

SERVICIOS DE LA RAZA

Servicios de La Raza

Needs Assessment

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QUANTITATIVE RESEARCH EVALUATION & MEASUREMENT

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Executive Summary

The need for culturally relevant services in the Latino community in Denver is acute and Servicios de La Raza has taken a leadership role in securing a safer and better community for Denver Latinos. In order to be certain that the momentum of SDLR keeps pace with community need, this Needs Assessment was commissioned. Several key findings indicate that SDLR is being responsive to her constituents; however socio-economic and environmental conditions have caused higher unemployment, lower educational achievement, greater need for basic necessities and assistance in accessing health care.

Latino students' educational experiences are greatly influenced by the educational community in which they occur. Although positive educational experiences for Latinos occur, they are not the norm. High dropout rates, low access to gifted and talented programs, cultural and language barriers between teachers and families, and low Latino teacher to Latino student ratios make the challenge of navigating traditional K-12 schooling more difficult for Latinos. SDLR can develop programs designed to keep youth in school and eligible to access higher education.

The result of poor education, being forced into cultural employment niches, over dependence on female labor, etc. is a weakened labor force for the Denver area. Recent data from the Current Population Survey shows that –while growing in numbers –the Latino population is far from being a viable contributor to the local economy. The chart below shows the general occupations of Latino workers. Combined, slightly more than 15% of the Latino workforce considers themselves to be professional or a manager. At the same time over 45% work in jobs that require little or no education, and are among the first to be cut in bad economic times. Because of these factors, workforce development should be a high priority for SDLR by developing unique programming that would facilitate education and skills development, using on-line access, volunteerism, or other casual work environments.

Urban Latino populations are confronted with health concerns specific to Latino culture and urban location. Divided into two large categories --individual health concerns and community health concerns -- the literature shows that Latinos face higher risks of illness, poor health status, and lack of use or limited access to health services. Both the research and the SDLR constituency agree that health counseling should command a large part of SDLR activities. Areas such as food choice and nutrition counseling, basic hygiene and sanitation, and education on exercise and immunization will go a long way toward improving the overall health and wellness of the community.

Finally, SDLR should take a leadership role in designed programs that enhance and build a sense of community for more marginalized groups (e.g. victims of domestic violence and area seniors).

Methods

Specific information on urban Latino individuals were gained by examining local data from the United States Census (2010), the American Expenditures Survey (AEXS), the National Household Education Survey (2007), the American Time-Use Survey (ATUS), the National Center of Education Statistics (NCES), National Institute of Health Survey (NHIS 2009), the Pew Foundation Study on Hispanics (PEW 2008), The Common Core of Data (CCD), the Health Insurance and Health Care Access (2008), the Youth Risk Behavioral Surveillance System (YRBSS), various monthly supplements from Current Population Survey (2010 and 2011), the American Community Survey (2007-2009), and data from the Centers of Disease Control (CDC 2006-2009). Much of the empirical research was under the leadership of Bridget K. Fahey, temporary Director of Research at QREM, LLC.

Data specific to the neighborhood surrounding the physical SDLR location were obtained voluntarily. In August, 2010, Servicios de La Raza conducted a Neighborhood Needs Assessment to determine which services being offered at SDLR are considered to be the most essential by residents. Residents were asked to rate, by level of importance, which services they would like to see offered by SDLR. Responses were scored on a summated (Likert) scale, and recorded at SDLR.

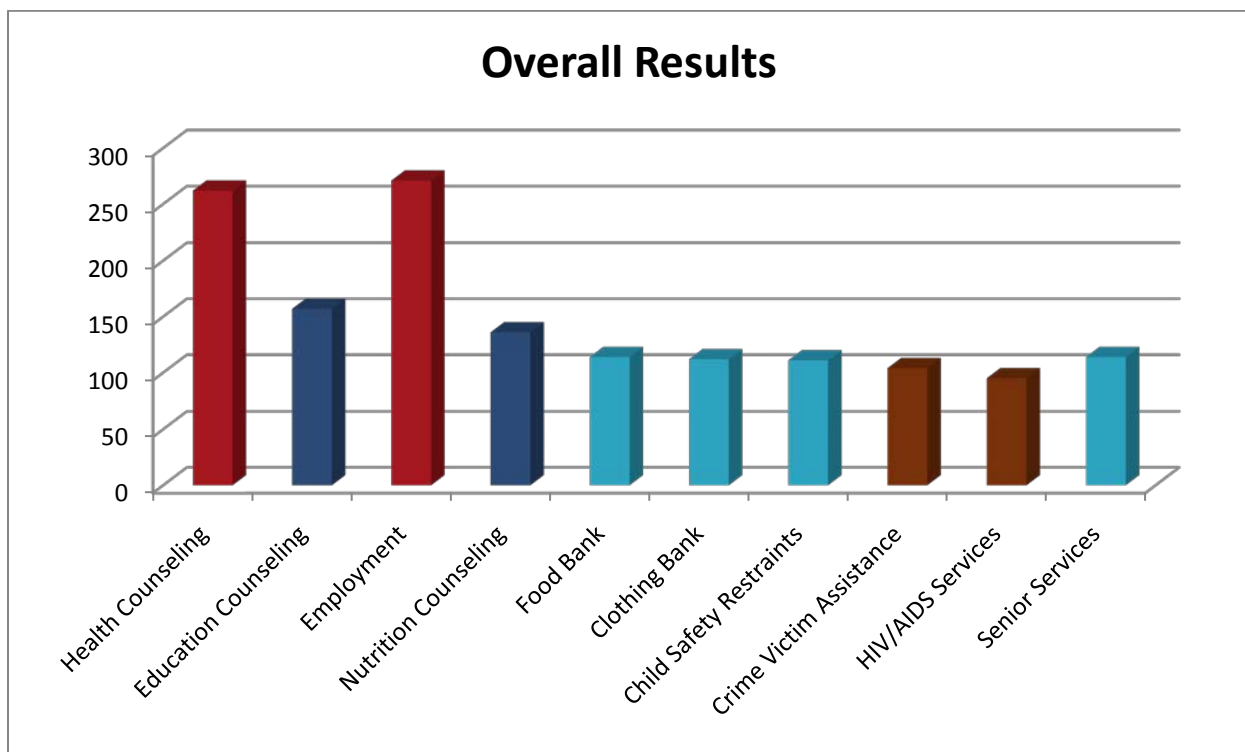
All quantitative data were selected, downloaded, and analyzed using SPSS V.18 statistical software, ESRI shapefiles printed in Microsoft Map 2010, and graphed using 2010 Microsoft Excel and Smartdraw VP 2010. Qualitative data were analyzed using AtlasTi software.

All data were gathered, stored, analyzed and reported according to the ethical and professional standards maintained by the American Evaluation Association and guidelines adapted for Human Subjects Research. All private (non-public access) data remain the possession and responsibility of SDLR.

Findings – Needs Assessment Survey

In August, 2010, Servicios de la Raza conducted a Neighborhood Needs Assessment to determine which services being offered at SDLR are considered to be the most essential by residents. Residents were asked to rate, by level of importance, which services they would like to see offered by SDLR. Responses were scored and recorded at SDLR, with the analyses conducted by a third party consultant.

Most of the respondents were male (54%) and lived in multigenerational households. In 2010, the Current Population Survey from the US Census places the average household size for Latino families close to 4.3 persons.¹ Households were evenly split between the generations with there being slightly more children per household (2.19) than adults (2.15).

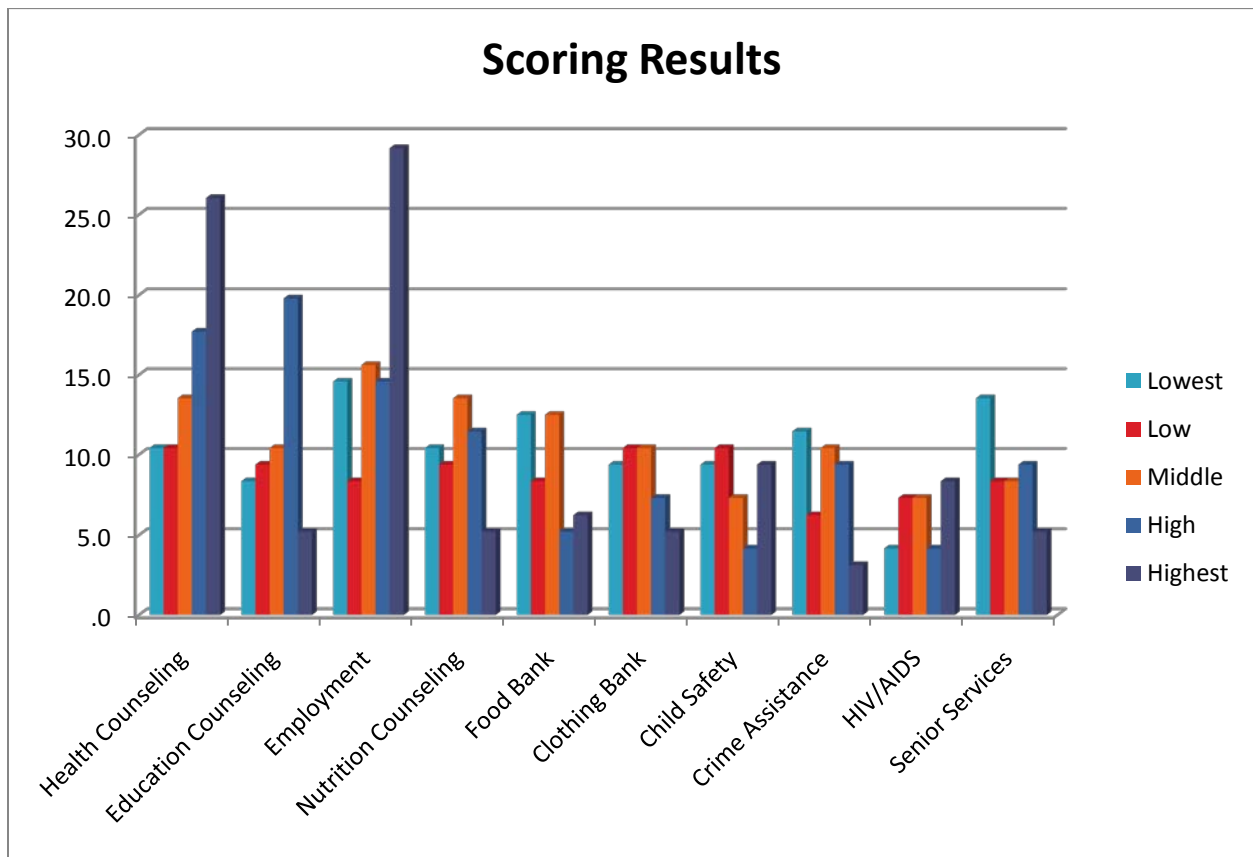


Health Counseling (sum = 262) and Employment Services (sum = 271) were identified as the highest priority for residents in attendance. These results match national polling (Gallup & Quinnipiac) as being highly important to all adults in the country. Health care issues and employment services have been considered the most important issues for over 20 months—an unprecedented run. This is likely due to the high employment rate and the close association of employment and health care benefits.

¹ The average non-Latino household size is closer to 2.6 persons per household (US Census 2010).

In the next tier, Education (sum = 157) and Nutrition Counseling (sum = 136) were considered to be the most important. Again, these two issues have been closely linked in the polls as being near-critical issues of the past decade. Finally, the lowest rated services are Crime Victim Assistance (sum = 104) and HIV/AIDS Services (sum = 95). While domestic violence victim assistance should have scored higher due to SDLR being a non-profit organization, the low score for HIV/AIDS was expected as mostly families responded to the survey. It is advised that a more comprehensive survey –one that deliberately includes young adults and singles, be taken-up next year.

In addition to determining which services received the “highest” score –indicating that more people considered them to be more urgent, it is important to determine how respondents ranked each of the services. The chart below shows that health, education, and employment were thought to have the highest priority. This indicates that long-term strategies for personal development are likely to be well-received by the population. For example, programs with job-training as well as educational components are likely to be more successful. At the same time, health and emergency-service related programs did not receive many of the highest scores.



When size of household² is taken into account and the information from men and women are examined separately, different patterns emerge:

- The more children living in the home, the lower men rank long-term improvement needs (health and education counseling, employment counseling). The opposite is true for women, however. The more children living in the home, the greater the women value those very opportunities.
- For the most part, the same pattern holds true when more adults live in the household. Again, for men, the larger the household's adult population, the less they are interested in long-term, self-improvement programming. For women, the opposite is true. The exception to these opinions occurs when there are only two adults living in the home. The sampled individuals living in this configuration indicate that long-term, self-improvement programs are of high interest.
- For men, the greater the number of children living in the home – and having fewer or greater than 2 adults living in the household, the less men care about emergency services programming.³ Women exhibit similar opinions, until the point of having more than three children. Once that threshold has passed, women are highly interested in having food and clothing distributions programs available.
- Regardless of household size, or gender, most residents indicate a lower awareness of the need for HIV services.
- Senior services, crime-related programs, and child-safety programs rank significantly higher for women than for men. Women who value health counseling also value employment counseling. Conversely, men who value health counseling rank employment counseling low.⁴

It is important to note that the sampling was haphazard –being taken at an event that would encourage family participation other than single people as well as seniors without children living in their homes. Because of this, supplemental data from national data-bases and empirical research are presented.

Data and research are categorized as follows:

- Education
- Health
- Community and Safety
- Workforce Development

² Number of adults and children living in the household, as opposed to number of own children or children or adults not living in the home.

³ Food and clothing distribution programs.

