YES program met all performance measures for WIA funding and continues to offer important services that help our community's youth to thrive.

### BES -- Basic Emergency Services

While Servicios de la Raza provides multiple services to the people of Denver, one of the greatest missions is to provide critical and urgent resources to those who were unable or struggling to meet their most basic needs. In 2012, SDLR was able to provide a wide range of support, including a food and clothing bank, a child passenger safety program, case management and seasonal and holiday assistance for families who could not afford a warm meal at Thanksgiving or gifts for their children at Christmas.

Last year, Servicios de la Raza Basic Emergency Services served 9,676 unduplicated individuals through our food and clothing bank, installed 111 child passenger safety seats, dispersed coats, gloves or scarves for 198 people, handed out 218 backpacks filled with school supplies, and distributed 525 holiday baskets for Thanksgiving and Christmas.

## **VISTAS**

The VISTAS (Victims in Safe Transition and Self-Sufficiency) program offers services to victims of domestic violence and their families within the greater metropolitan area and extending to the entire state of Colorado. In general, the program provides case management services, as well as victim and legal advocacy for individuals. Services included crisis intervention, a 24-hour crisis line, ongoing emotional support, navigation through various legal/court processes, assistance with victims' compensation, support groups and referrals, and assistance in accessing free or low-cost legal representation for family and immigration cases. All services offered through VISTAS are free and the staff is fluent in both English and Spanish.

In 2012, VISTAS served over 549 clients, surpassing all grant and organizational goals. Additionally, VISTAS successfully hosted three survivor skills workshops in partnership with the Conflict Center and held a weekly support group. Every Tuesday, sexual assault survivor group in partnership with the WINGS foundation. VISTAS participated in over eight community-based outreach programs. Additionally, VISTAS is involved in a number of committees that worked on improving services to those affected by domestic violence, to include the Victim Services Network, the Denver Domestic Violence Coordinating Council, and the Sexual Assault Interagency Council.

## **ENTRA**

Effective outreach depends on knowing the culture of your target population, and their needs. ENTRA is a culturally responsive advocacy program making a special effort to approach, inform and mobilize cultural communities towards accessing dependable health care. Individuals whose health was compromised due to differences in language, income, education or access to medical care exist in our communities and ENTRA is here to help.

The ENTRA program at Servicios de La Raza not only understands and anticipates the health needs of urban residents, but aggressively educates the community on issues impacting access to health care and health care delivery. Last year, ENTRA worked to educate potential recipients and participants on using the health care system, disseminate information and provide comprehensive and culturally responsive programming for accessing health care programs like Medicaid, CHP+, Medicare, Colorado state programs, and private insurance.

Together, ENTRA served 1,625 families and individuals, helping them to navigate a complicated health care system and successfully enrolled 144 families in the Medicaid assistance program.

### **La Gente**

The La Gente Program at Servicios de la Raza was founded in 1996 and serves a wide cross-section of the Latino population living with HIV/AIDS, including straight, gay, lesbian, bisexual and transgender men, women and youth. La Gente is a bilingual program specializing in providing client-centered services for HIV/AIDS infected individuals and their families to gain access to health care, emotional support and other resources and assistance. La Gente utilizes unique approaches to care and support services. It offers intensive medical case management, mental health therapy, substance abuse counseling, HIV linkage-to-care and reengagement services, medical transportation assistance, a food bank, HIV/STD testing and screening services, client advocacy, a cohesive referral system to qualified providers, community outreach and much more. The La Gente Program also conducts HIV/STD prevention and education classes to youth throughout the Denver Metropolitan Area.

2012 marked a significant year of change for the La Gente program. Additional funding translated into the hiring of new staff and subsequently, new participants. La Gente was successful in diversifying the program to meet the needs of all individuals living with HIV/AIDS. With wrap-around services provided within La Gente –and across all SDLR programming -- participants were able to access multi-layered needs, increasing their health and self-management of care.

## Methodology

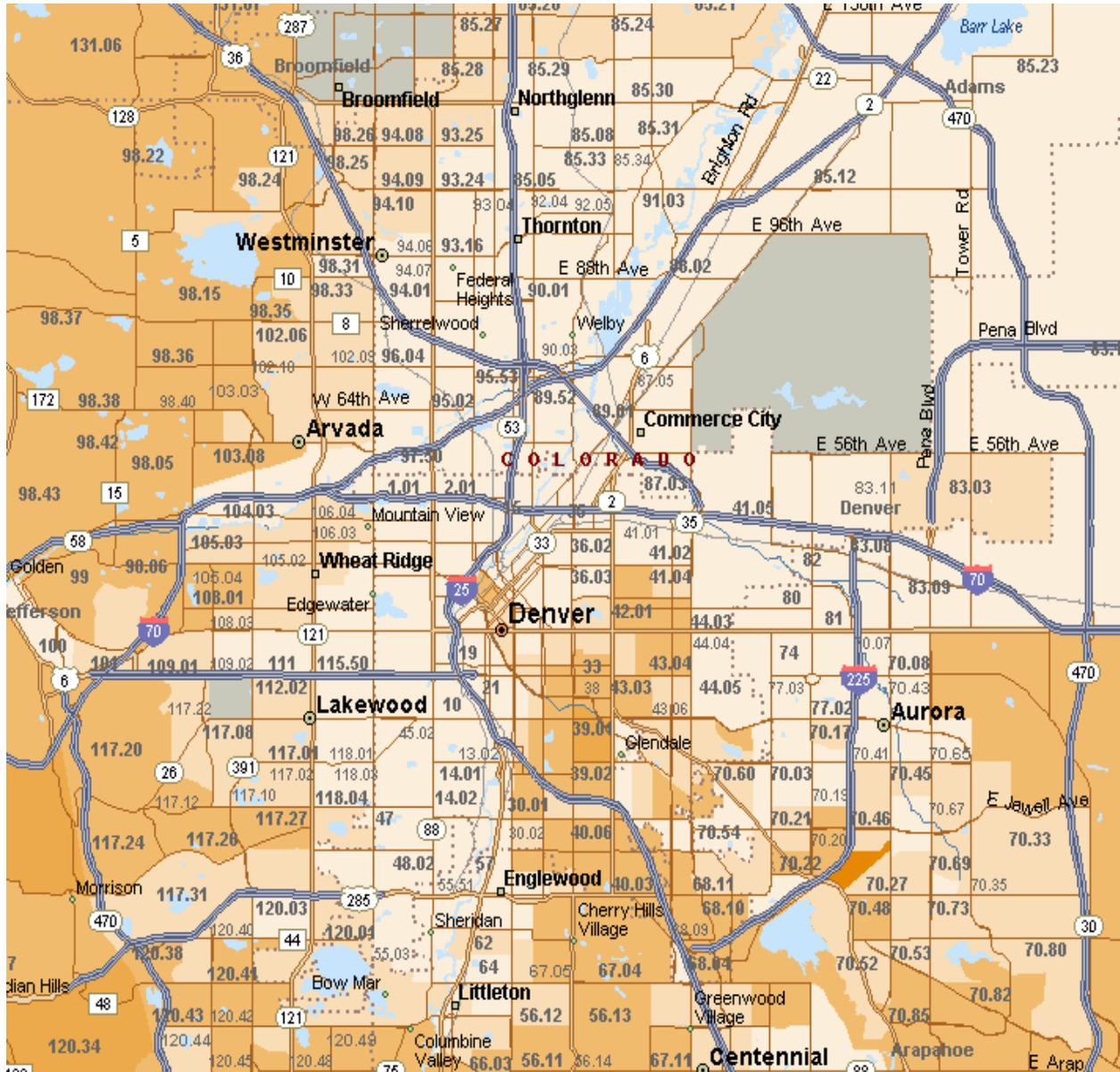
For the past three years, SDLR has conducted an annual needs assessment in order to determine the level and degree of essential services most needed by community members. In addition to interviews with staff members and analyses of the SDLR partnerships, community members are polled concerning their opinions on available services for youth, adults and seniors. Additionally, a partnership analyses was conducted to determine the level of involvement and integration SDLR presents to the community.

Missing data at the individual and group level were dealt with using approximation and the model building. Since missing data were both random (at the individual level) and non-random (group level), two separate methodologies were applied. First, for random missing data, listwise deletion was applied to separate calculations (Hair and Tatham, 2001). Second, for non-random missing data, dummy variables were created for between-group comparisons (group with responses, group without responses). Analyses were then performed between the two groups to account for response bias which were then incorporated into the final analyses (Cohen and Cohen, 1983).

