Latinos in the Heartland

Latinos and Immigrants in Midwestern Communities

Proceedings of the Ninth Annual Conference
Columbia, Missouri | May 24-26, 2010

CAMBIO DE COLORES
CHANGE OF COLORS

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University of Missouri - 2011

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Stephen Jeanetta extension work focuses on fostering the development of community organizations, the development and facilitation of community planning processes, building inclusive communities. Jeanetta has also served as coordinator of the Community Development Academy since 1999. His research with the Latino community has focused on understanding the effects of community climate and social networks on the process of integration into rural communities. In addition, Jeanetta is currently engaged in research projects that seek to understand why Latino farmers in Missouri are not utilizing USDA programs, explore relationships between Latino newcomers and access to healthcare resources and connect Latino newcomers to healthcare resources in the community. Jeanetta has been engaged in the leadership of Cambio de Colores since the first conference in 2002 and is a founding member of the Cambio Center and serves on its executive board.

Jeanetta has community development experience in both rural and urban areas of Missouri and has experience internationally with projects in Guyana, Germany, Kenya and the Amazon region of Brazil where he was a fellow in the International Leadership Development Program sponsored by the Partners of the Americas and the Kellogg Foundation. Jeanetta is executive director of the Missouri/Para Chapter of the Partners of the Americas and serves on the board of directors of Nonprofit Missouri, a statewide organization that supports the work of Nonprofits and the Community Development Society, where he is the treasurer. He holds a Ph.D. degree in adult education from the University of Missouri-St. Louis and an M.A. degree in community and regional planning and a B.S. in international affairs from the University of Nebraska-Lincoln.

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Professor Valdivia specializes in economic and rural development. She focuses on how individuals, families and communities adapt to change and how information can support the process of building strategies that are resilient and improve well-being. Valdivia, along with colleagues from MU, initiated Cambio de Colores in 2002. She is a founding member of MU's Cambio Center and serves on its executive board. Her research with Latino families focuses on their livelihood strategies and experiences in the process of integrating to a new community. She recently completed a research project on asset-building strategies of newcomers in three new settlement communities in Missouri, and is beginning a new project on community integration in collaboration with Cambio Center fellows. Internationally, her research and outreach takes place in the Andes of Peru and Bolivia and East Africa. Her focus is decision-making, risk management and pathways for technological uptake and market integration that lead to sustainable livelihoods. She directs the Interdisciplinary Minor in International Development of the University of Missouri Graduate School.

About the Cambio Center

The Cambio Center for Research & Outreach on Latinos and Changing Communities is an interdisciplinary unit established in 2004 at the University of Missouri. Its main goals are:

- Provide education and enhance the welfare of all residents of Missouri in the context of the current demographic and cultural changes
- Develop a premier source of knowledge, scholarship, outreach and education to respond to the local effects of globalization
- Support sustained research to understand the immigration process particularly in Missouri and in the Midwest in general
- Provide knowledge and best practices to facilitate the integration of economically vulnerable newcomers to Missouri and the Midwest and prepare all citizens for a diverse society
- Understand the international nature of the immigration process, the cultures and institutions of Latin America, as a major global partner of Missouri in the exchange of goods and the migration of people

Cambio de Colores: Latinos in the Heartland

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Stephen Jeanetta and Corinne Valdivia, editors

Preface

When the ninth annual Cambio de Colores conference convened in Columbia, Missouri, in May 24-26, 2010, it did so as a fully-fledged regional effort, as each and every state in the Heartland is experiencing the demographic and socio-economic changes that bring many Latino individuals and families to work in jobs made available by the aging of the Midwestern population, outmigration, and the declining numbers of native young people.

At the same time, a cloud of uncertainty covered—and still covers now, in 2011—the legal framework that may allow a better process of incorporation of Latino and other immigrants into our Midwestern communities. Notwithstanding—or perhaps as a consequence of these difficulties—many individuals and institutions are increasing their efforts to develop knowledge and practices to better understand and carry out the integration of newcomers into their new settlements.