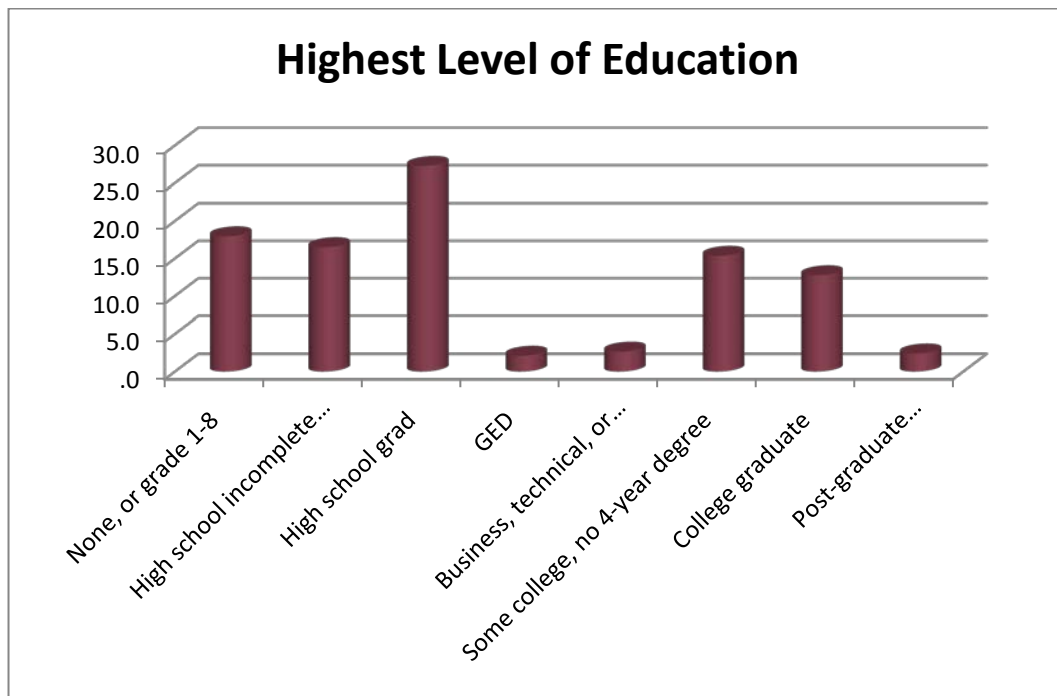
⁴ It is curious to note that men ranking health counseling high also rank HIV services very low.

Findings: Education

Latino students' educational experiences are greatly influenced by the educational community in which they occur. Although positive educational experiences for Latinos occur, they are not the norm. High dropout rates (Villalba, 2007; Hill and Torres, 2010), low access to gifted and talented programs (Ramos, 2010), cultural and language barriers between teachers and families (Hagedorn et. al., 2007; Olivos, 2004; Haynes, Phillips, and Goldring, 2010), and low Latino teacher to Latino student ratios (Kohli, 2009; Fitts and Weisman, 2010), among other factors make the challenge of navigating traditional K-12 schooling more difficult for Latinos – especially bilingual, low-income, and/or recent immigrant Latinos (Fitts and Weisman, 2010; Weisman, Flores, and Valenciana, 2007).

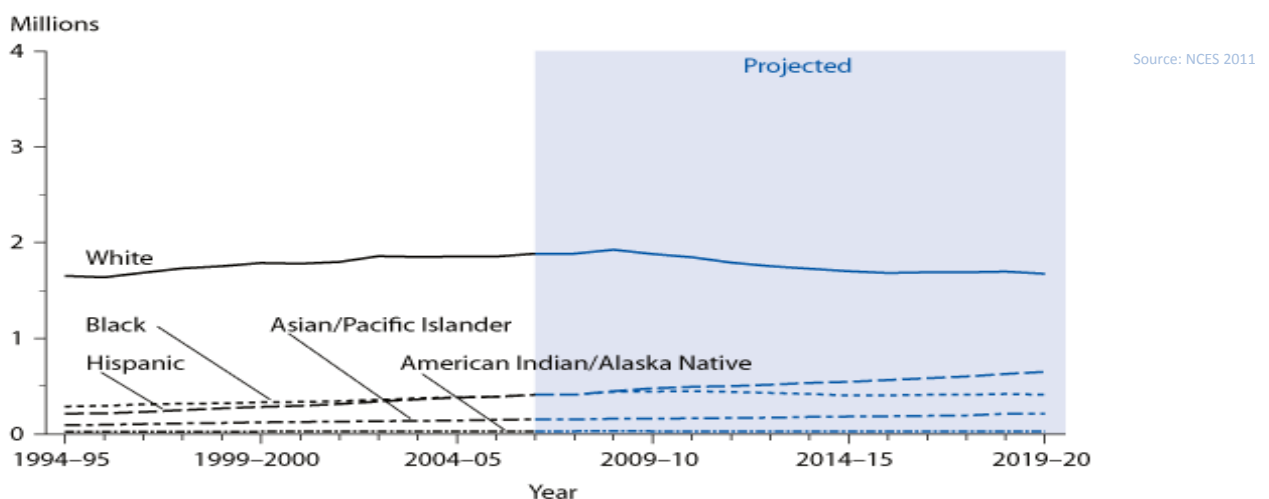
Underachievement by Latino students in public schools has been documented by many researchers. In many cases, the cause of underachievement can be directly linked to lack of resources, poor communication between teachers and students, and stereotyping by educational professionals about Latino students and families. “Stunningly, research shows that the longer Latinos are in the United States the worse they perform academically. That is, later generations of Latinos often perform less well than do first-generation Latinos” (Hill and Torres, 2010).

The chart below shows the educational level of Denver area Latino adults (PEW 2008). Over one-third of Latino adults (34.5%) stated that they did not have a high school diploma, and over half of them had only an elementary school education.



While critical for the workforce, the level of adult education has a direct impact on the level of education realized by the next generation. Essential elements such as funding and access impede the progress of many Latino youth. Differences in values contribute to student underachievement. For example, many Latino students are kept out of gifted and talented programs because traditional methods teachers employ for selecting students for gifted and talented programs cater to white, middle-class students including standardized test and classroom participation (Ramos, 2010). According to Ramos (2010), in 1994 Latinos comprised 12.7% of all elementary and secondary school students but only made up 6.4% of the gifted and talented students. This pattern of underachievement and underrepresentation in high-achievement school programs or tracks permeates many facets of schools. Chapa and De La Rosa (2006) found that Latinos are underrepresented in all parts of higher education in the U.S. Oliva (2008) found that there is an information and guidance gap between white, more affluent schools and minority, lower-income schools where the more affluent schools have more student access to information about college and guidance during the application process. Oliva wrote, “If postsecondary educators and policy makers do not help Latino students’ schools to improve student outcomes, the schools are not likely to do so, meaning that we will continue to suffer underachievement as well as the unacceptable and inordinately high dropout rates for Latino and other students who are currently underrepresented in higher education.”

Lack of access to resources also greatly contributes to Latino underachievement (Hill and Torres, 2010). Hill and Torres (2010) wrote that in terms of schooling, Latinos are the most segregated and underserved racial or ethnic group in the country. Latino communities tend to have the most poorly equipped schools and the poorest school districts – leading to lack of instruction materials, teaching resources, and teachers with little experience. Hill and Torres wrote, “The resources necessary for developing culturally inclusive policies and programs seem out of grasp for the often-impooverished schools that Latino children attend” (2010). This combined with the fact that Latinos have the highest dropout rate of all racial or ethnic groups in the country paints a dim picture for Latino success. According to the U.S. Department of Commerce in 2000, only 64% of Latino 18 to 24 year olds had completed high school (Hill and Torres, 2010).



The projections are even more dismal. Despite being the largest growing segment of the population, young Latinos are not expected to perform any better. According to the 2010 US Census, Hispanic population is expected to grow four times faster than the rest of the population, and that most of that growth will be younger (US Census, 2011). At the same time, the projected rate of public high school graduates is slight –only a few percentage points over the next ten years (NCES, 2011).

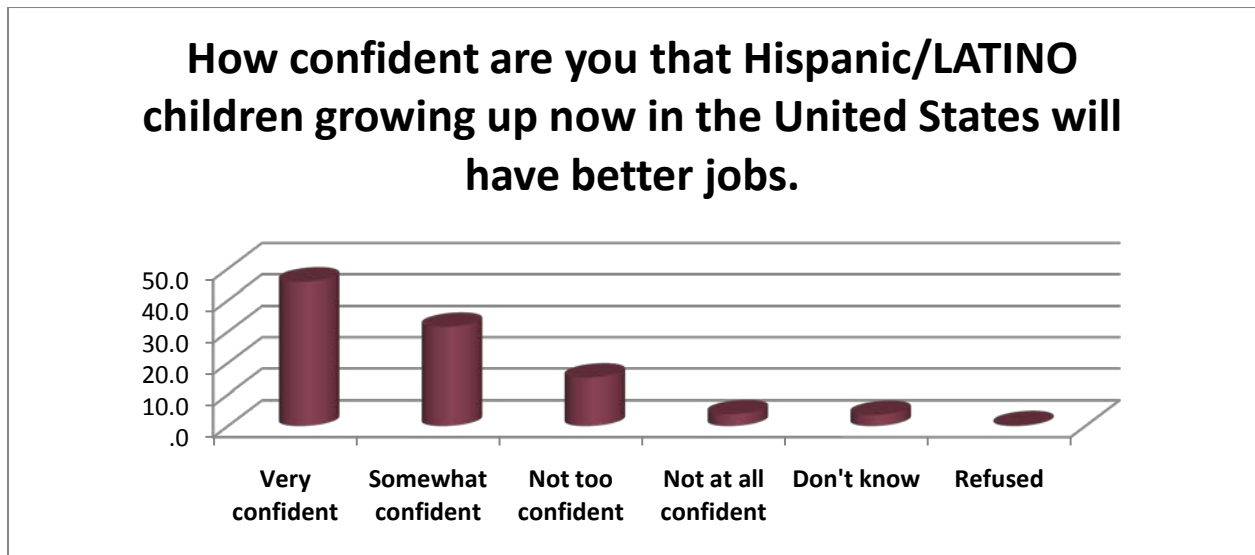
Cultural and language barriers can prevent the successful creation of relationships between teachers and students and teachers and parents. American public schools emerged in part as a societal tool for encouraging the assimilation during large immigration waves (Hill and Torres, 2010); thus there is a strong legacy in public schools to promote the dominant Anglo culture and English language. Contradicting values between the American public school system and Latino culture become especially evident with bilingual and bicultural communities, especially those with significant numbers of first- and second-generation immigrants (Hill and Torres, 2010; Hagedorn et. al.,, 2007).

Language barriers are a significant but surmountable obstacle to student success. There has been a lot of focus by schools on increasing funding for English language learners; however, these efforts only address a symptom of disconnect between schools and the Latino communities they serve (Weisman, Flores, and Valenciana, 2007). Bilingual and bicultural teachers and schools can actually increase student success. Weisman, Flores, and Valenciana (2007) wrote, “To begin to transform these conditions of inequity requires creating learning contexts for bicultural students that not only are responsive to their cultural knowledge but also acknowledge and challenge the power relations that result in their subordination.”

The culture of U.S. schools diminishes the importance of cooperation, community learning, interdependence, and conformity – values held by Latino communities, immigrants, and low-income families (Hill and Torres, 2010). Thus, children from backgrounds that are not white or middle class are at an immediate disadvantage. Olivos (2004) wrote, “Within the public education system there is an ever-present struggle for power, and ultimately humanity, between bicultural communities and the schools that serve them. Deeply-rooted within this struggle are conflicting interests and assumptions on the part of the school system that precludes the success of Latino students as well as the authentic participation of their parents.” Schools commonly do not understand Latino communities and thus fail to appropriately communicate information about how parents can be involved. Hagedorn et. al., (2007) wrote, “One of the critical issues for schools is how to actively involve Latino parents in the schooling process. Although Latino parents are often marginalized in schools due to race, class and cultural differences, many school personnel suspect Latino parents of not caring about their children’s education.” This attitude reflects a greater issue that when language barriers are overcome, lingering assumptions and stereotypes held by teachers about their students and students’ families prevent student success. In situations where Latino culture is understood and seen as a positive influence by educators, students’ success rates increase (Hagedorn et. al.,, 2007).

Weisman, Flores, and Valenciana (2007) found that while Latino students compose about 17% of the nation’s K-12 population, over 88% of teachers in K-12 schools are of European American descent and middle class. This disproportionate representation of white, middle-class teachers in K-12 schools puts Latino students at a disadvantage because their cultural and language are foreign to their teachers, thus creating a natural divide between students and teacher. As a result, the cultural references, curricular choices, and values held by teachers are different – making bridging this gap more difficult for teachers (and unfortunately at times not attempted) (Kohli, 2009). When teachers value the identities and cultures of minority students, these students are more motivated to succeed (Weisman, Flores, and Valenciana, 2007). They write, “Establishing learning communities in which students are encouraged to collaboratively learn and to teach each other should be a priority for the education of bicultural students.”

The 2010 US Census recorded 65,854 Latino students in the Denver Public School system (NCES, 2011). Of those, only 29,771 are expected to graduate.⁵ The rest are likely to suffer lower and more transient employment, a greater need for public assistance, and approximately 3800 are likely to end up in the criminal justice system.⁶ Despite the dismal educational situation, Latino adults living in Denver are optimistic about their children’s chances. The chart below shows that 77.3% of adults believe that the next generation will have better jobs than they do. Also, 70.3% indicated on the same survey (PEW, 2008) that they felt they had a good to excellent quality of life. On the other hand, a clear majority felt that their lives were not improving from year to year (71%).



Compare those feelings with educated Latinos, and the numbers are virtually reversed. Approximately 57-62% believe that their lives are improving from year-to-year. Those Latinos who are educated are even more optimistic than non-educated Latinos. For those individuals with some college, business school, or other post-secondary experience, approximately 80-90% rate the quality of their life very high and believe their children will have better jobs that they do.