For comparison purposes, the evaluation combines data from multiple years of information from staff and the SDLR Needs Assessment Survey. These data were compared with other, national data from public access data from the National Center of Education Statistics, US Census Bureau, the Current Population Survey, the Center for Disease Control, and the American Community Survey. All data are analyzed with SPSS V.21 and Microsoft Excel software packages. Data are analyzed and reported according to the standards and ethics outlined by the American Evaluation Association. Data remain the responsibility of Servicios de La Raza and all individual identifiers are masked prior to analyses.



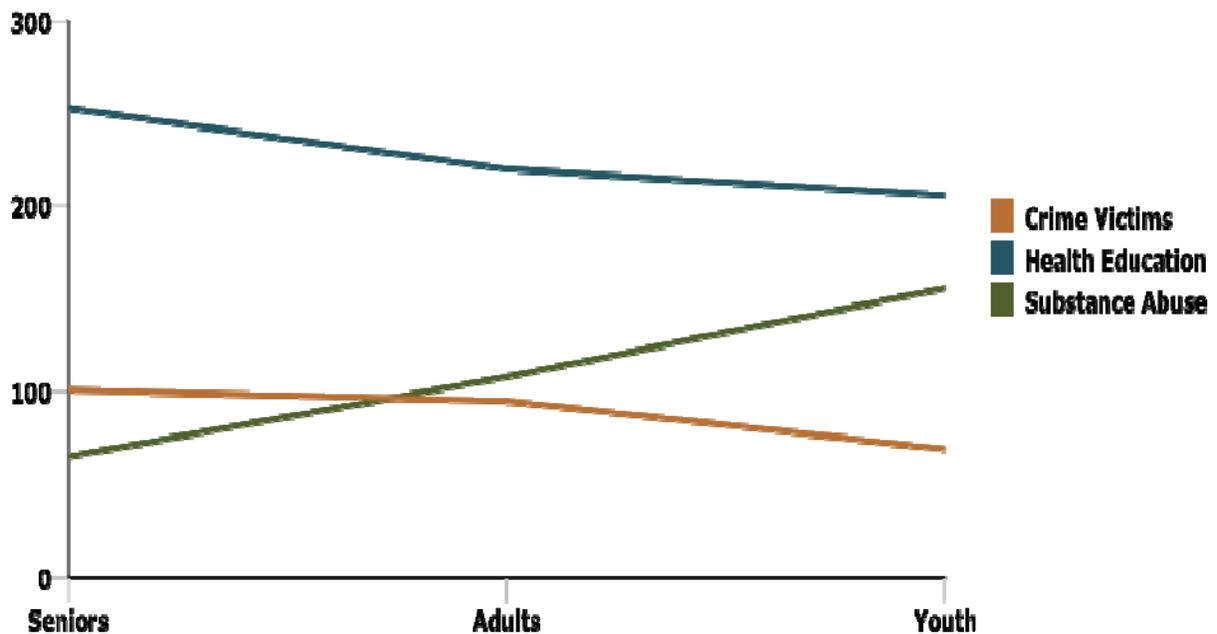
A different pattern emerges when looking at home ownership in the Latino population of Denver. In addition to having fewer Latinos own homes in urban corridors, suburban areas have relatively few Latino home-owners. Taken together with the high unemployment rate for Latino workers<sup>1</sup>, this may indicate a stalling of Latinos entering, or preparing to enter the middle class.



<sup>1</sup> 2012 Unemployment rate for Hispanics living in Colorado is 11.5%, nearly 3 points higher than the overall population and 3.5% higher than the white population. Hispanic youth, age 16-19 suffer an unemployment rate of 28.6%

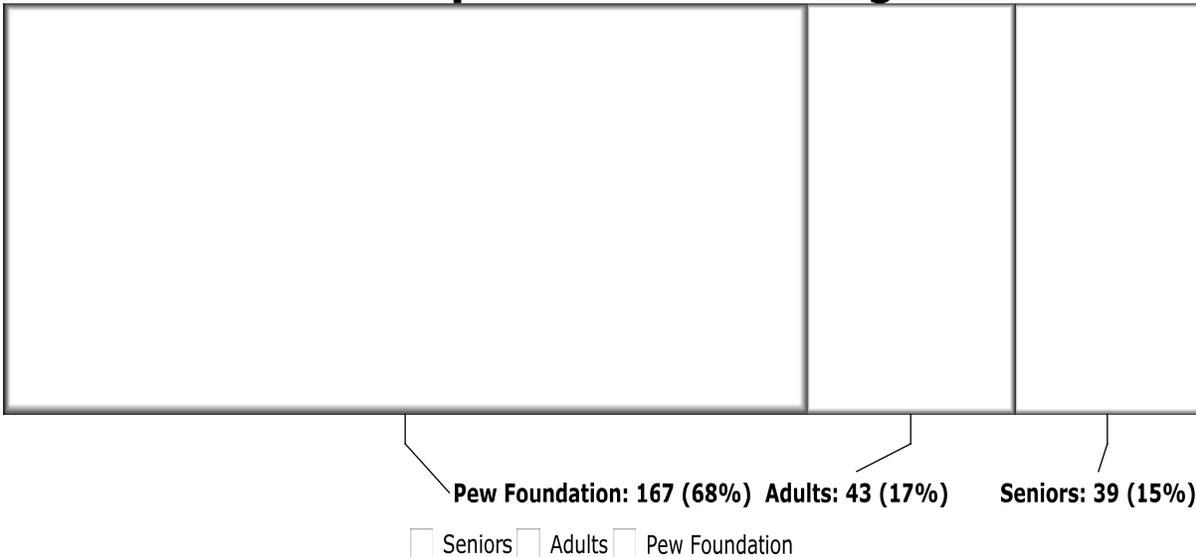
Of further interest is the perception that crime victim assistance or counseling was not as necessary for youth as they were for older community members. The chart below shows that area residents feel that seniors and adults have a greater need for crime victim programming. Respondents also indicated that older residents did not need counseling or programs dedicated toward substance abuse, and that all residents had a high need for health education. Since substance abuse is inextricably linked to health education, this is an interesting finding.

## Cross-Generation Needs



Interestingly, the respondents did not perceive SDLR as being a conduit toward civic activity. While the survey was administered at a community festival, respondents indicated that SDLR should direct their efforts outside the political arena. Comparing recent PEW Foundation data of Denver Metro residents, Latinos feel the need for more voter registration efforts –just not from SDLR.

## Relative Perception of Voter Registration



Benefit and service oriented programs were also highly rated. Programs surrounding emergency housing and food bank services were second only to employment-related programs. Again, as with last year, women rated these programs higher than men. Women with larger families were less likely to view these services as being of high need and only men with families smaller than three children felt that these were high need programs. It was especially interesting to see clothing bank need ranked near the bottom for the adult population for the second year in a row. SDLR may wish to consider a community education program directed to the BES programming.

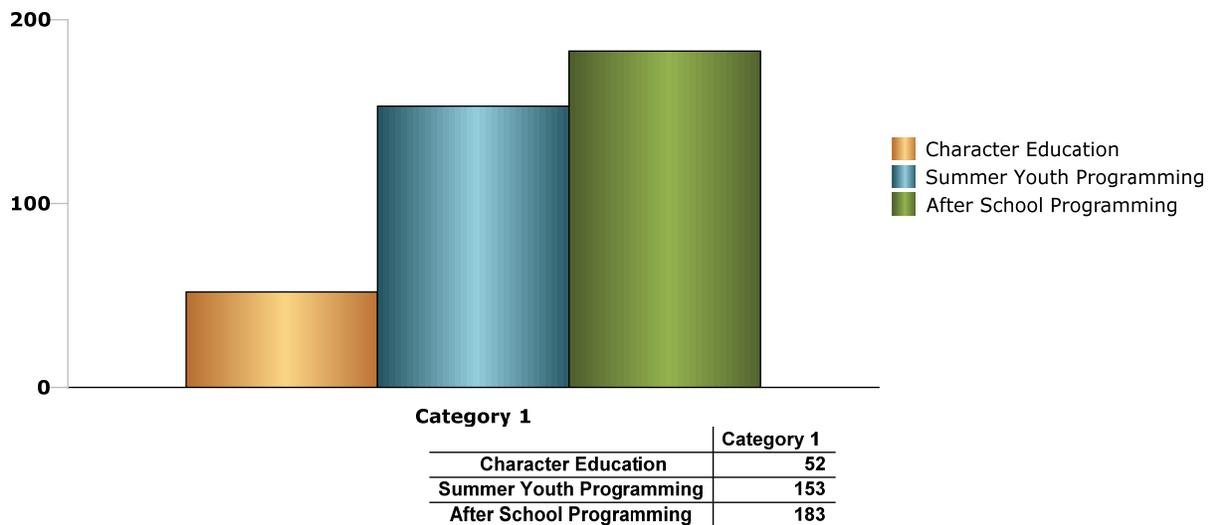
For Seniors, another story emerges. With the notable exception of substance abuse, programs dedicated to meeting emergency needs and health concerns were considered high priority needs. Meeting basic needs, like food and emergency housing were the priorities. Again, clothing ranked in the lower quartile. Comparing these data to the community home-ownership map (page 8), those areas translating into better economic living conditions – job training, education, and employment – remain a priority for residents, while crime-related services (substance abuse and mental health) are less of a concern.