At the time of the first conference, back in 2002, it was decided to bring together stakeholders of different walks of life working with immigrants, doing research about immigrants, understanding the needs of the receiving communities that included now significant numbers of immigrants. This vertical cross section of participants in Cambio de Colores has persisted, making it a unique meeting that encourages the exchange of research, best practices, positive and negative experiences of a combination of outstanding community volunteers, university researchers, grade school teachers, health providers, civil rights advocates, immigrants, federal, state, and local government officers, and even the occasional anti-immigrant curious observer.

More than an "immigration" conference, the Cambio de Colores meeting is a venue where more and more stakeholders talk about immigrants and people, families and communities, economics and culture: all the elements to be taken into account to develop lasting integration and healthy communities.

The climate towards immigrants, we all know it, has turned more and more polarized. People are "angry"—they say—in all sides of the issues. Invectives and insults fly every which way, with only occasional attention—at least in the media—placed on facts, data, dreams, laws—and, of course, the lack thereof, as there is always much to be known.

Thus, this conference has always been, and it will continue to be, a place where facts are reported, data are shown, laws are analyzed, best practices are shared, with the goal of helping the development of inclusive communities, especially for the sake of the younger generations. We need knowledge, lots of it: solid knowledge that we can share with all.

Domingo Martínez Castilla
Cambio de Colores 2010 Conference Director
Cambio Center - Research & Outreach on Latinos and Changing Communities, University of Missouri

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Introduction

Cambio de Colores conferences started out in response to an urgent need in Missouri—to better understand the demographic changes occurring in Missouri and their impact. Our places were changing and the demographic data showed the large increases in the Latino population. Some communities saw a growth as large as 2,000 percent during the 1990s and early part of this decade. This trend continues as we end the first decade of the new century. Cambio de Colores was launched to provide a forum where we could explore what these changes meant for Missouri communities, the local and state economy, and the social service and health care systems. It sought to encourage research on these topics, share best practices and facilitate new relationships. Cambio de Colores engaged all of us, whether we were conducting research, providing services, developing public policy, enforcing laws or educating our residents about these sweeping demographic changes.

The inaugural Cambio de Colores conference was held in 2002 with subsequent conferences held annually through 2010. The first conference, in Columbia, explored issues affecting the state. It was a call to action. Since then, there has been an explosion of activity in Missouri. For the first conference, it was difficult to find people who could talk about what was happening in Missouri. Now, there are literally dozens of projects underway with researchers and practitioners involved in many impressive collaborative efforts with our communities throughout the state.

These proceeding are a product of the Cambio Center at the University of Missouri. The Center was established in 2004 to enhance our capacity to conduct additional research, and facilitate collaboration among faculty and staff in the development of programs and projects that address issues related to the changes happening in our communities. The Cambio Center serves as the permanent home for the Cambio de Colores conference, coordinates the research and outreach efforts of the MU campus, and provides a vehicle for linking current research to the outreach efforts of the University of Missouri Extension Alianzas project.

The primary focus of the Conference between 2002 through 2008 was Missouri. However, during that time we benefitted from the participation of researchers, practitioners and policy makers from many parts of the country. In 2009, the Cambio de Colores conference broadened its focus to all the Midwest and continued that trend in 2010. It has become clear over the past few years that what is happening is not unique to Missouri but is part of a larger regional and national migration phenomenon. This shift in Cambio de Colores has allowed us to focus on the unique Midwestern characteristics of immigration and what it means for the states and communities of this region. The Cambio Center worked in cooperation with the Latinos and Immigrants in the Midwest research group of the North Central Regional Center for Rural Development (NCERA 216), and the Immigrants in Midwestern Communities Inter University Network to plan Cambio de Colores 2010.