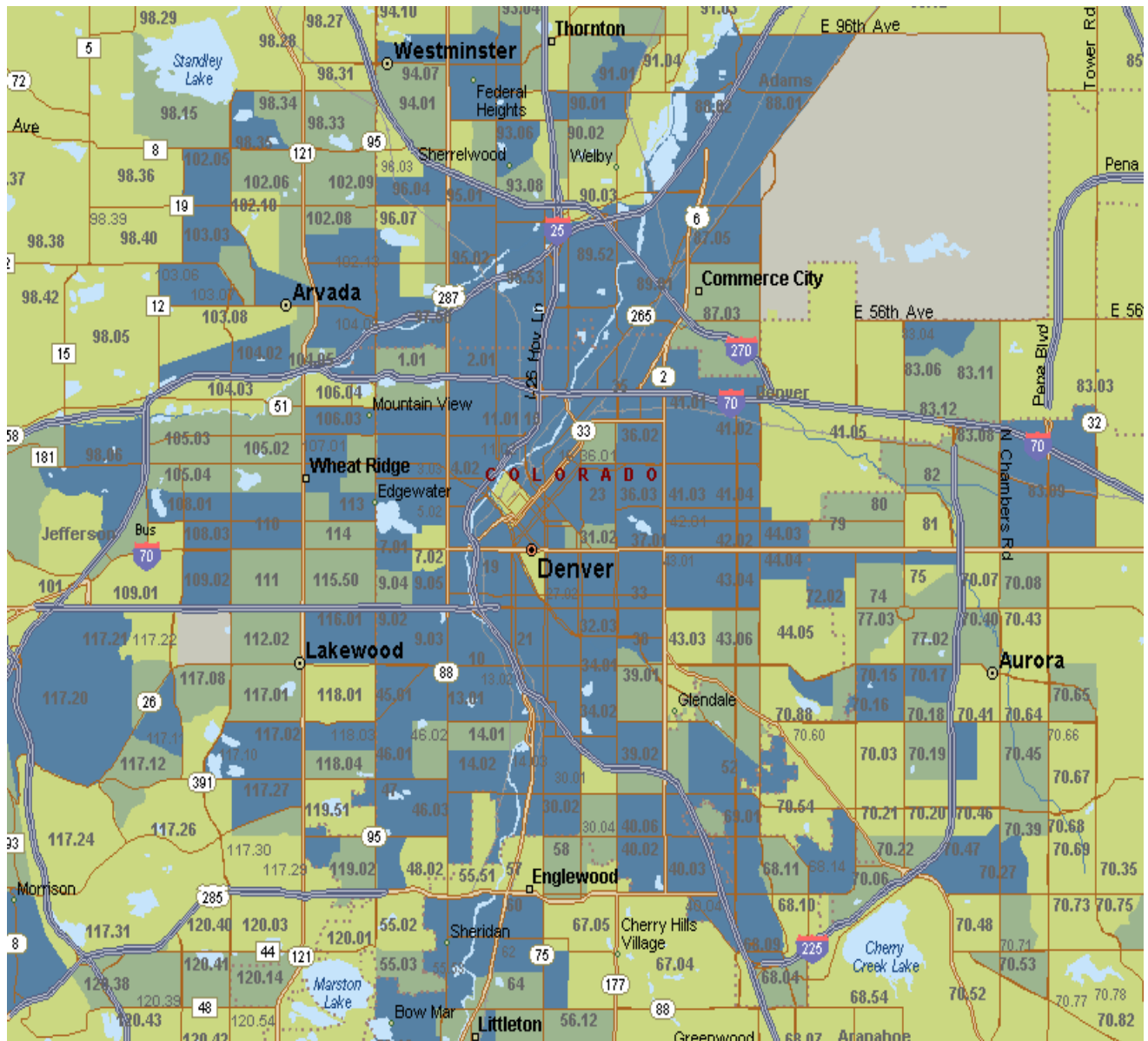
⁵ Calculations based on latest projections available through NAEP.

⁶ Projections based on calculations from the Center of Labor Market Studies at Northeastern University.

Workforce

Youth unemployment in the Denver area for Latinos is high. According to the Current Population Survey (2010), youth Latinos and Latinas in the Denver Aurora Metropolitan Statistical Area have 2.4 fewer years of education, earn more than \$8,000 less than their non-minority peers, and suffer an unemployment rate of nearly 11 percentage points greater than white young adults.

The map below shows that underemployment of young Hispanics permeates all areas of the city. The darker the shade of blue, the more underemployed Hispanics lives within that Census boundary. With few exceptions, virtually all young Latinos living in the metropolitan area are underemployed.



The academic literature does not readily address the issue of workforce development programming or strategies for underserved populations, including underserved urban Latino populations. The few studies that examine workforce training or educational opportunities for workforce development emphasize the need for culturally relevant programs, educational institutions that emphasize diversity at all levels, and mentoring programs within the workplace.

There is a great need, however to develop culturally relevant programs for young adults to enter the business community. Programs that cross educational and workplace boundaries are highly successful because they help create a supportive environment on campus which encouraged and enhanced the diversity Latino students brought (Evans and Greenberg, 2006). Similar professional programs that combine academic and practical training – including engineering are likely to benefit from training programs, if they respect the culture and language of Latinos, can also achieve success (Salopez, 2003).

As previously stated, diversity is needed at all levels of education. Community colleges can offer a unique environment for postsecondary education and training for Latinos and underserved populations due to their historically flexible and accessible character (Sullivan, 2007). Although community colleges come with many of the problems other postsecondary institutions pose to Latinos, their flexibility, low tuition costs, and connection to the greater community mitigate some negative influences (Sullivan, 2007). An added benefit of community colleges as a springboard for postsecondary education for Latinos is that in some states, the work-first policies associated with the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (commonly known as welfare reform) and the 1998 Workforce Investment Act allow individuals to attend community colleges to pursue additional work training while receiving government assistance (Shaw and Goldrick-Rab, 2006).

Undocumented students face a plethora of challenges when it comes to postsecondary education and the benefits that additional trainings and education can have for employment (Abrego and Gonzales, 2010). These challenges include financial barriers, low educational achievement – including education in schools with few resources, and a family history of lower educational attainment. For undocumented students, these challenges are compounded by changes in their legal status with the United States. Until an undocumented student graduates from high school, they are considered eligible for a free public education; however, upon graduation this protection evaporates. Abrego and Gonzales write, “As they reach working age, [undocumented individuals] face the dilemmas of finding full- or part-time work. Such decisions are complicated by the need to make further choices about driving and working illegally.” Legal limitations on admitting undocumented students to postsecondary educational institutions and programs further compound the problems these individuals face and serve as a huge deterrent to continued education and training (Abrego and Gonzales, 2010).

Mentoring Programs in the Workplace

Mentors are extremely important for improving Latino success in the labor market – both in helping individuals successfully navigate postsecondary education and helping individuals

advance their careers. Stern (2004) points to the fact that many minority employees in corporate America experience career stagnation after five to seven years of steady advancement. This pattern does not hold for non-Latino corporate workers (Stern, 2004). The low representation of Latinos in the upper echelons of corporations makes it difficult for lower-level Latino employees to identify mentors with similar ethnic and cultural backgrounds. Without these mentors, Latino employees have a harder time figuring out the culture and unwritten procedures of higher levels of corporate work (Stern, 2004). Holvino (2008) emphasizes that diversity can be both maintained and increased when employers respect the culture of their Latino workers. Outlining “seven cultural scripts”, Holvino (2008):

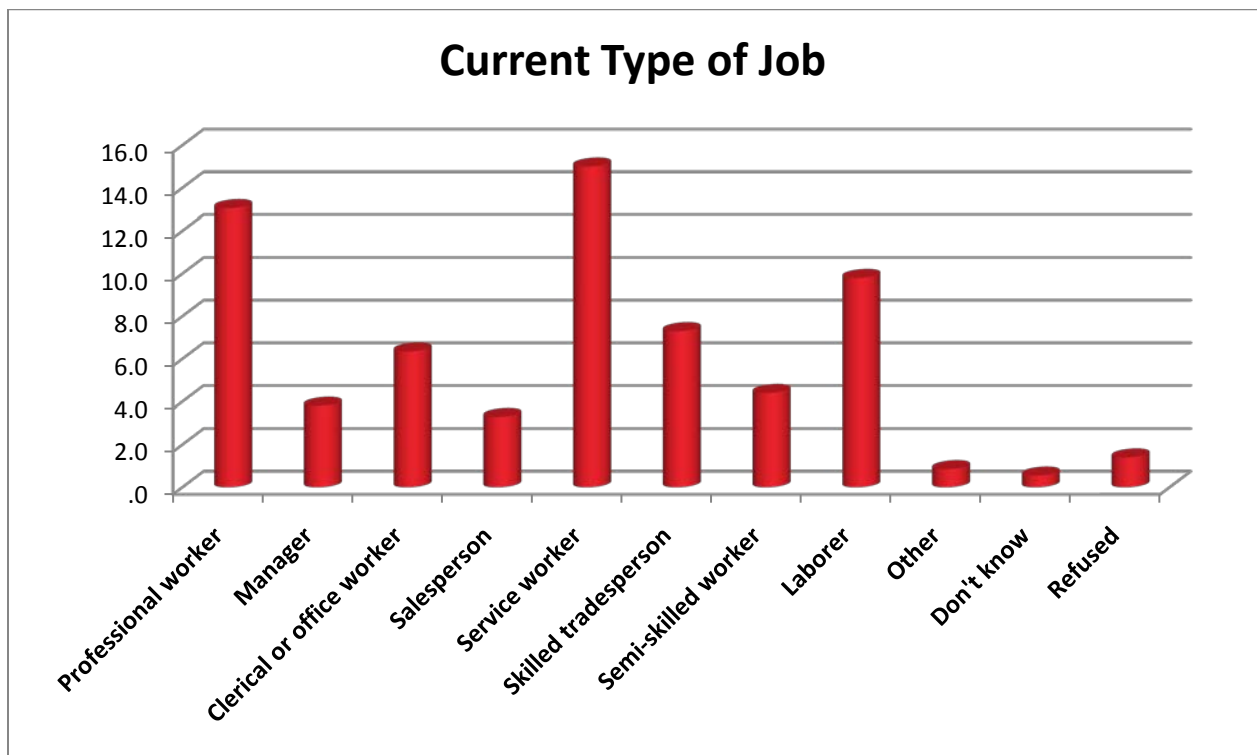
- “Famili[a] – the importance of close, protective and extended family relations versus the Anglo importance of the individual and the nuclear family;
- “Machismo y Marianismo – gender relations where males dominate, being responsible for protecting and providing for the family while the women nurture, serve and sacrifice for their families (following the model of the Virgin Mary) versus Anglo gender relations where gender equality is stressed through no necessarily observed;
- “Personalismo – forging meaningful, personal and trusting relations versus Anglo relations based on instrumental and economic gains;
- “Simpati[co] – promoting pleasant relations and positive situations, and avoiding conflict and disharmony versus the Anglo belief that conflict is necessary and inevitable and “you can’t please everybody all the time;
- “Collectivism – emphasis on the needs of the group before the individual versus the Anglo emphasis on individual needs and capabilities;
- “Present time orientation – because the future is uncertain and not under one’s control versus an Anglo future time orientation that involves visioning and goal setting; and
- “Respecto and high power distance – high regard granted to persons because of their formal authority, age or social power versus an Anglo equality ethos where challenge to authority is encouraged.”

Respect for these cultural scripts, according to Holvino, can help employers of Latino workers understand their employees and help them thrive.

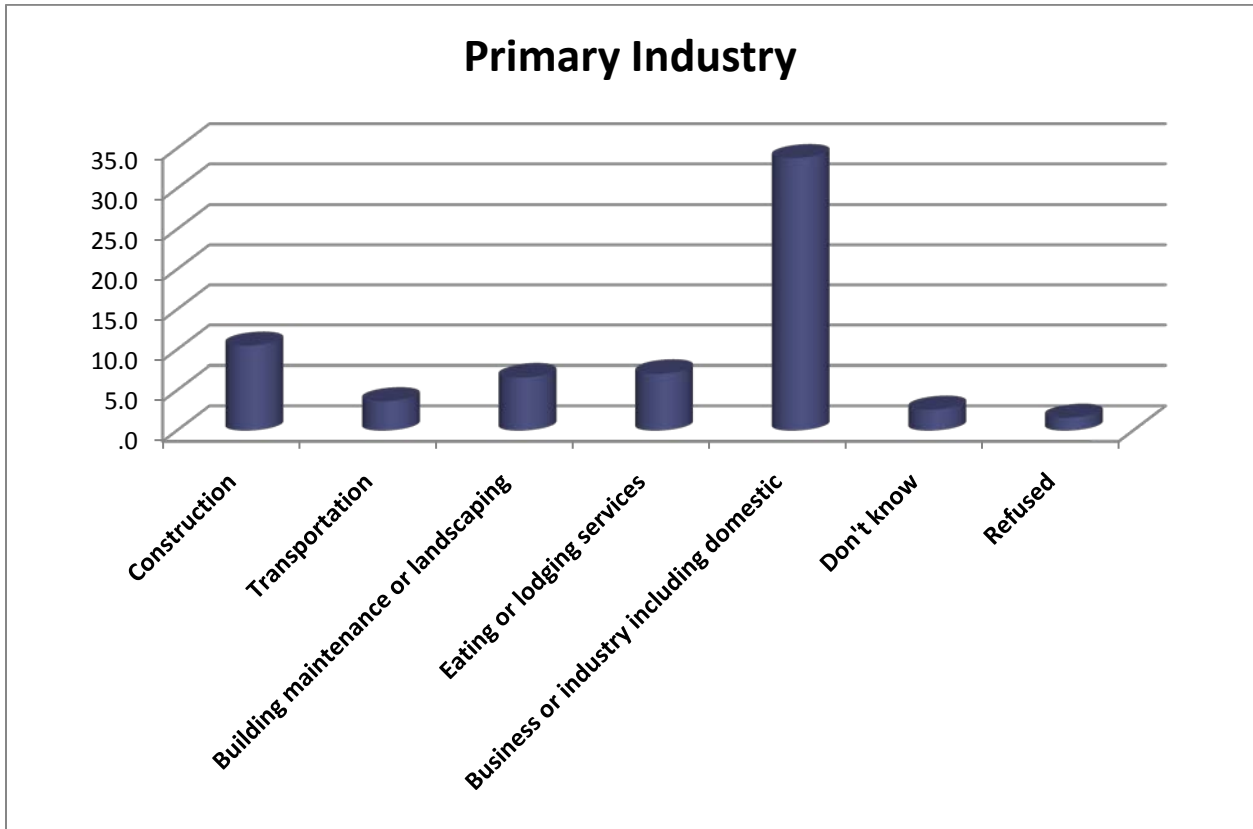
In addition to being undereducated, undocumented and cultural scripts, Latinos also find that their typical pathways to better employment for immigrants is blocked by the employment communities. Recent research found that there is a high level of specialization and niche establishment for immigrant workers. According to Lui (2011), labor niches are created – especially within immigrant communities – by social networks. In many cases, immigrant workers are offered positions due to the recommendations of to-be co-workers or individuals who previously held the position. Ironically, the strength of these labor niche markets can hinder individuals’ abilities to change jobs or participate in further education (Lui, 2011).