## Findings - YES Program

### *Preparation in schools*

Increasingly, schools and districts are recognizing the importance of out-of-school time and how that translates into success when class is in session (Harvard After School Program Research, 2010), and future successes in the work place (Hidi & Renninger, 2006). For the SDLR community, Out-of-school programs in the summer or after-school were perceived as having the highest need.

## Extra-Curricular Youth Education



Close to two-thirds of the youth surveyed indicated that summer programming and after school programming were considered to have the highest priority. While there was much less interest, character education is still considered to be important by area, urban youth. Nearly one-fourth of the youth indicated a high interest in participating in character education programs

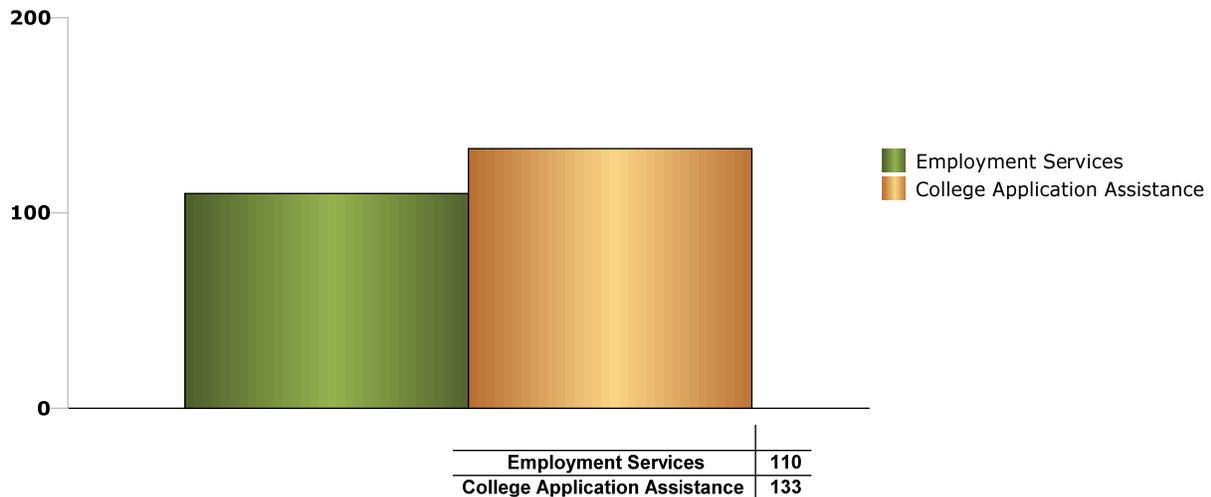
Deborah Bloch, in her work on workforce preparation, examined the relationship between educational policies aimed at improving career and character development, and school practices (1996). Bloch finds that there is a gap between knowledge of principals' and guidance counselors' knowledge and the policies in place to help students develop skills for the workforce. Although Bloch's study is over 15 years old, her work is nevertheless important for understanding the situation felt by individuals entering the workforce. One important factor that leads to this gap between policy and practice is the structure of these policies; mainly, policies aimed at workforce preparation are voluntary and goal-setting rather than programs aimed at introducing programming or requiring schools to reach specific benchmarks. The large

amount of flexibility that exists in this policy structure can hinder compliance; although it does encourage ingenuity and individuality within school districts.

Unfortunately, the flexibility inherent in this policy structure also leads to 'loose' enforcement (Bloch 1996). This type of policy paradox generally hurts the least served populations the most. Bloch attributes this gap largely to the fact that schools were traditionally designed to prepare students for higher education rather than for specific trades. The transition to vocational training has been incomplete (Bloch 1996). However, in the case of Bloch's research, problems identified between policy and practice were vast enough that between groups differences were insignificant-- all students suffer, though maybe not equally.

Area youth also recognize the necessity of having both college readiness alongside the availability of workforce skill development. The chart below shows that over half of the youth surveyed for the 2012 Annual Needs Assessment understand the importance of having both types of assistance.

## Workforce Readiness Needs



Future efforts to increase workforce preparation curricula and programming within the school, Bloch suggests, would be more successful if backed by enforceable (i.e. grant) programs through the government rather than ambiguous and passive goals (1996). Additionally, recognizing that the group of people making policy differs in socio-economic status and ethnic background from the overall student population, Bloch recommends that policymakers work more closely with local actors in order to develop appropriate and effective programming (1996).

In a more recent study published in *School Administrator*, Boykin argues that workforce readiness concepts for today's job market are not drastically different from the skills required to succeed in a college setting (2010). Boykin points out that many vocational training options for high school students are less academically rigorous than college preparatory programs. This is a disservice to vocational students because the same skills – creativity in approaching and solving problems, ability to clearly communicate, and the core skills (reading, writing, and mathematics) – lead to success in all career paths, not only careers that require college education (Boykin, 2010). Additionally, Boykin points out the inherent failure in school curricula to communicate to students *why* the material they are learning is important for their career development. This failing is highly problematic because it can greatly diminish the impact of even well-designed and implemented curricula (Boykin 2010). Similarly, Jennifer Schramm suggests that Human Resources professionals and other employment professionals need to take the initiative in pushing for these changes (2008). After all, Schramm argues, without systematic changes in this system, employers will continually face an unprepared employee pool which requires additional resources and produces a poorer product (2008).

Boykin lists attributes of K-12 education which would benefit both college-bound and career-bound students: (1) an integrated curriculum emphasizing language, mathematics, and science skills which provide options for post-secondary pursuits; (2) early exposure to background knowledge and an expansive vocabulary; (3) critical thinking skills applied to life situations; (4) emphasizing the link between substantial effort and significant results; (5) exploration of career and educational opportunities; (6) individual treatment by school faculty and staff, especially guidance counselors and mentors; and (7) encouragement of persistence, creativity, self-discipline, and long-term gratification over short-term satisfaction (2010). Admittedly, this is a substantial list of goals to achieve, and Boykin further emphasizes that in order to ensure these changes, systematic effort is required rather than localized alterations in school approach and behavior. Jeff Garton seconds this holistic approach to workforce preparation, arguing that such well-designed and executed programs are students' greatest chance at career success.

Garton points out that the world these students enter is not employee centered like it used to be, where employers worked to satisfy the needs of their employees on a material and emotional level (2010). It is no longer the case where employers are committed to satisfying their worker's needs. Instead, Garton argues, "Rather than cause students to expect job satisfaction, give them a whole new employment mindset to achieve and maintain career contentment, with or without job satisfaction" (2010, p. 27). Garton's argument focuses on psychological health (and happiness) in the workforce, yet his greater message translates to preparation in general – the onus is more on individuals to carve out their own careers rather than on employers to provided careers.

In a similar vein, Smith and Saunders examined the benefits of using virtual reality programming to prepare students for work. While the core of their work examined the benefits of using this technology for preparing students<sup>2</sup>, their underlying point was that with rapidly changing technology, many jobs that current students must prepare for do not exist yet (Smith and Saunders, 2007).