The 2010 conference brought together state-of-the-art research and best practices that informed program participants, decision-makers, and policy makers of the multiple ways in which Heartland stakeholders are addressing this most significant demographic change of the last decades. The conference themes of Change and Integration, Civil Rights and Political Participation, Education, Health and Entrepreneurship and Economic Development provided a framework for exploring the wide variety of experiences that define the migration process in the Midwest. The conference provided a forum for discussing, sharing, learning, and identifying the critical areas where information and promising practices are being developed that will help facilitate the successful transition of Latino newcomers into our communities, as well as to provide all members of these communities the information and practices to make these changes in a way that is beneficial to all.

This book of proceedings includes all the abstracts and selected papers from the 2010 conference. It provides a diverse array of resources for community groups, information for researchers, and connections for those who share similar interests in understanding and affecting the changes happening in our communities. The call for papers and presentations took place in the fall of 2009, and papers and final abstracts included were presented at Cambio de Colores in 2010. As you read through the abstracts, you might think about how your work could contribute to our broader understanding of how demographic changes are affecting communities and consider participating in a future Cambio de Colores conference.

Stephen Jeanetta

Corinne Valdivia

Cambio de Colores Program Co-Chairs
Cambio Center fellows
University of Missouri

Abstracts

Change and Integration

▶ Two Mexicans Initiatives: Ventanilla de Salud program, a Gateway to the Health care System and Financial Education for Mexicans Abroad
Jacob Prado, Consulate of Mexico in Kansas City, Missouri

Two initiatives of the Institute of Mexicans Abroad (IME), a division of the Secretary of Foreign Relations of Mexico, implemented through the Mexican Consulates that support the Mexican and Hispanic community in the U.S.

I.   Ventanilla de Salud program, a Gateway to the Health Care System — There are 11.2 million individuals of Mexican origin living in the United States, and 5.9 million Mexican immigrants lack medical coverage (California-Mexico Health Initiative, 2006). Ventanilla de Salud (VDS) is a program that aims to provide on-site assistance and outreach to low-income and Hispanic immigrant families that lack access to the health care systems in the United States. This program not only improves the overall health of individuals, but it reduces the utilization of ER services and establishes resource centers that provide referrals and information for Hispanic families living in the United States. The Consulate of Mexico located in Kansas City has a regional jurisdiction for Kansas, Missouri, and the Western part of Oklahoma. In 2009, they inaugurated the 40th Ventanilla de Salud (VDS) in the United States further establishing collaborations and partnerships with local and regional health care agencies through the consular network. Participants will learn about the guidelines and the implementation of the VDS programs.

II.   Financial Education for Mexicans Abroad — As part of the consular protection, consulates of Mexico offer a wide variety of financial educational programs for Mexicans living in the United States. These programs are the result of collaborations and agreements between financial institutions in the United States and Mexico. Consul Prado will explain these programs and its objectives, which include (a) accessing financial information and services, (b) low cost for remittance transactions, and (c) programs that add value to remittances. Topics of this workshop will include: the use of the Matrícula Consular recognized as an official identification to open bank accounts, financial education conferences supported by the Inter-American Development Bank, (Financial informative journeys), the Directo — a México program to send remittances at a lower cost, the 3x1 Program for projects of social impact, Mi Casa en México — a program where Mexicans can buy houses in México while living in the United States and agreements between the Mexican Consulates and American banks. Additionally, Consul Prado will further elaborate on local implementation of these programs and describe how these programs impact the Mexican community in his jurisdiction.

▶ A Comparative Study of the Life of Immigrant Women in Rural Illinois and in the North of Mexico
María Galarza, Angela Wiley, and Marcela Raffaelli, University of Illinois at Urbana-Champaign

Families migrate within and across borders looking for better opportunities, a better life, and a better education for their children. Migrants face different challenges depending on their ability to speak the dominant language, education level, family composition, and socioeconomic status (Parra-Cardona, Bulock, Imig, & Villarruel, 2006). This paper compares the experiences of Mexican internal migrants to Mexican migrants in the United States.