Finally, gender plays a large role in employment opportunities. Historically, minority populations have been forced to rely upon domestic services as a stable form of income, where women make up the largest proportion of workers. Housekeepers, baby-sitters, waitresses, etc. are low-skill, low-pay positions that favor women over men. One result of immigration from Mexico to the United States is that commonly families need to rely on two incomes rather than a single income provided, traditionally, by the man in the relationship. This cultural change can alter power dynamics within relationships causing men to see their partners as threatening (Grzywacz et. al.,, 2009). While this does not increase the overall rate of domestic violence, changes in power dynamics can intensify or alter the nature of domestic conflict (Grzywacz et. al.,, 2009).⁷

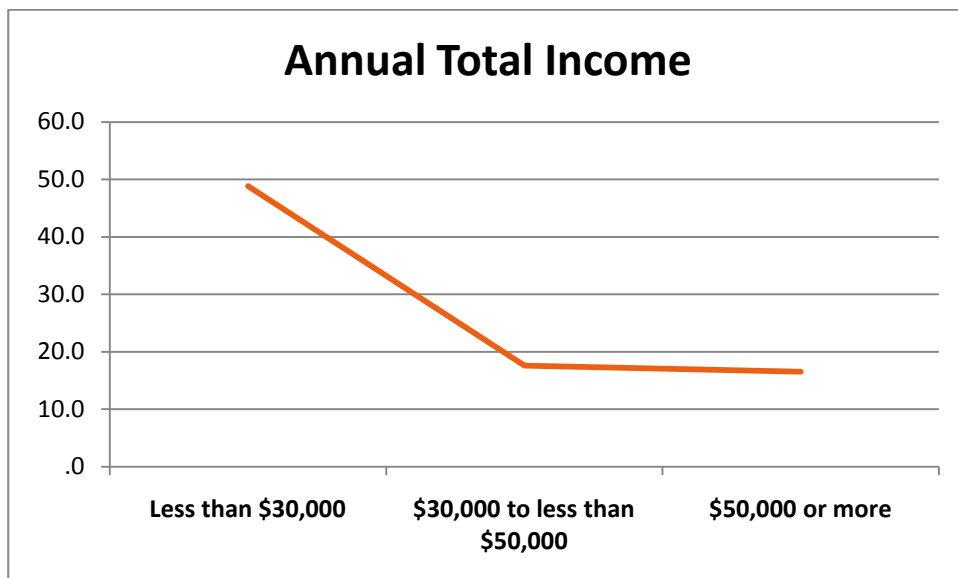
The result of poor education, being forced into cultural employment niches, over dependence on female labor, etc. is a weakened labor force for the Denver area. Recent data from the Current Population Survey shows that –while growing in numbers –the Latino population is far from being a viable contributor to the local economy. The chart below shows the general occupations of Latino workers. Combined, slightly more than 15% of the Latino workforce considers themselves to be professional or a manager. At the same time over 45% work in jobs that require little or no education, and are among the first to be cut in bad economic times.



⁷ Discussed in greater detail in the Community and safety section.



The result is a lack of purchasing power, economic instability, and limited options for the next generation. For Latinos living in the Denver area, the chart below shows the total annual income for this previous year (CPS, 2011). Nearly two-thirds of adults (66.5%) make less than \$50,000. For Metro-Denver, the median income for 2009 was over \$59,000 (US Census, 2010).





Combined with lower spending on health care (*map above*) which shows the average per capita household spending on health care⁸ (ACS 2009); the area just east of Mountain View –the immediate service area of SDLR, holds a population that has fewer educated Latinos and a lower per capita expenditure on health care. Together with high density population, lower education and fewer household dollars spent on health care results in higher rates of contagious illness, diabetes, obesity, and poor health habits.

Compared to the national average, Latinos in the United States have lower mortality rates than non-Latino whites and non-Latino blacks (Lara et. al., 2005); however, as demonstrated in Latino youth, there are disproportionate disparities between Latinos and non-Latino ethnic groups in many areas of health care (Flores et. al., 2002). Flores et. al., found that Latino youth, controlling for family income and parental education, are more likely than their non-Latino

⁸ The lighter the color, the less Latino households spend on health care.

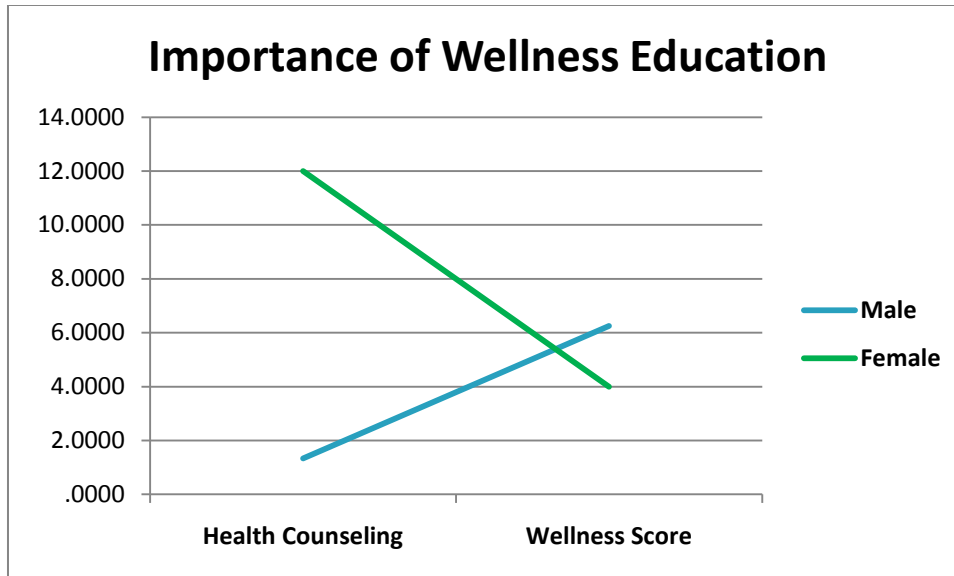
peers to “have suboptimal health status, spend more days in bed for illness, and make fewer physician visits,” (2002).

One area where the disparities between Latino and non-Latino youth are profound is mental health. Latino youth have a disproportionately high level of morbid depression, phobias and fears, anxiety or panic, and attempted suicide than any other youth demographic (Flores et. al., 2002; Garcia et. al., 2008). According to Flores et. al., 19% of adolescent Latinas have attempted suicide, compared to 9% of their white peers and 8% of their black peers (2002). Garcia et. al., in 2008 found slightly lower numbers ranging from 6% to 18.5% for different high-school age and gender groups. Latina youth consistently had higher reported levels of both suicidal thoughts and suicide attempts than any other gender and racial/ethnic group (Garcia et. al., 2008). Garcia et. al., also found that higher parental involvement and family connectivity lowered the risk of individual suicidal tendencies (2008). Further complicating this situation is that Latinos are “significantly less likely than whites and blacks to be hospitalized for mental illness...” (Flores et. al., 2002). Barrio et. al., in 2008 also found that there is a high level of need for mental health services among older Latinos.

There is also a markedly high prevalence of dental problems for Latino children than their non-Latino counterparts (Flores et. al., 2002). In a 2010 national survey, Sanders found that immigrant Latinos have slightly better oral health than US-born Latinos. Sanders attributes this difference to cultural differences including language barriers and lack of access to dental facilities and professionals (2010). Fewer Latino youth receive dental care than their white counterparts (Flores et. al., 2002).

Wood et. al., in 1995 completed a study on immunization status for 3 month and 24 month-old urban Latinos and African Americans. They found that at 3 months old 70% of Latino children are up-to-date on their immunizations; this drops to 42% of Latino children being up-to-date on their immunizations at 24 months old (Wood et. al., 2005). Their study compared types of health care plans and found that Latino children were less likely to be up-to-date on their immunizations at 24 months of age using private health care providers or health maintenance organizations than if they used public clinics (Wood et. al., 1995).

The SDLR Needs Assessment Survey shows that as women receive less health counseling, their overall Wellness (concern about nutrition, insurance, exercise) diminishes. Since women are more often than not responsible for getting their children immunized, those children of mothers without access to health counseling are less likely to receive the full immunization slate.

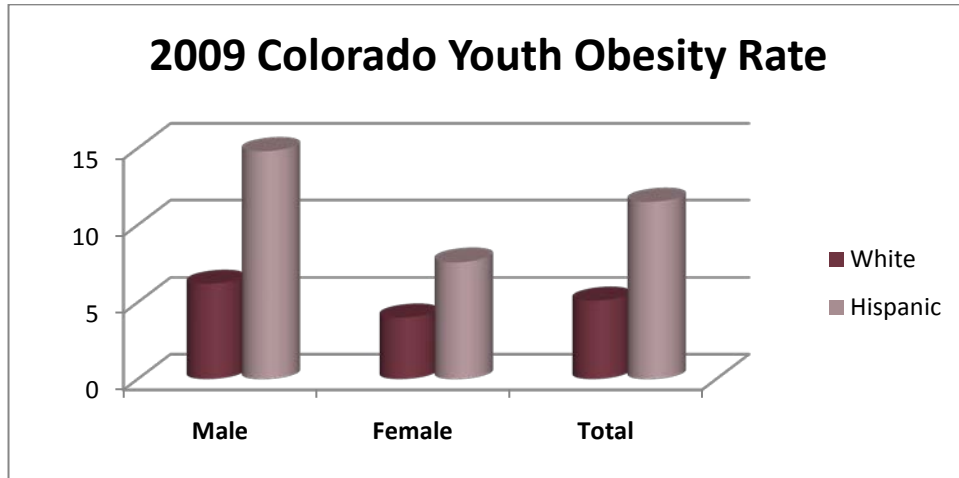


Educating women –especially mothers of small children –on the value of simple hygiene, nutrition, safe cooking methods, and general child wellness, has profound impacts on the physical and mental well-being of the entire family. Not only are the children healthier as a result of better-trained parents, the third generation (children of the children) are healthier, see physicians at a more regular rate, and receive immunizations on time.

Obesity and being overweight are common health problems for Latinos. Flores et. al., found that “Latino boys are the most overweight and Latino girls the second most overweight racial/ethnic groups of US children,” (2002). Part of this disparity comes from cultural differences where diet (Lara et. al., 2005) and cultural acceptability of being overweight (Barroso et. al., 2010) encourage more full-figured body-types. Barroso et. al., conducted a focus group study in Houston at the University of Texas Health Science Center where they found, “Of particular interest was the salient belief attached to the acceptance and tolerance of overweight, sexual attraction of overweight, preference of overweight by elders, and barriers to healthy eating and active living,” (2010). Both men and women expressed preferences for more full-figured individuals than skinny individuals in terms of sexual and (assumed) personality attraction, citing that men who are bigger are more protective and women who are full-figured are more confident (Barroso et. al., 2010). Additionally, the study cited cultural-economic shifts where the Mexican-American diet has become more fatty and unhealthy due to the increased availability of foods that were once considered to be special occasion foods and now are daily fare (Barroso et. al., 2010).

The chart below shows the projected obesity rate for Hispanic children in Colorado (YRBSS 2009). Regardless of gender, the rate for Hispanic youth is nearly double that for whites.

Hispanic males are especially susceptible to obesity. Poor diet is a combination of parents' unfamiliarity with new foodstuffs for recent immigrants, school lunch programs that are high in fat and sodium, and highly successful fast food industry that caters to individuals with lower incomes and is all too readily available in minority neighborhoods.



Chávez, Telleen, and Kim, in their study “Food Insufficiency in Urban Latino Families,” found that Latino families are more likely than non-Latino families – controlling for other factors – to experience food insufficiency or insecurity worries (2007). Most of the worry was economically based where families were concerned about not having sufficient money or Food Stamps for food. Chávez, Telleen, and Kim indicate that there is a greater need for screening and program outreach to low income, immigrant Latino families (2007).

It is also not young people who are at risk due to poor diet. Acculturation can have both negative and positive impacts on individual health for all ages. Changes in community structure, values, and family-unit behavior before and after immigration influence and sometimes aggravate the acculturation process. Generally, researchers found that some level of community fracturing takes place where substance abuse (smoking, alcohol abuse, and drug use) become more acceptable in the US community compared to the community of origin (Lara, et al., 2005); but there are other, less noticeable areas where community or culturally-based health disparities manifest themselves – particularly as it concerns food choice.

- There is a relative abundance of fatty, high-sodium, and nutrient-poor foods in American urban communities which enables poor nutrition.
- The negative impact of acculturation on birth outcomes comes from a combination of lack of access to health facilities and health care, poor prenatal nutrition, and increased substance-use during pregnancy (Lara et. al., 2005).

While research found that acculturation has a negative impact on substance abuse, dietary practices, and birth outcomes (which are heavily related to substance abuse and diet), whereas

acculturation has positive impacts on health care services use and self-perceptions of health (Lara, et. al., 2005).