### *Preparation by employers*

Many employers have realized that this gap between expectations of workforce readiness and actual practice presents a substantial challenge to the success of their businesses (Stewart, 2011). Stewart pointed to statistics that paint a pessimistic portrait of the US workforce:

- “Forty-two percent of new workforce applicants with high school diplomas or GEDs are deficient in basic work skills—readiness skills they should already have when hired.”
- “The United States is 20<sup>th</sup> in the world in high school graduation rate.”
- “Declines in funding of vocational training at community colleges have resulted in a limited number of training programs.”
- “According to the US Bureau of Labor Statistics, the average age of a craft professional is 47 years.” And
- “By 2014, the number of workers aged 35 to 44 years is projected to decline by 2.8 million.” (Stewart 2011, p. 56)

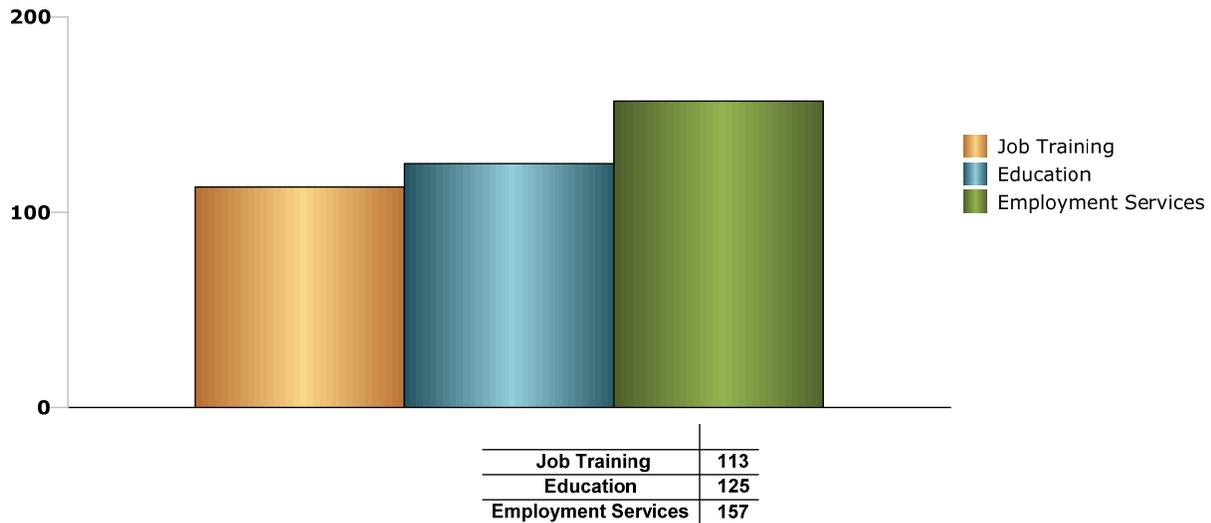
Taken together, Stewart suggests that the trend in cutting worker training programs will hurt US businesses more than the short-term budget savings helps. Furthermore, even though the US is experiencing an economic downturn, not all job markets are flooded with qualified applicants –skilled craft-persons are in high demand, a demand which is projected to keep increasing as fewer and fewer individuals are trained in these professions – manufacturing, repair trades, etc. (Stewart 2011).

The results of these cost-cutting measures is becoming well-known to the population. For the second year in a row, adults participating in the SDLR Needs Assessment understand that importance of being prepared for first getting, then keeping a job. S demonstrated in the chart below, a clear majority of adults indicated that they require assistance in being better prepared for employment.

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<sup>2</sup> They conclude that virtual reality technologies can be quite useful for training students, especially in the science, technology, engineering and math fields.

## Adult Pre-Employment Needs



### *At-Risk Youth*

In one of the few works on disadvantaged and underserved youth, J.J. Laabs suggests that the most effective way to help youth become ready for the workforce is to improve career planning and mentoring services for these individuals (1994). In many cases, underserved youth already have key skills and dreams but have difficulty linking those attributes to careers. In one program utilizing the Personnel Journal's Rebuild America Challenge grant in Los Angeles, participating youth would spend time in a work setting which allowed them to learn critical skills and receive mentoring from professionals outside their usual social circles (Laab 1994). Similarly, the Cristo Rey college-prep high schools run work-study programs which fund the education of a mostly minority and poor student body (Agnvall 2008). The structure of these schools has students attend classes for four days a week and then spend one day in a professional work setting where they learn valuable skills for participating in the workforce. The network of Cristo Rey schools<sup>3</sup> provides students with both workforce preparation and college-preparation in the same 'track,' an unusual approach considering the bifurcation of those options in many US schools. Additionally, these schools see impressive success rates in graduation and college enrollment – approaching 99 percent (Agnvall 2008, p.108).

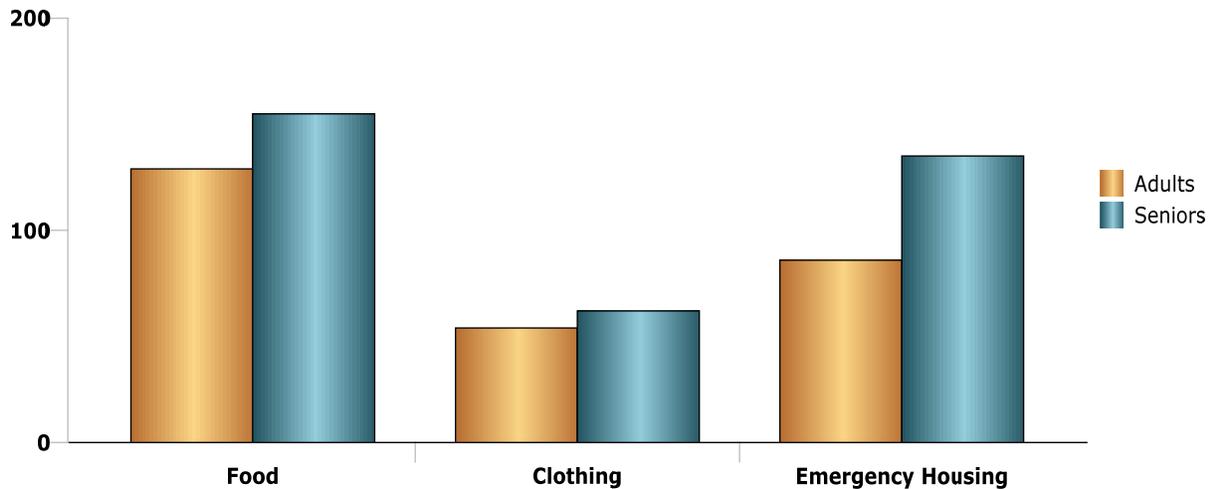
<sup>3</sup> There is a Cristo Rey school in Denver according to this article.

## Findings – Basic Emergency Services

### *Basic Emergency Services*

As unemployment rates remain high and the economy grows at a sluggish rate, the need for basic services –food, housing, clothing –are climbing to an all-time high. According to the US Census Bureau, those individuals who have reliable housing, but are overburdened with the day-to-day cost of living have increased 3% over the past four years. Now nearly 75% of households existing at or below the poverty line are considered to be over-burdened and must rely on food and clothing banks to make ends meet. In general, respondents understand the need for getting food and housing as being priorities. Seniors tend to be more sensitive to fulfilling basic emergency services than are working adults.