An important part of maintaining healthy populations, in addition to adequate public health services and access to health care, is the availability of healthy food options – namely fruits and vegetables. For Latino and other ethnic/racial minority populations, culturally specific foods contribute to maintaining traditions and reinforcing group identity within a foreign mainstream culture. Having both culturally specific and healthy food options available in underserved Latino populations, especially urban areas, can facilitate healthier diets (Grigsby-Toussaint et. al., 2010). In a study completed by Grigsby-Toussaint et. al., researchers found that there is “limited availability of both commonly consumed and culturally specific fruits and vegetables in food stores located in majority African-American and Latino neighborhoods.” The chart above (US Dept. of Agriculture, 2011), shows how culture impacts healthy food choices. The percentage of Mexican Americans eating dark green vegetables (3.2%) is far less than whites (9.6 %). The same with low-fat milk (17.6% of Hispanics) compared with 30.3% of whites. While the average citizen can do much to improve their diets and avoid heart disease, stroke, obesity, and diabetes, the Latino community is at higher risk.

Food item	Mexican Americans	Other Hispanics	Whites
Ready-to-eat cereals	26.2	23.9	30.3
Rice	14.7	29	6.1
Pasta	3.7	6.6	8.3
Dark green vegetables	3.2	5.2	9.6
Deep yellow vegetables	9.3	8.6	14.2
Tomatoes	46.2	40.1	39.1
Green beans	3.4	6.3	8.1
Citrus	29.1	29.6	26.1
Other (non-citrus) fruits	43.8	37.7	40.4
Whole milk	37.5	31.3	15.2
Low fat milk	17.6	19.4	30.3
Beef	25.9	25.3	20.5
Processed meats (hot dogs, sausages, luncheon meats)	23.5	24.2	32.7
Eggs	29.8	24.4	16.9
Legumes	30.6	23.5	11.8
Fats and oils (table fats and salad dressings)	36.9	44	59
Sugars and candy	46	49.3	54.7

Although more extreme in Latinos of Puerto Rican descent than other Latinos, Researchers found that half a million Latino children suffer from asthma (Flores, et. al., 2002). The same study found that 3% of Mexican American youth, 5% of Cuban American youth and 11% of Puerto Rican youth are diagnosed with asthma. This can be attributed to the fact that 34% of Latinos, as compared to 17% of blacks and 15% of whites, live in areas with greater exposure to particulate matter. Overall, Latinos are exposed to more outdoor and indoor air pollutants including hazardous waste, pesticides, lead, and mercury (Flores et. al., 2002).

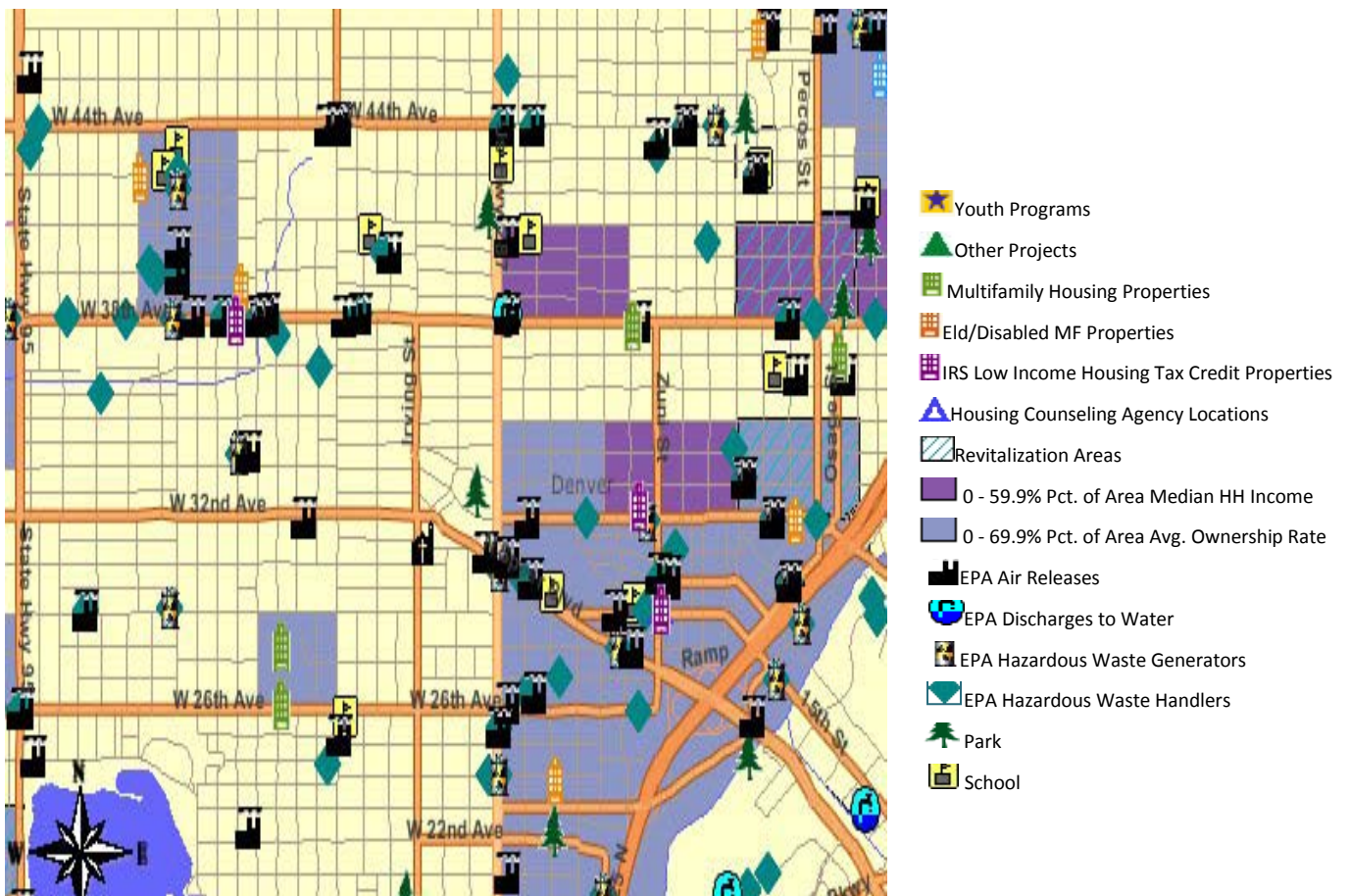
A more impactful problem lies in cultural and language barriers that prevent members of the Latino community from fully utilizing health care facilities and health insurance. Language barriers prevent many Latino families from applying for health care from private or public insurance systems. Research found that “Latinos are more likely to be uninsured (27%) than any other ethnic group of US children. In comparison, 9% of white, 18% of black, and 17% of Asian/ Pacific Islander children are uninsured,” (Flores,et al., 2002). In a comprehensive literature review, the study identified 22 access barriers to health encountered by Latino children – and thus their primary caregivers – which include:

- Poverty,
- Low parent education levels,
- Transportation issues,
- Long waiting time in clinics,
- Lower levels of preventative screening,
- Fewer drugs prescribed,
- Language barriers,
- Cultural differences,
- No health insurance, and
- No regular care (primary physicians)

They also found that when Latino children do receive care, the quality of their care is decidedly lower than care of youth in other racial/ethnic groups including fewer medical tests and less time with physicians (Flores et. al., 2002). Additionally, Latinos are extremely underrepresented in all types of health care professions. Whereas 16% of youth under 18 are Latino, Latinos make up only 3% of medical school faculty, 5% of pediatricians, 2.8% of dentists and 2% of nurses. Flores et. al., state, “the Latino pediatrician-to-child ration is expected to decrease from 17 Latino pediatricians per 100,000 Latino children in 1996 to 9 per 100,000 by 2025,” (2002).

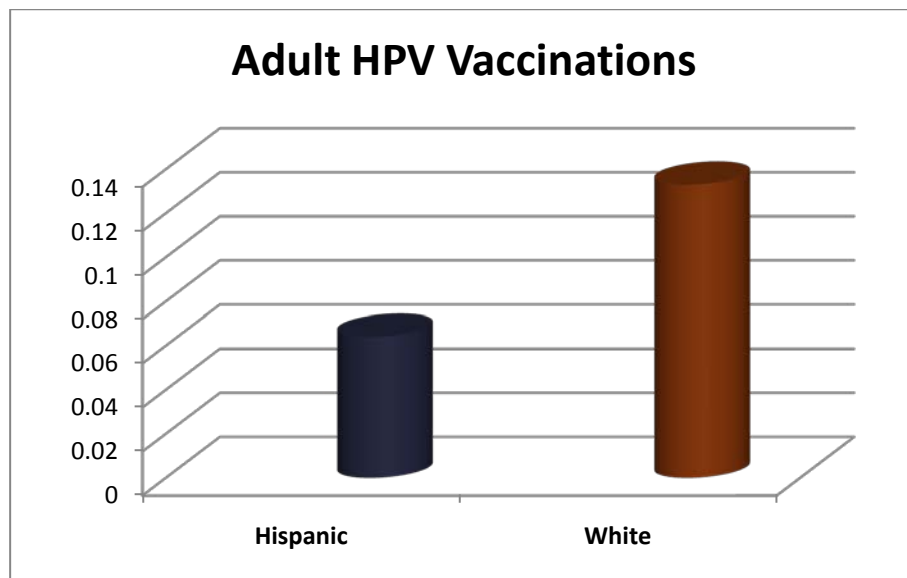
Another concern specific to urban Latino populations deals with environmental health impacts. Unhealthy urban planning can lead to greater levels of obesity, asthma, and mental health in urban populations (Corburn, 2004). Urban environments can limit access to green spaces and ecosystem benefits associated with natural landscapes (Bolund and Hunhammar, 1999). Urban environments that incorporate parks and natural elements, including trees and gardens, facilitate cleaner air and cleaner water (Bolund and Hunhammar, 1999). Additionally, cities

designed to allow for more exercise – including walking, biking and running –encourage healthier populations (Frank and Engelke, 2001). Furthermore, as Martens, Gutscher, and Bauer found, there are psychological benefits associated with green spaces in cities, regardless of the type of natural landscape (wilderness or tended) (2011). Overall, increasing access to green spaces – like parks, walking trails, or even trees and gardens – can improve the health of a community. An environmental scan of the immediate area surrounding SDLR shows multiple areas of concern for health. The EPA has targeted hazardous waste handlers, and air and water pollution sources. More importantly, the area has a large proportion of high density, low income housing and only four parks. There are seven schools, but most do not have adequate green space for their own activities, much less provide recreational areas for neighborhood residents.



In addition to few recreational opportunities, limited green space, high population density, higher pollutions levels, and childhood obesity, other, more contemporary health issues wear on the Hispanic community. Immunizations, parental depression, diabetes, and limited access to health care are key contributors to poor overall community health.

HIV/AIDS infections in the Latino community is a legitimate source of concern considering that Latino youth are the fastest growing ethnic demographic in the United States and are at considerable risk for HIV and other sexually transmitted infections (STIs) (Lescano, Brown, Raffaelli, and Lima, 2009). Latino youth in the United States have been found to begin sexual activity at an earlier age and use protection during sex less consistently compared to their white peers. According to Lescano, Brown, Raffaelli and Lima, “Compared to other ethnic groups, Latinos are less likely to discover they are HIV positive until they have symptoms of AIDS...which contributes directly to higher death rates” (2009). This situation is exacerbated by the lack of knowledge about HIV/AIDS, reduced health care access, and language or cultural barriers experienced by Latinos in the United States (Lescano, Brown, Raffaelli and Lima, 2009). The influence of acculturation on Latinos also leads to divergent and unexpected patterns. For example, less acculturated female Latinos have more negative attitudes toward condom-use and more inaccurate and negative perceptions concerning STIs (especially HIV/AIDS); at the same time, they are more likely to delay sexual activity and have fewer sexual partners (Lescano, Brown, Raffaelli and Lima, 2009). Programs that simultaneously increase knowledge about sexual activity and HIV/AIDS as well as remain sensitive to the culture of Latino communities – especially putting emphasis on family – can help reduce the rate of HIV/AIDS for Latino adolescents (Lescano, Brown, Raffaelli and Lima, 2009).



Human Papillomavirus (HPV) immunizations can help prevent the spread of HPV and decrease an individual’s chances of developing cervical cancer. According to Yeganeh, Curtis and Kuo, “Cervical cancer has a higher prevalence rate with a worse prognosis in minority populations because of poor access to appropriate screening services and lack of education regarding this preventable disease. Specifically, cervical cancer occurs in Latino women at a rate twice of that of non-Hispanic white women” (2010). The high rate of cervical cancer and HPV infection combined with Latino underutilization of health services and the HPV immunization prompted

Yeganeh, Curtis and Kuo to investigate parental attitudes towards a potential mandate for HPV immunization before girls enter middle school or high school (2010). After surveying parents, Yeganeh, Curtis and Kuo found that the biggest barrier to HPV immunization was lack of knowledge about the immunization and HPV itself. When Latino parents knew that the HPV immunization was non-intrusive and could prevent cervical cancer, they were more likely to support their daughter receiving the immunization and/ or a law requiring HPV immunization in adolescent girls. Yeganeh, Curtis, and Kuo agree with other researchers in recommending continued emphasis on educational campaigns “emphasizing the safety of HPV vaccine, and its efficacy in reducing cervical cancer.” (2010).

Families coping with a depressed parent/ spouse encounter a range of issues that stem from the parent’s condition (D’Angelo, 2009). Maternal depression can cause especially strong reactions in children and, in the case of traditional Latino families, in the spouse. Conventional depression treatments may not be as successful in Latino families; a strength-based, family-centered approach to dealing with depression and other mental illnesses was found to be more successful. Cultural insensitivity in conventional mental health treatments may be contributing to the underutilization of mental health services by Latinos (D’Angelo, 2009).

The rate of diabetes in the Latino population is much higher than that for whites in the United States. Estimates predict that by the year 2030, 20% of Latinos in the US will have diabetes (Rosal et. al., 2009). A recent study found that among Latino children there is a high obesity rate: 39.3% of Latino 6- to 11-year-olds are obese compared to 26.2% of their non-Hispanic white counterparts (James, et al., 2008). Rosal et. al., wrote, “US Latinos have greater prevalence of type 2 diabetes, uncontrolled diabetes and diabetes co-morbidities compared to non-Latino Whites. They also have lower literacy levels and are more likely to live in poverty.” Limited or no access to a usual source of healthcare can further exacerbate the severity of diabetes (González et. al., 2009). According to this study, limited access to a usual source of healthcare is correlated with lower levels of diabetes awareness (2009). Scientists attribute this knowledge gap to a variety of factors including lack of access to healthcare and low socioeconomic status. They write, “For most Americans, including Latinos, one’s personal physician is the primary and most trusted source of reliable health information. Yet, many Latinos, particularly Mexican Americans, do not have access to a [usual source of healthcare]” (González et. al., 2009). They also found a gender gap where Latino men had a poorer understanding of diabetes than Latinas.

In sum, efforts to increase access to healthcare to Latinos in the United States, and efforts to control diabetes and help low-income Latinos control their weight and related illnesses need to be culturally and language sensitive. A recently completed study followed a conventional diabetes prevention program which was translated into Spanish by native speakers and implemented with a community-school partnership (2009). The program had a staggering 93% retention rate (Merriam et. al., 2009). Programs that target child obesity and eating habits see success in the Latino community when parents are directly involved, becoming role models and learning about healthy lifestyle choices (James et. al., 2008).

Findings: Community and Safety

Often, there are some areas of community interest that do not seem apparent to those living outside that community. In these cases, there are certain assumptions made by so-called “outsiders” regarding the behaviors and attitudes of “in-siders.” Psychologists and social scientists have paid particular attention to this phenomenon –especially related to violence. While reactions to violence have been documented, the intensity to which some communities tolerate violence compared to others varies greatly. Violence for the contemporary community ranges from school punishments and neighborhood violence on children to parents’ reactions to the threat of terrorism, food security, and domestic violence. Topics discussed in this needs assessment for the Latino community include:

- Reactions to the threat of terrorism
- Housing
- Neighborhood violence
- Delinquent and adolescent crimes
- School punishments
- Injuries and safety
- Food availability
- Domestic violence
- Sexual Abuse
- Senior services

Reactions to the Threat of Terrorism

Several years ago, researchers found intriguing results from their November 2001 nationwide survey of parents concerning children’s emotional and behavioral reactions to terrorism. They found that comparatively, Latino parents and parents with lower household incomes reported greater terrorism-related reactions from their children. The scientists defined reactions as anything from increased worrying by children, more attention to the news, concerns that the child or their loved ones will be the target of an attack, expressing more need to be emotionally close to parents/ loved ones, and similar reactions (Stein, et al., 2004). Strikingly, Latino children showed more psychological reactions to terrorism than any other ethnicity of children, according to their survey.

Housing

Racial segregation in housing exists in the United States as a *de facto* result of socio-economic differences between races/ ethnicities and out-group preferences --mostly by whites selecting against neighborhoods with high Latino or African American populations (Lewis, Emerson, and Klineberg, 2011). While this de facto segregation is not the result of a specific policy or set of policies, it has important implications for minority communities, including school quality, community resources, and individual attitudes. As traditional school districts are geographically designed, and thus geographically limited, housing and neighborhood segregation leads to school segregation. According to Frankenberg (2009), “Schools are more segregated for black

and Latino students than they have been since prior to 1970 and the adoption of far-reaching desegregation plans.” Although Latinos can benefit from cultural reinforcement available in predominantly Latino neighborhoods, structural segregation disadvantages the entire community by limiting diversity, promoting in-group behaviors, and potentially enabling the worst effects of segregation (Frankenberg, 2009; Lewis, Emerson and Klineberg, 2011).

In addition to having to attend poorer, less rigorous schools, Latinos suffer from housing discrimination in many urban areas. A study completed by Troche-Rodriguez (2008-2009) examined instances of housing discrimination against Latinos in the Chicago area, specifically the Chicago suburbs. In Chicago, gentrification or “white flight” in the late 1950s and early 1960s, created cheap housing opportunities in inner cities for minorities. Currently, many Latino families are attempting to move into suburbs, but they are faced with discriminatory housing practices – ranging from intentional attitudes taken by the real estate and banking industries to insufficient education about public housing opportunities (Troche-Rodriguez, 2008-2009). Suburban communities also have adopted the practice of zoning out multifamily units which are more affordable to low-income (minority) families (Troche-Rodriguez, 2008-2009). According to this research

“The extreme outcome of the lack of affordable housing is homelessness. Homelessness looks different for Latinos, which is mitigated to the extent that Latino families double-up to share living space. However, since doubling-up is construed as overcrowding by the local authorities, Latino families’ ability to resolve homelessness internally is short-circuited and ultimately produces a homeless population.”

The modern rise in homelessness comes predominantly from the increasing economic marginality of the poor through a reduced supply of low-income housing and fewer jobs for unskilled or semi-skilled workers. “Taken together, these structural forces (rising poverty rates, changes in the market economy, cuts in public welfare programs, shortage of affordable housing, and gentrification) effectively made poor people poorer and at greater risk for homelessness” (Molina, 2000). Homeless men, in particular, develop strong social networks with other homeless men to pool resources and increase survivability. However, Spanish-speaking Latino homeless men have smaller networks which tend to be limited by culture or in the case of recent immigrants country of origin. The smaller social network employed by Spanish-speaking Latino homeless men (as compared to African American and English-Speaking Latino homeless men) decreases their ability to survive on the streets. Homeless Latinas, like homeless women of any ethnicity, tend to take more advantage of social services or are only temporarily homeless – finding shelter and living arrangements with family (Molina, 2000).

Neighborhood Violence

Communities both positively and negatively influence children and their socialization. For many urban youth, higher crime and violence levels increase their exposure to dangerous situations and stress levels. Rasmussen, Aber and Bhana completed a study on how adolescents cope with neighborhood violence (2004). Acknowledging that each neighborhood and adolescent is

different, Rasmussen, Aber, and Bhana find that there are divergences in coping strategies based on gender—and more secondarily ethnicity—that exceed expected variance (2004). They found that females are more likely to cope with violence by seeking social support, including association with gangs to avoid sexual victimization; boys, conversely, are more likely to deal with situations one-by-one and individually. If boys associate with gangs, it is to avoid victimization by the gangs themselves rather than to avoid violence in general (Rasmussen, Aber, and Bhana, 2004). Gender and ethnicity affected female adolescents more than males. They write, “Interestingly, gender differences within ethnicity and neighborhoods seemed to suggest that females are more susceptible to cross-neighborhood and cross-ethnicity differences, with...Latinas reporting the highest [rates of exposure] in high crime areas and the lowest in low crime areas” (2004). This finding further emphasizes that Latinas are influenced by their communities.

Neighborhood violence also influences how parents approach the safety and upbringing of their children. Cruz-Santiago and Ramírez García completed a study in 2011 that examined parenting techniques of Mexican-American parents living in high-violence neighborhood. They found three main parenting approaches:

- (1) protecting adolescents from neighborhood violence,
- (2) building strong parent-adolescent relationships, and
- (3) addressing cultural divides between parents and adolescents,” (Cruz-Santiago and Ramírez García, 2011).

Parents reported having to deal with a variety of parenting challenges ranging from gang violence, to threat of sexual assault (especially for parents of females), to racism incurred from other minorities in the neighborhood. Culturally prevalent parenting techniques, especially valuing family and respect, were the most successful at preventing adolescent exposure to violence and gangs.

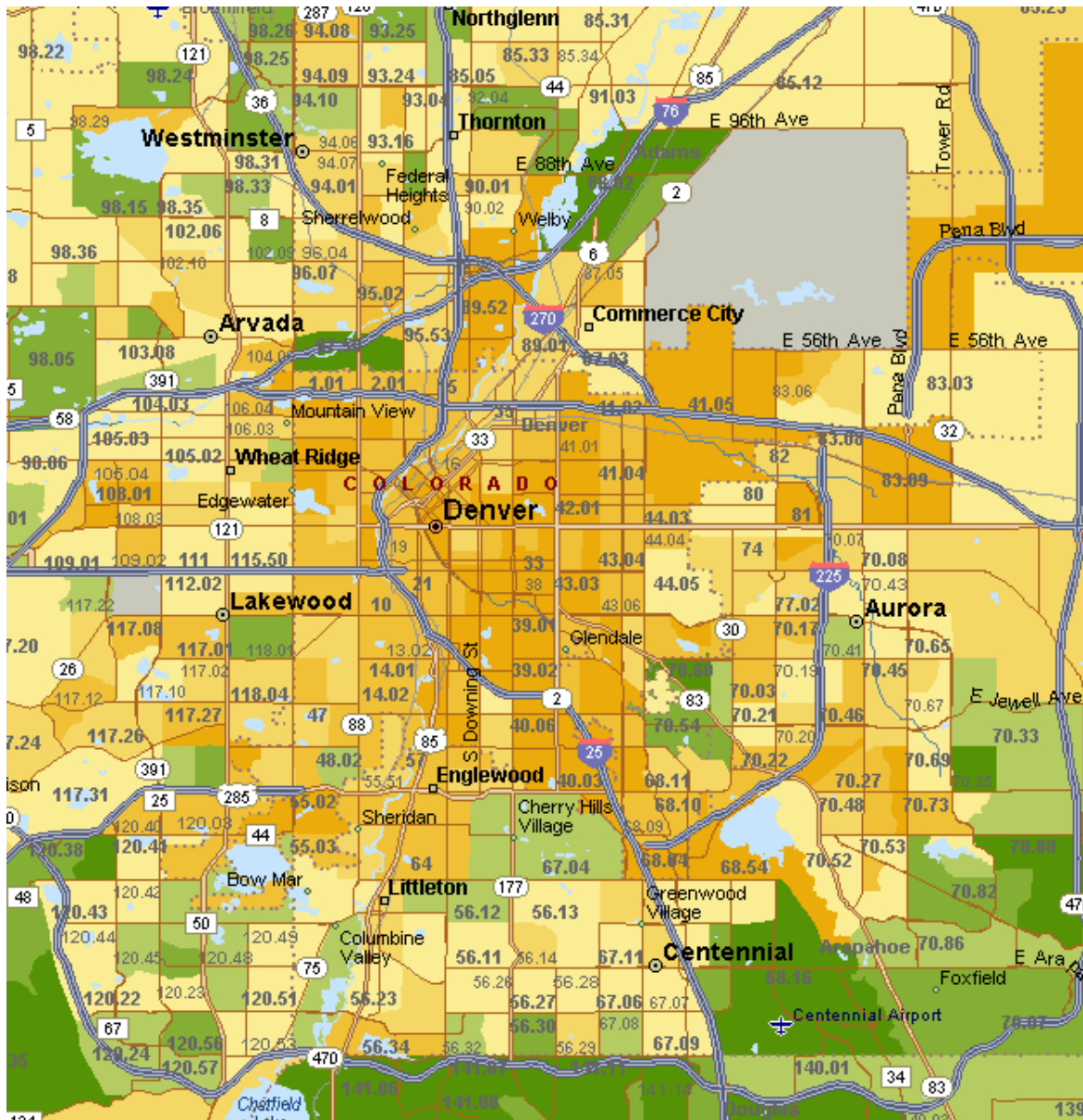
“Time can be dedicated to validating the existing adaptive strategies that parents use for monitoring and protecting their children, as well as working with them to develop additional ones that are appropriate for their context. ...Overall, the more that interventionists are grounded in the families’ local contexts, the more effective and sustainable they are likely to be, (Cruz-Santiago and Ramírez García, 2011). “

Similarly, the research looked at how parents perceived the impact their neighborhoods had upon their children. Looking at data from parents in disadvantaged neighborhood environments scattered across Denver, Colorado. They found that many low-income parents see their neighborhoods as sources of positive influences—especially with community efficacy, socialization, and social networks—despite obvious weaknesses including increased violence and fewer resources (Galster and Santiago, 2006).

Delinquent/ Adolescent Crimes

Like other large cities, crime committed by Denver youth (aged 15-24) is concentrated in the higher density areas (ACS, 2007). Consistent with the Galster study, there is only a slightly higher incident rate for youth who are Hispanic over white, but it is not statistically significant. What is significant, however, is the rate at which Latino youth find themselves in the juvenile justice system. According to *Human Rights Watch*, 26.7% of Latinos in Colorado have been incarcerated.

The map below shows the level of crime committed by Latino youth in the greater Denver area. The higher the level of crime, the more orange the area on the map. Please note that the green areas are more affluent areas and also carry higher levels of education and employment for the 15-24 age group.



Violent behavior in adolescents often is the result of exposure to violence without sufficient coping or healing (McGee et. al., 2005; Brady, Gorman-Smith, Henry, and Tolan, 2008; Nakamoto and Schwartz, 2011). Pointing to prior research, this more recent study emphasized the fact that while Latino adolescents make up a small portion of the youth population in the United States, they represent a disproportionately high percentage of incarcerated youth (2005). Furthermore, Latino youth experience a disproportionate amount of anxiety-related behaviors, delinquency, depressive symptoms, and illicit drug use (McGee et. al., 2005). As Latino children in poor, urban neighborhoods are exposed to a disproportionate level of violence and crime, programs that assist families and children cope with violence can help alleviate and mitigate the effects of violence in children. Of Latino youth, there is a gender disparity in exposure to violence, as well as an age gap. The study also found that “Adolescents who are older, female, and residing in single-parent households are more likely to have direct victimization such as actual attacks” compared to all other adolescent groups (McGee, et. al., 2005).