## Basic Emergency Services

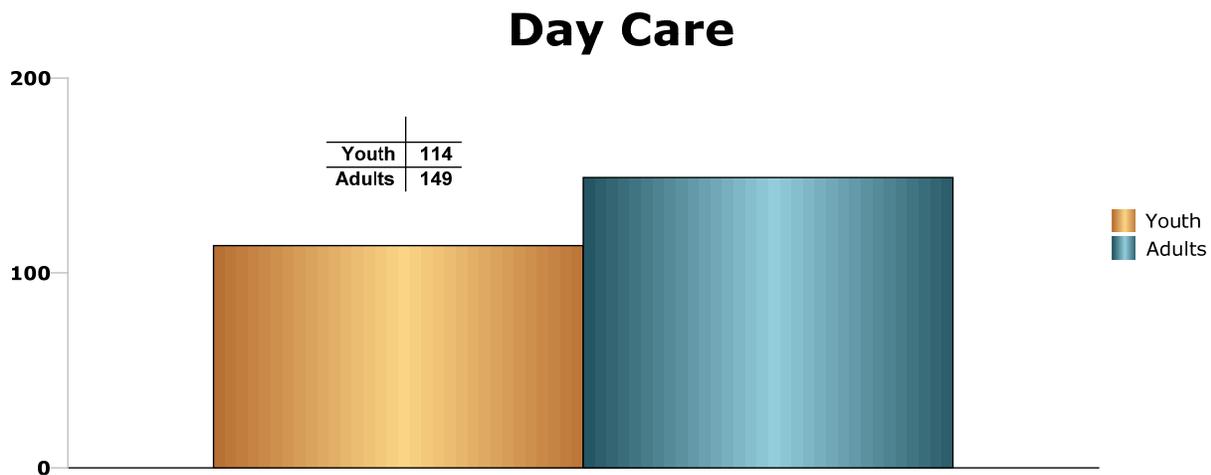


	Food	Clothing	Emergency Housing
Adults	129	54	86
Seniors	155	62	135

## At-Risk Workers

Enhanced training efforts for workforce preparation in underserved communities should not stop when formal schooling does. As Kathryn Tyler described, employers that use programs which train and empower individuals receiving government assistance (generally welfare) can make a huge and positive difference (2010). So-called “welfare-to-work” programs alone are not enough to ensure success. However, employers can take an extra step by employing an on-site caseworker to help individuals make the difficult transition. Employers can also help remove barriers to successful employment for more workers (like transportation and childcare) and implement workforce training programs which bridge the gap between welfare and employment for these populations. In many cases, it is not only a problem of matching individuals with employment opportunities, but also educating them and removing roadblocks which allow them to remain employed (Tyler, 2010).

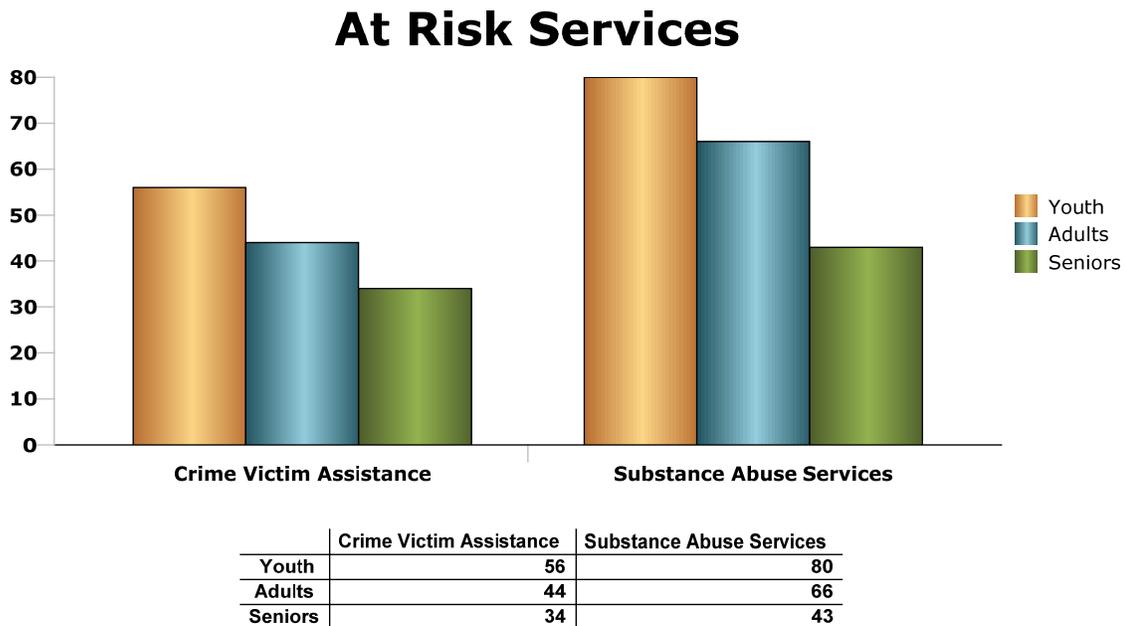
Similar to job training and job-entrance programs, day care is seen as a major obstacle for most households. The chart below shows a steep increase in the perceived need to quality day care from youth to adult. For adults, day care is only second to getting a job, but our-paces job training and education as a need. This is expected as the need for day care climbs as more people enter the work force.



## Findings - VISTAS

### *Reaching At-Risk Populations*

As discussed above, members of at-risk communities face challenges when it comes to fulfilling education goals and seeking career development. These structural challenges are magnified for families recovering from domestic and/or sexual violence. The perceived need for assistance for victims of crime is quite low compared to those related to health care or employment. This is likely due to the misunderstandings surrounding the need for such services in the community.



At the same time, the perceived need for services for substance abusers is also low. While they may seem unrelated, the two –victim assistance and substance abuse –go hand in hand with one another. Victims of violent crimes respond well to mentoring and independent counseling. Landers *et al* (2010) pointed out that members of the Latino community are more likely to self-medicate, a practice that becomes more problematic with issues related to emotional trauma. Similarly, the cultural stigmas concerning sexual health discussed by Seal *et al* are intensified in victims of sexual abuse (2012)<sup>4</sup>. Youth, adults, and seniors responded to these two needs in a uniform fashion –youth saw a greater need for these two services, while seniors saw less of a need. Educating for crime-victim assistance may result in a deeper understanding of the need for substance abuse.

<sup>4</sup> See below for more discussion of Landers *et al*'s and Seal *et al*'s work on self-medication and sexual health in the Latino community (respectively).

## Findings – ENTRA Program

### *Healthcare knowledge and access*

The Latino community faces a variety of health problems. One study by Colby *et al* examined how well urban Latinos adhere to medication schedules (2012). Focusing on Diabetes in particular, which requires regular medication, self-testing, and dietary conscientiousness<sup>5</sup>, Colby *et al* found three variables that correlated with medication adherence: (1) support from the healthcare professionals, (2) socio-economic status (SES), and (3) number of medications the individual was taking at the time. They found that more support in (and access to) the healthcare system lead to higher adherence to medication schedules. Unsurprisingly, those individuals who were on more medications were more adherent. Individuals who were enrolled in government assistance programs were less devoted to their medication schedules; this was used as their measure for SES. The authors admit to selection bias in their results; however, the selection bias only underscores the point made: individuals in their study were more likely to have access to the healthcare system. Therefore, these patterns underscore the point that individuals with less access to healthcare are less adherent to medication schedules (see variables 1 and 3 especially) (Colby *et al*, 2012).

Similarly, Landers *et al* studied the use and prevalence of antibiotics in Latino households in Manhattan, New York (2010). Landers *et al* interviewed a sample of urban Latinas<sup>6</sup> to determine (1) how well they could identify antibiotics, (2) how often these women or members of their families used antibiotics, and (3) was antibiotic use in their family the result of doctor's prescriptions or self-medication. They found that medication identification rates were higher for non-antibiotic medications than antibiotics – 62% to 34% respectively. Ability to identify medications did not rise with higher education. Antibiotic use was prevalent in this community with close to three-quarters of the interviewees reporting that they or a member of their family had used antibiotics at least once in the past year (this high usage is especially interesting as physicians move away from liberally-prescribing antibiotics in light of 'super bacteria'). Furthermore, in households where antibiotics were used to self-medicate, individuals took more antibiotics – both higher doses and more often.

Landers *et al* included use of antibiotics from other countries (i.e. an immigrants' country of origin) as self-medicating, so this finding would be more robust if those cases were eliminated<sup>7</sup>. The prevalence of self-medication with antibiotics in the Latino community could potentially be

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<sup>5</sup> Findings from Colby *et al* can be generalized to other high-medication-reliant chronic illnesses. Variation among the results might occur due to social stigmas surrounding chronic conditions like STIs, however the points made are largely underscored in those instances.

<sup>6</sup> Landers *et al* targets Latinas as mothers in charge of healthcare for their families.