Brady, Gorman-Smith, Henry, and Tolan found that, “Exposure to community violence during middle adolescence was associated with greater involvement in serious violent behavior during late adolescence. This was true when including both direct victimization and indirect violence exposure (witnessing or hearing about community violence)... ” (2008). However, this effect is moderated by positive coping strategies including talking to and seeking advice from others, focusing on positive aspects of life, modifying their own behaviors to avoid confrontation, praying, attempting to negotiated with others, improving self-esteem, moving to a less violent neighborhood, and participating in positive activities including sports and social groups (Brady, Gorman-Smith, Henry, and Tolan, 2008). The earlier individuals learn these coping strategies, the more effective they are (Brady, Gorman-Smith, Henry, and Tolan, 2008). Nakamoto and Schwartz (2011) found that coping with violent situations by associating with a peer group can actually enhance the negative impacts of exposure to violence, contributing to poor academic performance and negative or aggressive behaviors. Not all peer group associations reduce the potency of coping behaviors; however, it is important to consider the context of the peer group if it is positive or negative (Nakamoto and Schwartz, 2011).

Moreover, the perception of who commits crimes go under-reported for Latinos. A study examining Los Angeles and Orange Counties’ television news reports compared to crime reports saw how different ethnicities were portrayed in the television media. The researchers found that there is an overemphasis on white victims and underrepresented as perpetrators of crimes. Latinos are consistently underrepresented on the news, based on the crime reports; they are underrepresented as crime victims and perpetrators (Dixon and Linz, 2000).

School Punishment

Another area of under-reporting, rests within the schools, where most individuals in the juvenile justice system begin patterns of disruption and disciplinary problems. A number of

states plan the size of their new prisons based on reading proficiency in the 4th grade.⁹ Discipline rates are another indicator of poor school performance. It has been established in the literature that minority children receive more school punishments and discipline than their white peers. To better understand this situation, Kupchik and Ellis (2008) investigated if there were differences in how students perceived fairness in school safety and school disciplinary practices. Pointing to the literature consensus, Kupchik and Ellis write, “Not only are enhanced school security measures more likely to be placed in schools serving a majority of poor or racial/ethnic minority students, but also, within schools, minority students are more likely than White students to be subjected to school discipline such as expulsion or suspension” (2008). However, they found that there were no significant differences in how Latino students and white students viewed fairness in school safety and discipline. They write, “It seems that, rather than students being alienated by increased security, they may embrace an enhanced security regime. Perhaps it is true that students embrace some increased security measures within schools, if it means that they are less likely to be victimized and more likely to have a safe, drug-free environment in which they can learn,” (Kupchik and Ellis, 2008). Students’ experiences in school greatly influence this perception, both positively and negatively. In schools where students feel connected and feel like they benefit from the school system, they are more likely to believe the system is fair.

Injuries/ Safety

Latino children have lower visit rates to emergency rooms and primary care physicians than their white peers. Even with controlling for factors including demographic, socioeconomic, health status, and health care access, Latino children still have a lower rate of visits to doctor’s offices. Researchers also found that Latino children have lower rates of injuries than their white peers and attribute this to increased home supervision and lower rates of participation in organized physical activity (sports teams), and differences in cultural attitudes about health care. In sum, Latino children both experience fewer injuries and are more likely to receive home treatments for minor injuries than their white counterparts, regardless of demographics, socioeconomic status, health status, and access to health care (Simone, et al., 2008).

Due to language and information barriers, poison control centers may be underutilized by Latino populations. In a study conducted in New Jersey, only 22% of the Latino population were aware of the poison control center, their toll-free phone number, and that there were Spanish-speaking personnel available to assist callers. According to the study, 45% of the participants had utilized hospital emergency rooms when dealing with poisoning issues compared to 17% that called the poison center. Barriers that participants identified included lack of knowledge about the center or how to contact the center, not speaking English (which is a barrier to both learning about the center and a perceived barrier for using it), and being unaware that the center could help the situation (Vassilev, 2006). The applicability of this study to other states and other public services is limited; however these findings shed light on the fact that other public services may be underutilized by the Latino community.

⁹ Failing Reading Scores = Prison Cells for Indiana, Arizona, and California.

Food Security

The recent economic downturn has impacted the Latino community on many fronts. One of the more under-reported is the concept that in a plentiful America, the food supply is not a guarantee for everyone. Research on Latino household levels of food insecurity is sparse; however, a study by Kaiser (2003) found that, “[Latinos] comprise a rapidly growing segment of the US population and reports relatively high levels of food insecurity compared with other ethnic groups.” Food insecurity refers to a state of having limited or unknown availability of food or the inability to acquire food in a socially acceptable manner.

Food insecurity exists at a variety of levels – from extreme, characterized by hunger in both adults and children in a household; to mild, characterized by no hunger within a household, however constant adjustments are made which compromise the quality of the food supply (Kaiser, 2003). Confirmatory research found that, “Latinos have less access to nutritionally adequate and safe food. Compared to 7.8% of non-Latino white individuals, almost 20% of Latinos are food insecure” (Pérez-Escamilla, 2008); yet “[a]mong Latino families, greater food insecurity is negatively related to the variety of foods present in the household, with difference observed across all food groupings...” (Kaiser, 2003). Thus, when Latino families are struggling with food insecurity, they begin to rely on a more limited selection of food – a practice which compromises nutrition.¹⁰

Pérez-Escamilla et. al.,. found that peer nutrition education programs where individuals from a community are trained as Community Health Workers to disseminate information on healthy living can improve health outcomes in the areas of infant nutrition, immunizations, HIV prevention/ self-management, diabetes self-management, and breast cancer screening (2008). Community Health Worker programs reinforce cultural values in the Latino community while disseminating information, making them more likely to be successful and lasting (Pérez-Escamilla et. al., 2008).

Domestic Violence

Marriage education and interventions need to be culturally specific or at least culturally sensitive to allow for greatest success (Snyder, Duncan, and Larson, 2010). This also holds true to issues of domestic violence (Klevens, 2007; Hancock and Siu, 2009). Marriage education and domestic violence interventions that target the Latino community or involve Latino participants need to cater to the cultural needs of their participants in order to increase the chances for success (Snyder, Duncan, and Larson, 2010; Klevens, 2007; Hancock and Siu, 2009).

Gender roles, specifically *machismo* and *marianismo*, prevalent in Latino culture need to be respected by marriage counselors and domestic violence interventionists while developing curriculum and programming. *Machismo* refers to the ideals of courage, physical and emotional strength, indomitable character, devotion to his family, and commitment to the women in his family (Snyder, Duncan, and Larson, 2010). *Marianismo* refers to a set of ideals that include female submissiveness, self-sacrifice, religiosity, and modesty. It also implies that

¹⁰ See Findings: Health *above*.

it is a woman's duty to nurture and care for her family, especially its male members, and put family unity and well-being above personal needs (Snyder, Duncan, and Larson, 2010). Successful and equal marriages and intimate relationships can keep fidelity to the values of *machismo* and *marianismo* as long as there is mutual respect and equality in the relationship. When either of these is exaggerated at the expense of the other, marital inequality issues arise (Snyder, Duncan, and Larson, 2010).

Additional stressors that target the Latino community in the United States include acculturation and cultural differences, changes in economic situation, negative stereotypes projected by the dominant culture, and more (Snyder, Duncan, and Larson, 2010; Klevens, 2007; Hancock and Siu, 2009). For immigrants, these stressors are compounded with the fear of deportation, adapting to a new living situation—economically, culturally, and physically, and fracturing of family and community. For recent immigrants or undocumented residents, these stressors can drastically alter the power balance in intimate partnerships and cause marital distress and even intimate partner violence (IPV) (Klevens, 2007; Hancock and Siu, 2009).

Domestic violence or IPV is not more frequent in Latino partnerships; however, due to the aforementioned cultural values it may be tolerated longer than in Anglo partnerships (Klevens, 2007; Hancock and Siu, 2009). Female submissiveness associated with *marianismo* can encourage women to accept abuse for longer. Additionally, Klevens (2007) found that factors including economic dependence, fear of losing child custody, valuing family unity, belief that their partner will stop being abusive, and love keep many abused Latinas in unequal and abusive relationships longer than their white counterparts. However, these factors do not condemn battered Latinas to unhealthy relationships. Through culturally sensitive intervention programs – that value family, respect *machismo* and *marianismo* values, and are sensitive to the stressors Latinos contend with – IPV and marriage issues can be resolved successfully (Klevens, 2007; Hancock and Siu, 2009).

Sexual Abuse

While the rate of sexual abuse is no greater in Latino populations than any other ethnicity or race population, the aftereffects of sexual abuse in culturally traditional Latino communities can delay or deter individuals' recovery. Traditional Latino communities set strong sexual roles for women and men, with women being chaste and monogamous and men fulfilling the machismo role which includes protecting his family, and if he is single pursuing women. Additionally, there is a lot of emphasis on shame and honor as power concepts in Latino culture. Victims of sexual abuse and their families deal with complex emotions. Female victims feel damaged because they lost their virginity or innocence and tend to be stereotyped an easy woman, subjecting them to further abuse.

“This ashamed feeling seems global and unchanging, victims often feel that they are wholly unworthy and always will be. For decades after the abuse has stopped, they may continue to view themselves as ruined (Fontes, 2007).”

The families of female victims also have to deal with the idea that their daughter, wife, or sister has been 'ruined'. Male victims of sexual abuse experience high levels of shame for not being

able to protect themselves and in many cases question their sexuality. Victims and their families suffer from high levels of shame, which in many cases prevents victims from getting the help they need for recovery (Fontes, 2007).

Senior Services

The aging Latino population in the United States is putting pressure on existing senior services to increase their appeal and utility for ethnically diverse seniors, especially Latinos. Gaps that exist in the availability and accessibility of senior services to Latinos must be addressed (Gelman, 2002). The aging population of the United States as a whole has encouraged the existence of senior services; however, as Gelman writes, “Many of the services Latino elders require already exist, but are inaccessible to this population in a variety of ways. There is a lack of awareness of their existence, a perception that the service will not be sensitive to their needs, and structural barriers such as language and transportation difficulties” (2002). Some senior services that would benefit the elderly Latino population do not yet exist; culturally sensitive programs and services make up the majority of this category (Gelman, 2002).

One significant problem for elderly Latinos is lack of access to in-home care (Wallace, Levy-Storms and Ferguson, 1995; Gelman, 2002). While Latinos are more likely than Anglo-Americans to receive unpaid support from family, this is partially due to cultural and economic restrictions (Wallace, Levy-Storms and Ferguson, 1995). Wallace, Levy-Storms and Ferguson write, “As more medical care moves out of the hospital and nursing homes become less available, elderly people who need functional assistance will increasingly need paid in-home assistance. Since our models of community long-term care use are supported primarily by the experience of non-Latino Whites, it is important to identify any divergences from these models for policy and service delivery development. Our analysis showed that, after need, demographic, economic, and family availability factors had been controlled, the predictors of receiving paid care rather than only unpaid care among elderly people 74 years of age and older are different for Latinos and non-Latino Whites, despite similar prevalence of use in these two populations” (1995). This is not confined to physicians. Senior dental services suffer as language, insurance status, education levels, socio-economic status, and ethnicity become barriers to Latino elders seeking and securing dental care (Ahluwalia and Saodsky, 2003).

Elderly Latinos also suffer from untreated mental issues ranging from depression to dementia (Weisman et. al., 2005) Often, elderly Latinos experience trauma associated with immigration to the United States or acculturation. Weisman et. al.,. points out, “In addition to leaving behind property and occupations, elderly immigrants can lose the role of the wise and valued person or other social roles that may have given them a sense of status and identity from their home country” (2005). Weisman et. al.,. also point to the fact that Latinos have higher rates of dementia than other ethnic groups, a condition that can be exacerbated when the individual with dementia has experienced a dramatic shift in their living situation (2005). Group therapy techniques have been found to be successful in elderly Latino populations for dealing with a range of mental issues and coping with the effects of aging (Weisman et. al.,. 2005; Lee and Ayón, 2005).

Recommendations

In order to be certain that the momentum of SDLR keeps pace with community need, several key pieces of research should be continued. The annual needs assessment survey should continue and be expanded to include participants at several community-wide events. Additionally, the strategic plan should be updated, and to that a complete partnership analyses should be made so that SDLR can leverage the best of the available social service to enhance the condition of Denver Latinos.

The needs of Latinos in Denver's urban corridors centers on education and counseling. Research and supporting data indicate that even more culturally responsive programming needs to be available to Latino adults. Areas of specific concern include:

- Out of school time for youth. Partnerships with local culturally responsive schools are optimum; however because so few students are fortunate enough to attend, programming for youth should be developed and initiated in traditional public schools and emerging charter schools as well. These programs should center on how to engage the school system, and how best to take advantage of education for the purposes of satisfying academic curiosity and personal career development. and should include a component for Latino parents on how to be involved in the educational system, so that their children are not
- Programming aimed specifically at developing partnerships for post-secondary access for undocumented youth should be a priority. In addition to political pressure for state schools to accept at in-state rates, strong efforts should be made to partner with private schools to accept and support undocumented, urban Latino students.
- One of the reasons minority students do not achieve in school at the same rate as non-minority students is the perception that their families do not value education. Therefore, programs should be designed that teach parents how to interact with the school system, take advantage of available programming, and advocate for their children need to be made available to parents living in the SDLR catchment area.

Workforce development and employment counseling are seen by the community as being an essential service. Moreover, because of the high unemployment rate for Latinos in the Denver area, workforce development should be a high priority for SDLR. While very little can be done about the economy, SDLR can help prepare Latinos for future employment opportunities through unique programming that would facilitate men's education and skills development, using on-line access, volunteerism, or other casual work environments.

Both the research and the SDLR constituency agree that health counseling should command a large part of SDLR activities. While some programming exists for accessing the health care system and health screenings, a focus on building wellness practices for individuals living in the area should be developed. Programming could include:

- Food choice, purchasing, and preparation with a guide to wellness and nutrition
- Basic hygiene and home sanitation
- Assisting clients with access to the health care system
- Home or urban gardening
- Family exercise through dance or other culturally-based access points
- Increased access to mental health and screening
- HIV/HPV education
- Full spectra immunization programs for infants, teenagers, newly arrived residents, young adults, and seniors citizens.

Finally, SDLR should take a leadership role in designed programs that enhance and build a sense of community with a focus on safety on permanent residence. Obvious community building can occur around other topics previously mentioned (i.e. community gardening and nutrition education, family exercise programs, parental involvement in the schools, etc.) More specific programming is also needed to promote community in more marginalized groups.