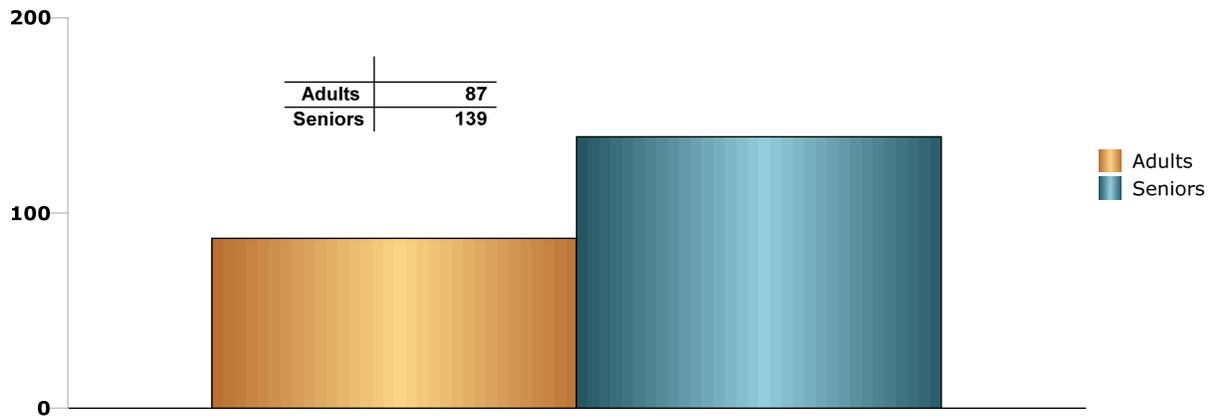
<sup>7</sup> Assuming that these individuals were taking antibiotics as prescribed by a doctor from their country of origin.

a derivative of low access to healthcare, health insurance, and other structural barriers. This rate can be explained by a reliance on self-medication by comparing current symptoms to those of illnesses they or a family member has experienced before (Landers *et al*, 2010). For example, a chest cold that mimics an earlier experience with bronchitis would elicit self-medication of antibiotics even if the chest cold is viral-based. The high rate of antibiotic use could also be attributed to a disproportionate level of advertising for antimicrobial drugs and products. To combat this, television and radio advertising about the dangers with over-use of antibiotics was recommended by the researchers (Landers *et al*, 2010). However, the authors stressed that any education campaign would need to take cultural variables into consideration.

Access to health information serves as a barrier for Latino communities, especially recent immigrant populations. Geana *et al* try to unpack this claim in order to explain (1) where Latinos get their healthcare information, and (2) how this differs from other minority groups in a multicultural environment. Their results implied that there is not a great deal of difference between minorities within a multiethnic urban community in terms of access to healthcare information; however, differences between ethnicities and age groups exist for exposure and perceived usefulness of this information (Geana *et al*, 2011). First, localized communities (i.e. neighborhoods, schools, etc.) served as the basic building blocks for Geana *et al*'s study. They found that healthcare information distributed at this level can be specialized to a target population and more effectively communicated. Considering that these local units are not always ethnically separated – other factors like SES, housing availability, etc. play into determining the demographic makeup of a neighborhood – this is not an ethnically-dependent result but is more accurately understood as a locally-dependent result. Furthermore, Latinos are likely to trust healthcare information from television shows, mail brochures, local pharmacists, radio, and newspaper articles. Layered onto this finding, however, are limitations to accessing information including language-proficiency and levels of media use. Geana *et al* found that these two variables show age-disparities; younger Latinos are more likely to access healthcare information using new-media like the internet compared to their older counterparts. Similarly, older Latinos are more likely to have language-barrier problems than their children and grandchildren. This pattern fits with findings from the literature on acculturation (Geana *et al*, 2012).

Getting assistance with their health insurance becomes more of a priority as people age. While adults remain more focused on items such as child care and job training, seniors are nearly twice as likely to view health insurance assistance as being a necessity. This may be a result of more adults being employed and having access to human resources in the workplace, while seniors must rely on community organizations to assist them with understanding complicated health insurance programs.

## Health Insurance Assistance



### *Mental Health*

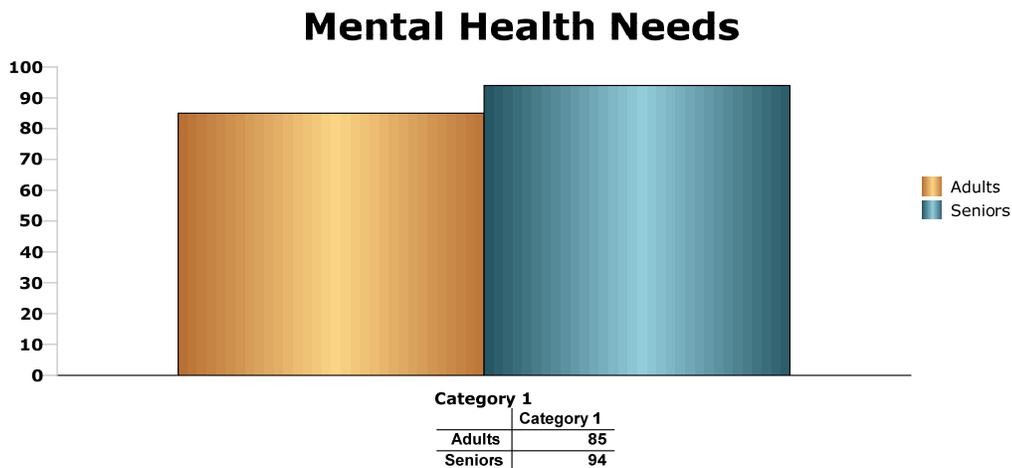
García *et al* conducted a comparative study between urban and rural immigrant Latinos' knowledge and attitudes towards mental health (2011). They found that urban immigrant Latinos are more likely to have knowledge about mental health resources and more willing to seek help for mental health problems than their rural counterparts; however, this does not mean that they have access to these resources. Additionally, García *et al* found that Latinas, more educated and proficient English-speakers were more likely to know about and be willing to use mental health resources in their communities.

Once again, structural barriers influenced these results. In the rural setting, there were fewer mental health resources to be found, which can account for the urban-rural divide. Furthermore, language barriers generally prevented the acquisition of knowledge about these resources, and prevented use of these resources (resources imply facilities, trained professionals, information about mental health, etc.). Other barriers include SES, access to health insurance, health-seeking behaviors, and cultural influences about the origins of mental health. Considering the higher levels of suicide-attempts, suicide-ideation, anxiety, and depression among Latinos (and Latinas especially), increasing knowledge of mental health and mental health resource availability is important to dealing with these issues (García *et al*, 2012).

Suicide attempts and suicide rates among Latino adolescents are higher for urban Latinos (especially Urban Latinas) than other similar populations. O'Donnell *et al* identified risk factors for thinking about suicide including being female, low SES, and mental health ability (2004). However, O'Donnell *et al* identified coping strategies and variables that hedge against suicide

ideation: family closeness, positive in-group attitudes, and religiosity<sup>8</sup>. The Latino community is strong compared to other ethnic communities; thus, greater awareness about mental health can have a greater impact than in other ethnic communities (O’Donnell *et al*, 2004).

While research finds the needs for mental health services to be pressing, there is a disconnect between the research findings and what the population determine to be necessary. Compared to overall wellness for seniors or the need for more employment services, for example, the need for mental health services is small –approximately only one-third of those polled indicated that mental health services were necessary.



#### *Health and Personal Environment*

Everhart *et al*'s study of (home) environmental factors and asthma in minority communities describes a puzzling result for Latino children’s healthcare (2011). Everhart *et al* were attempting to explain the differences in asthma rates between Latino and African American children compared to their white counterparts. They hypothesized that because home environmental factors – smoking, pets, dust, and general allergens – contribute to asthma rates, part of the difference in asthma rates can be attributed to differences in the home environments between these minority groups. However, their results show that Latinos control more of these factors in their home environments than their African American or white counterparts. Everhart *et al* studied secondhand smoke and found that this asthma trigger was more prevalent in Latino homes than white or African-American homes. Yet, this does not fully account for the overall asthma rate disparity between groups (Everhart *et al*, 2012). Therefore, this study implies that asthma rates can be explained by other environmental factors including neighborhood location and school environment.

<sup>8</sup> Religiosity is related to in-group attitudes within the house of worship community; however it is worth mentioning because it can be separate from family and neighborhood communities.

Smoking rates in the Latino youth community are influenced by peer influence, according to a study by Parker *et al* (1998). Parker *et al*'s sample revealed that 34% of respondents – seventh grade students at three urban Southern California schools – had smoked a cigarette, ranging from a single puff to more than five packs in their lifetime. (Their study targeted urban minority students, so these results can be generalized to urban Latinos.) Furthermore, 33% of respondents reported having a family-member who smokes and 23% have friends who smoke. The respondents overwhelmingly reported that their social interactions were not shaped by smoking: 91% said that they could make friends without using tobacco and 86% said they could avoid smokers (Parker *et al*, 2004 p. 138). However, Parker *et al* also show that individual identity influenced how well adolescents resisted smoking; they write, “ethnic identity has the potential of providing a conceptual framework for interpreting the ongoing experience or fit between self and the environment,” (p. 140). The implication is that associations to a group of non-smokers (largely based on ethnicity) made it easier to avoid smoking; whereas negative ‘role modeling’ in media (i.e. a Latino television character smoking) had the opposite effect.