- Women's and family victim assistance as well as multi-generation education programs designed to break cycles of domestic violence, substance abuse, poor school attendance, and unemployment. Potential partnerships for the development of a temporary safe house for victims of domestic violence, education and employment counseling, and youth "success" counseling should also be considered.
- Senior services at SDLR should be enhanced and grown. While health-related access services such as dental and optometry screenings are essential, more civic and social assistance is warranted. Programs that both offer services such as meal preparation, home repair and light housekeeping assistance designed to keep seniors in their homes longer can also offer skill-building opportunities to younger members of the community, in return, seniors can participate with community groups that record and teach younger generations the Latino culture. Programs that encourage seniors to be more physically active and engaged with the community should also be developed (culturally relevant Naturally Occurring Retirement Communities or NORC's).

Works Cited and Consulted

- Abrego, L.J. and Gonzales, R.G. (2010). *Blocked paths, uncertain futures: The postsecondary education and labor market prospects of undocumented Latino youth*. Journal of Education for Students Placed at Risk, 15, 144-157.
- Ahluwalia, K.P., and Sadowsky, D. (2003). *Oral disease burden and dental services utilization by Latino and African-American seniors in Northern Manhattan*. Journal of Community Health, 28(4), 267-280.
- Barrio, C. et. al.,. (2008). *Unmet needs for mental health services for Latino older adults: Perspectives from consumers, family members, advocates, and service providers*. Community Mental Health Journal, 44, 57-74.
- Barroso, C.S. et. al.,. (2010). *Beliefs and perceived norms concerning body image among African-American and Latino teenagers*. Journal of Health Psychology, 15 (6), 858-870.
- Bolund, P. and Hunhammar, S. (1999). *Ecosystem services in urban areas*. Ecological Economics, 29 (2), 293-301.
- Brady, S.S.; Gorman-Smith, D.; Henry, D.B.; and Tolan, P.H. (2008). *Adaptive coping reduces the impact of community violence exposure on violent behavior among African American and Latino Male Adolescents*. Journal of Abnormal Child Psychology, 36, 105-115.
- Chávez, N., Telleen, S. and Kim, Y.O.R. (2007). *Food insufficiency in urban Latino families*. Journal of Immigrant Minority Health, 9, 197-204.
- Corburn, J. (2004). *Confronting the challenges in reconnecting urban planning and public health*. American Journal of Public Health, 94 (4), 541-546.
- Cruz-Santiago, M. and Ramírez García, J.I. (2011). *"Hay que ponerse en los zapatos del joven": Adaptive parenting of adolescent children among Mexican-American parents residing in a dangerous neighborhood*. Family Process, 50(1), 92-114.
- D'Angelo, E.J. et. al.,. (2009) *Adaptation of the preventive intervention program for depression for use with predominantly low-income Latino families*. Family Process, 48, 269-291.
- Dixon, R.L. and Linz, D. (2000) *Race and the misrepresentation of victimization on local television news*. Communication Research, 27(5), 547-573.
- Edens, R., & Gilsinan, J. E. (2005, February). *Rethinking school partnerships*. Education & Urban Society, 37(2), 123-138.

- Epstein J. L. (2001). *School and family partnerships: Preparing educators and improving schools*. Boulder, CO: Westview Press.
- Epstein, J. L. (2008, February). Improving family and community involvement in secondary schools. *Education Digest*, 73(6), 9-12.
- Evans, B.C. and Greenberg, E. (2006). *Atmosphere, tolerance, and cultural competence in a baccalaureate nursing program: Outcomes of a nursing workforce diversity grant*. *Journal of Transcultural Nursing*, 17 (3), 298-305
- Fahey, D. (2010). Are all partnerships created equal? An example of the sufficiency model. P-12 Principal's Office, October 2010.
- Fitts, S. and Weisman, E.M. (2010). *Exploring questions of social justice in bilingual/bicultural teacher educations: toward a parity of participation*. *Urban Review*, 42, 373-393.
- Flores, G. (2002). *The health of Latino children: Urgent priorities, unanswered questions, and a research agenda*. *Journal of the American Medical Association*, 228 (1), 82-90.
- Flores, S. and Southern, K.G. (2010). *Citizenship, college degrees, and occupational outcomes: Comparison of Latino immigrants and U.S. natives at the turn of the century*. *Journal of Hispanic Higher Education*, 9(1), 22-42.
- Fontes, L.A. (2007). *Sin Vergüenza: Addressing shame with Latino victims of child sexual abuse and their families*. *Journal of Child Sexual Abuse*, 16(1), 61-83.
- Frank, L.D., and Engelke, P.O. (2001). *The built environment and human activity patterns: Exploring the impacts of urban form on public health*. *Journal of Planning Literature*, 15 (2), 202-218.
- Frankenberg, E. (2009). *Metropolitan schooling and Housing Integration*. *Journal of Affordable Housing & Community Development Law*, 18(2), 193-213.
- Galster, G.C. and Santiago, A.M. (2006). *What's the 'hood got to do with it? Parental perceptions about how neighborhood mechanisms affect their children*. *Journal of Urban Affairs*, 28(3), 201-226.
- Garcia, C. et. al.,. (2008). *Family and racial factors associated with suicide and emotional distress among Latino students*. *Journal of School Health*, 78 (9), 487-495.
- Gelman, C.R. (2002). *The elder Latino population in Holyoke, MA: A qualitative study of unmet needs and community strengths*. *Journal of Gerontological Social Work*, 39(4), 89-114.

- González, H.M. et. al.,. (2009). *Diabetes awareness and knowledge among Latinos: Does a usual source of healthcare matter?* Journal of General Internal Medicine, 24 (Supplement 3), 528-533.
- Grigsby-Toussaint, D.S. et. al.,. (2010). *Availability of commonly consumed and culturally specific fruits and vegetables in African-American and Latino neighborhoods.* Journal of American Dietetic Association, 110, 746-752.
- Grzywacz, J.G. et. al.,. (2009) *Acculturation and conflict in Mexican immigrants' intimate partnerships: The role of women's labor force participation.* Violence Against Women, 15(10) 1194-1212.
- Hagedorn, L.S. et. al.,. (2007). *The role of culture in engaging Latino parents' involvement in school.* Research in Higher Education, 48 (1), 73-91.
- Hancock, T.U. and Siu, K. (2009). *A culturally sensitive intervention with domestically violent Latino immigrant men.* Journal of Family Violence, 24, 123-132.
- Haynes. K.T., Phillips, K.J.R., and Goldring, E.B. (2010). *Latino parents' choice of magnet school: How school choice across racial and ethnic boundaries.* Education and Urban Society, 46 (2), 758-789.
- Hill, N.E., and Torres, K. (2010). *Negotiating the American dream: The paradox of aspirations and achievement among Latino students and engagement between their families and schools.* Journal of Social Issues, 66 (1), 95-112.
- Holvino, E. (2008). *Latinos y Latinas in the workplaces: How much progress have we made?* The Diversity Factor, 16(1), 11-17.
- James, K.S. et. al.,. (2008). *Family-based weight management with Latino mothers and children.* Journal for Specialists in Pediatric Nursing, 13(4), 249-262.
- Kaiser, L.L. (2003). *Food insecurity and food supplies in Latino households with young children.* Journal of Nutrition Education and Behavior, 35(3), 148-153.
- Klevens, J. (2007). *An overview of intimate partner violence among Latinos.* Violence Against Women, 13(2), 111-122.
- Kohli, R. (2009). *Critical race reflections: Valuing the experiences of teachers of color in teacher education.* Race, Ethnicity and Education, 12 (2), 235-251.
- Kupchik, A, and Ellis, N. (2008). *School discipline and security: Fair for all students?* Youth and Society, 39(4), 549-574.

- Lara, M. et. al.,. (2005). *Acculturation and Latino health in the United States: A review of the literature and its Sociopolitical Context*. Annual Review of Public Health, 26, 367-397.
- Lee, C.D. and Ayón, C. (2005). *The power of groups for older adults: A comparative study of European American and Latino senior mutual aid groups*. Social Work with Groups, 28(2), 23-39.
- Lescano, C.M., Brown, L.K., Raffaelli, M., and Lima, L. (2009). *Cultural factors and family-based HIV prevention intervention for Latino youth*. Journal of Pediatric Psychology, 34(10), 1041-1052.
- Lewis, V.A., Emerson, M.O., Klineberg, S. L. (2011). *Who we'll live with: Neighborhood racial composition preferences of whites, blacks, and Latinos*. Social Forces, 89(4), 1385-1408.
- Liu, C.Y. (2011). *Employment concentration and job quality for low-skilled Latino immigrants*. Journal of Urban Affairs, 33(2), 117-142.
- Martens, D., Gutscher, H. and Bauer, N. (2011). *Walking in "wild" and "tended" urban forests: The impact on psychological well-being*. Journal of Environmental Psychology, 31, 36-44.
- McGee, Z.T. et. al.,. (2005). *Delinquent behavior, violent victimization, and coping strategies among Latino adolescents*. Journal of Offender Rehabilitation, 42(3), 41-56.
- Merriam, P.A. et. al.,. (2009). *Methodology of a diabetes prevention translational research project utilizing a community-academic partnership for implementation in an underserved Latino community*. BioMed Central Medical Research Methodology, 9(20).
- Molina, E. (2000). *Informal non-kin networks among homeless Latino and African American men*. American Behavioral Scientist, 43(4), 663-685.
- Nakamoto, J. and Schwartz, D. (2011). *The association between peer victimization and functioning at school among urban Latino children*. Journal of Applied Developmental Psychology, 32, 89-97.
- Nestor-Baker, N., Fahey, D., Overly, C. & Kerka, S. (2007). *The sufficient model: an exploration into partnership, organizational needs assessment, and partnership evaluation*. Outreach Conference, 2007.
- Oliva, M. (2008). *Latino access to college: Actualizing the promise and potential of K-16 partnerships*. Journal of Hispanic Higher Education, 7 (2), 119-130.

- Olivos, E.M. (2004). *Tensions, contradictions, and resistance: An activist's reflection of the struggles of Latino parents in the public school system*. The High School Journal, April/May issue, 25-34.
- Pérez-Escamilla, R. et. al.,. (2008). *Impact of peer nutrition education on dietary behaviors and health outcomes among Latinos: A systematic literature review*. Journal of Nutrition Education and Behavior, 40(4), 208-225.
- Ramos, E. (2010). *Let us in: Latino underrepresentation in gifted and talented programs*. Journal of Cultural Diversity, 17 (4), 151-153.
- Rasmussen, A., Aber, M.S., Bhana, A. (2004). *Adolescent coping and neighborhood violence: Perceptions, exposure, and urban youth's efforts to deal with danger*. American Journal of Community Psychology, 33(1/2), 61-75.
- Rosal, M.C. et. al.,. (2009). *Design and methods for a randomized clinical trial of a diabetes self-management intervention for low-income Latinos: Latinos en control*. BioMed Central Medical Research Methodology, 9(81).
- Rowland, A.L. (2008). *The health challenges of urban Latino college students as revealed through student journaling*. Journal of Hispanic Higher Education, 7 (2), 131-143.
- Salopez, J.L. (2003). *Lost in Translation*. Training and Development. Dec 2003, 15-16.
- Sanders, A.E. (2010). *A Latino advantage in oral health-related quality of life is modified by nativity status*. Social Sciences and Medicine, 71, 205-211.
- Shaw, K.M., Goldrick-Rab, S. (2006). *Work-first federal policies: Eroding access to community college for Latinos and low-income populations*. New Directions for Community Colleges, 133, 61-70.
- Simon, T.D. et. al.,. (2008). *Latino families report lower child injury rates than white families*. International Journal of Injury Control and Safety Promotion, 15(3), 141-150.
- Snyder, I.B., Duncan, S.F., and Larson, J.H. (2010). *Assessing perceived marriage education needs and interests among Latinos in a select Western community*. Journal of Comparative Family Studies, 41(3), 347-367.
- Stein, B.D. et. al.,. (2004). *The emotional and behavioral impact of terrorism on children: Results from a national survey*. Applied Developmental Science, 8(4), 184-194.
- Stern, G.M.. (2004). *Hitting the 'Granite Wall'*. Hispanic, Dec. 2004, 44-48.

- Sullivan, L.G. (2007). *Preparing Latinos/as for a flat world: The community college role*. Journal of Higher Education, 6(4), 397-422.
- Troche-Rodriguez, M. (2008-2009). *Latinos and their housing experience in metropolitan Chicago: Challenges and recommendations*. Harvard Journal of Hispanic Policy, 21, 17-33.
- Vassilev, Z.P. et. al.,. (2006). *Assessment of barriers to utilization of poison centers by Hispanic/Latino populations*. Journal of Toxicology and Environmental Health, Part A, 69, 1711-1718.
- Villalba, J.S. et. al.,. (2007). *Promoting Latino student achievement through the ASCA national model*. Professional School Counseling, 10 (5), 464-474.
- Wallace, S.P., Levy-Storms, L., and Ferguson, L.R. (1995). *Access to paid in-home assistance among disabled elderly people: Do Latinos differ from non-Latino whites?* American Journal of Public Health, 85(7), 970-975
- Weisman, A. et. al.,. (2005). *Improving mental health services for Latino and Asian immigrant elders*. Professional Psychology: Research and Practice, 36(6), 642-648.
- Weisman, E.M., Flores, S.Y., and Valenciana, C. (2007). *Building bilingual-bicultural learning communities: Experience of Latino teacher candidates*. Journal of Hispanic Higher Education, 6 (3), 191-208.
- Wood, D. et. al.,. (1995). *Factors related to immunization status among inner-city Latino and African American preschoolers*. Pediatrics, 96 (2), 295-301.
- Yeganeh, N., Curtis, D., and Kuo, A. (2010). *Factors influencing HPV vaccination status in a Latino population; and parental attitudes toward vaccine mandates*. Vaccine, 28, 4186-4191.