Diet, especially access to healthy foods, is a concern in low SES communities; furthermore, the conditions afflicting the Latino community including diabetes, obesity, hypertension, and more can be traced to poor diet. Khan *et al* studied dietary intake in a Latino community in Milwaukee, Wisconsin. Their study found that there was a gender difference among Latinos and Latinas where Latinas consumed more fruits and vegetables and less fat than Latinos (2012). There was also an acculturation difference showing that longer residence in the United States correlated with poorer dietary choices. However, Khan *et al*'s study did not take into account quantities of these foods consumed by their study population. An additional finding of Khan *et al*'s study was that health food options are significantly more expensive than unhealthy choices. Khan *et al* generally conclude that dietary issues for Latinos stem largely from institutional and structural factors in the US than culturally-specific factors.

#### *Preventative Medicine/ Access to Healthcare*

Preventative medicine is becoming increasingly prevalent in the US medical community. However, there is a disconnect between mainstream US society and urban Latino communities. Lopez-Class *et al* studied colorectal cancer screening, in particular, but their results are informative when examining other forms of preventative medicine. Lopez-Class *et al*'s study examined how low-income, urban, immigrant Latinos face barriers to healthcare in the United States (2012). As demonstrated by other researchers, there are structural discontinuities between the healthcare system and this population (language barriers, access to healthcare insurance, knowledge of the system, etc.). However, Lopez-Class *et al* also found that individuals with certain characteristics and conditions like a lack of insurance, obesity, or little

knowledge of English, do not get screened for colon cancer – and presumably other preventable diseases. Overcoming these barriers is akin to a ‘golden ticket’ because Latino culture values the opinions and authority of doctors. Lopez-Class *et al* wrote, “In general, Latinos regard doctors as powerful authority figures, based on cultural values of *respect* (respect) and *personalismo* (interacting with others in a warm, friendly manner). It is likely that such values contributed to the very strong association between physician recommendation and receipt of colorectal cancer screening...” (2012, p. 1016). The researchers argued that “in-reach” programs which bring services into the Latino community in conjunction with community education can overcome some of these barriers.

Nelson *et al* examined day-laborers as a subpopulation of the Latino community (2012). Their results were similar to Lopez-Class *et al* (2012) in that structural barriers prevented these individuals from seeking adequate health services. Furthermore, additional stresses on day-laborers, including daily searches for work, separation from family, poor housing, and no healthcare, augment these problems. In this context, acculturation is a double-edged sword: acculturation leads to increased knowledge of the healthcare system and how to get care without insurance, but it also contributes to the prevalence of unhealthy behaviors like smoking and diet (see Khan *et al*, 2012). Nelson *et al*’s study was situated in San Francisco which has a healthcare safety-net in the form of the Healthy San Francisco program. However, as Nelson *et al* demonstrate, this program is inadequate to help day-laborers (2012, p. 805). Indeed, they claim that this is symptomatic of distrust of the US system generally – driven by fear of deportation. Even the liberal requirements for participation in the program set too high of a barrier for entry<sup>9</sup>.

Low access to the healthcare system manifests itself in a variety of morphs for the Latino community. A look at access to oral healthcare for urban, low-income Latino children, finding that mothers’ values and experiences with the healthcare system generally inform children’s access to dental care (2012). A mother’s attitude towards the effectiveness of dental care and her belief that dental care for baby teeth is important determines at what age her children first receive dental care. After the first visit, the quality of the relationship between mother and doctor is predictive of the frequency of subsequent visits. Controlling for other factors including SES, acculturation, country of origin, dental insurance, etc., mothers who have good relationships with their dental care professionals are more likely to take their children to the dentist regularly – and to return to the same dentist (Telleen *et al*, 2012). One important caveat

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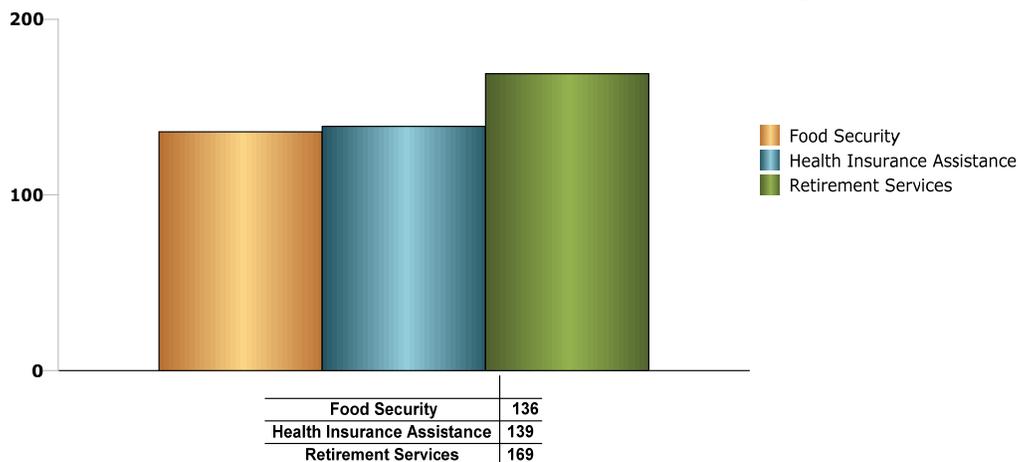
<sup>9</sup> These requirements include: photo identification, proof of residency, and proof of income and assets. These documents are possible to obtain without citizenship, however the photo identification requirement is increasingly difficult with a nationwide move to ‘crack down’ on illegal immigration.

is that dentists who can communicate with their patients in Spanish are more likely to develop positive relationships with these mothers, leading to better oral health for Latino children.

### *Elderly Well-Being*

Beyene *et al* studied perceptions of aging within the Latino community and how those attitudes and beliefs related to elderly well-being (2002). They found that congruities between cultural expectations – i.e. respect for elders, community care of elders, etc. – and personal experiences increased individual well-being measures even in light of chronic illness and physical capacity (Beyene *et al*, 2002). Through interviews, Beyene *et al* found that religiosity, attaining culturally-constructed social roles (i.e. a respected elder), and social and familial ties were major themes affecting how elderly Latinos evaluated their well-being. Immigration at an older age can drastically decrease individual’s conceptions of well-being, especially when the individual feels that they would have more respect, better care, etc. in the country of origin (Beyene *et al*, 2002). These findings were mirrored by Judith Friedenbergs’ study “Elderly Latinos of Langley Park: Understanding Retirement Issues” (2006). Friedenbergs found that healthcare workers’ evaluations of Latino elderly were significantly different from elderly Latinos’ self-evaluations for the reasons mentioned above. These findings imply that for elderly Latinos (especially less acculturated Latinos) elder-care priorities should emphasize community and emotional well-being along with healthcare.

## Seniors' General Well-Being



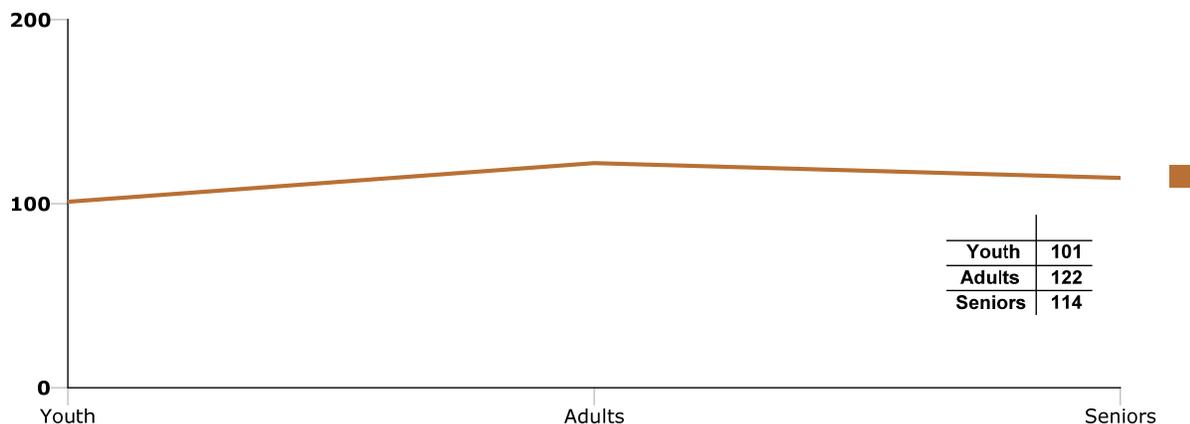
This research is evident in the results of the annual needs assessment. Participating seniors indicated that items related to general well-being (food security, insurance assistance, and retirement services) were regarded as being priorities.

## Findings - La Gente

General health knowledge among Latino immigrants is an area of concern. Seal *et al* examined Mexican Latino and Latina immigrants' knowledge about sexual health (2012). They found that cultural values largely informed the amount and quality of sexual health knowledge these groups had. The values of *machismo* and *marianismo* dictate that Latinos should be more experienced and aggressive when it comes to sexual behavior whereas Latinas should be more reserved, pure, and protective of their innocence. However, both genders displayed a reticence to communicate about previous sexual behaviors and STIs with their partners. This can account for the fact that Latinos and Latinas equally had limited knowledge of the connections between STIs and other conditions – i.e. HPV and cervical cancer. Additionally, Seal *et al* gathered information about general health practices finding that Latinas were more likely than Latinos to interact with the healthcare system and seek medical care from professional than engage in home remedies alone. Furthermore, Latinas emphasized the importance of communication for health maintenance – both for general health and sexual health; Latinos were less likely to include communication in a list of healthy-behaviors (Seal *et al*, 2012). Seal *et al* concluded, "...Mexican Latino immigrants could benefit from the development of culturally relevant sexual health education programs to alleviate the health disparities in STI, HPV and cervical cancer," (2012, p. 680).

While questions specific to HIV/AIDS were not part of the needs assessment surveys, general information related to health education was viewed as being necessary, across all three age groups. Understandable, youth saw health education as being less important than other factors (employment, college readiness, etc.), while adults saw health education as being much more important.

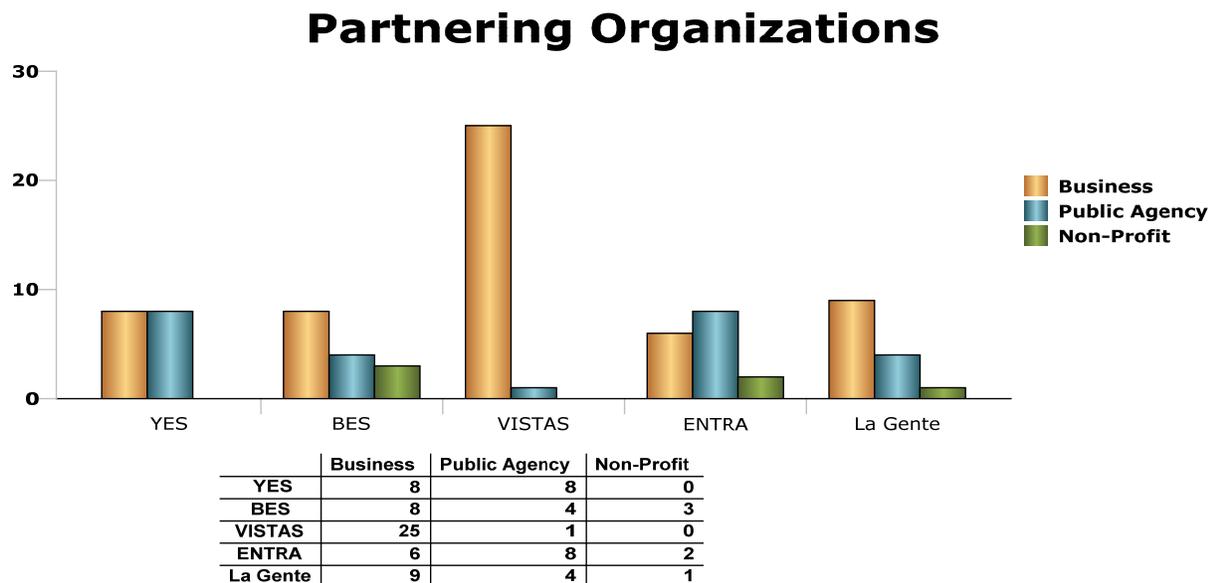
## Cross Generational Health Education



## Partnership Analyses

As part of the Annual Needs Assessment, a special investigation into how SDLR partners with other community groups was conducted. These data only represent active, organizational partnerships, where programming is conducted by two or more organizations. These data do not include funding or sponsorship partners.

It is important to understand that a healthy organization will have many different types of partners. SDLR has active partnerships with businesses, public agencies, and non-profits alike. Most of the partnerships for service delivery are with private businesses. These range from dentists to banks, with VISTAS having the greatest number of private sector partnerships, and the ENTRA program having the fewest.

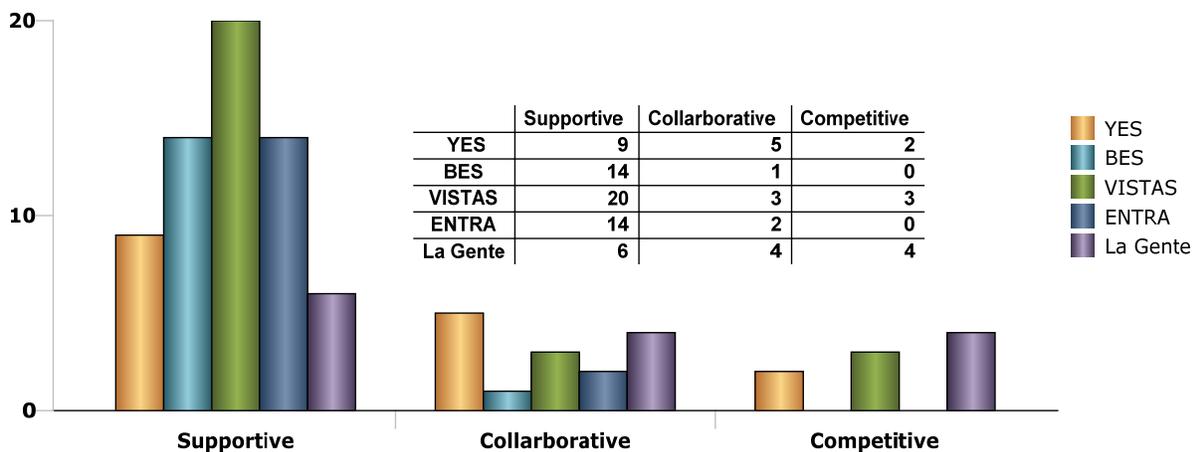


Partnerships have specific criteria and behave in specific ways. To date, three basic types of partnerships have been identified by researchers (Nestor-Baker, et al, 2006), each with their own characteristics and patterns of behavior.

- Supportive Partnerships primarily benefit the mission and operations of only one of the partners. Most partnerships with schools fit into this category. Individual building administrators and districts are fairly clear that all after school programs, for instance, support the mission of the school. Typically, these partnerships are dominated by the schools' broader mission of education and operate under the premise that activities will support that broad mission.

- Collaborative Partnerships in educational realm are both rare and quite unstable. Collaborations require both an organizational and a resource commitment from all partners in an equitable fashion, yet rarely are these stipulated between organizations in the same way a formal contract is in the business sector. Furthermore, collaborations share the decision making about the program –but in different ways and at different times. Often collaborations begin with shared decision and resources allocation, but end with one partner dominating the picture.
- Competitive Partnerships may seem to be little more than an oxymoron; however, these partnerships tend to be extremely effective over a narrow range of issues. Competitive partnerships have two main characteristics; 1) The organizations engage in similar activities, and 2) The organizations compete for the same source of funding, participants, or board members. These partnerships begin with the clear understanding that the partners are competitors, but that they share similar goals. It is this clear understanding that separates this type of partnership from the rest and often results in success.

## Partnership Type



For the most part, SDLR has Supportive partnerships with other community organizations. Analyses reveal that approximately one-third of these partnerships are with organizations supporting SDLR and two-thirds with SDLR engaging in activities that supports the partner. Similar to having partnerships with organizations from different sectors, it is important to have a balance of partnership types. SDLR has some Collaborative partners, but engages with very few organizations offering similar services.

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