Background

More than 50% of all Mexicans who migrate internally and internationally are from the southern states of Mexico, where 75.9% of the population lives under the poverty line (World Bank, 2004). More than half of these migrants move to the northern states of Mexico, while the rest look for opportunities in the United States. Illinois is one of the four traditional settlement areas for Mexican migrants, along with California, Texas, and Arizona (Passel, 2004). According to the 2000 U.S. Census, 12.3% of the population in Illinois was foreign-born, and 19.2% of the population spoke a language other than English at home. In 2006, nearly 15% of Illinois residents were Latino, and there was a 69% increase in the Latino population in Illinois between 1990 and 2000.

Method and Preliminary Results

The results presented in this paper come from the Latino Needs Assessment project conducted in central Illinois and a pilot project conducted in farms in the north of Mexico. The comparative study looks at the life of Mexican migrant women. It focuses on basic demographics as well as the needs and strengths of 104 Mexican immigrant women in small communities in central Illinois, and 22 Mexican migrant women in the farms of Sinaloa, Mexico. Women in both countries were interviewed using the same questionnaire protocol with primary focus on issues related to child care and factors that facilitate or hinder community integration. Migrant women were recruited to participate in face-to-face interviews with a bilingual interviewer. Recruitment strategies included snowball sampling, direct solicitation at Latino-related events, and posting of information about the project in businesses and public locations.

Based on the comparative research done among internal migrants and Mexican migrants in the United States, the paper argues that internal migrants do not have better adaptations to the new place despite being in their country of origin. These findings challenge the mainstream view that internal migrants do better than migrants across borders (Levitt, 2004).

▶ How Does Life for Immigrant Latinas in Rural Illinois Communities Differ by Time in the U.S.?

Marcela Raffaelli, Steve Tran, María Galarza-Heras, and Angela Wiley, University of Illinois at Urbana-Champaign

Recent decades have seen a shift in patterns of Latino migration from traditional receiving communities to new destinations, including rural areas offering employment opportunities in the agricultural, service, and manufacturing industries (e.g., Lewis, 2008). Central Illinois, where our research is being conducted, represents one of these new destinations (Chapa, Saenz, Rochin, & McConnell, 2004). Scholars have documented the challenges and opportunities immigrant families experience in rural contexts (e.g., Parra-Cardona, Bulock, Imig, Villarruel, & Gold, 2006). In a move away from emphasizing individual and cultural explanations of immigrant adaptation and well-being, recent work focuses on immigrants' access to different forms of capital, economic, human, and social assets that enable or constrain access to tangible and intangible goods (Bourdieu, 1986).

As a group, Latin American immigrants have low levels of formal education and English proficiency-factors that contribute to socioeconomic disadvantage in immigrant families. Generational comparisons indicate shifts between the first and second generation that result in increased family well-being; however, less is known about differences within the first generation. Building on recent analyses of immigrant adaptation in the Midwest (e.g., Valdivia et al., 2008), we examine how Latina immigrants who have lived in the U.S. for varying lengths of time differ on various forms of capital.

Spanish-speaking parents were recruited by bilingual/bicultural staff through a variety of approaches (e.g., solicitation at community and service events, posting flyers in public locations, agency and

respondents referrals). Participants completed individual interviews covering a range of topics. Respondents were 112 Latina mothers (86% Mexican; M age = 34.5 years). About half the sample had lived in the U.S. 10 years or less (50.9%). Multiple indicators of economic, human, and social capital were included in the interview protocol.

In general, long-term residents were more likely to report certain forms of economic and human capital than those who had been in the U.S. 10 years or less. No differences were found in social capital, defined by network size and qualities. Additional analysis will be conducted to explicate these findings and identify potential explanations for the pattern of results.

▶ Childcare Practices and Cultural Beliefs among Immigrant Latinas in Rural Illinois Communities
Angela Wiley, Angela Wiley, María Galarza-Heras, Marcela Raffaelli, and Diana Rodríguez, University of Illinois at Urbana-Champaign

Latino immigrants to rural Midwestern states face a number of challenges (e.g., Parra-Cardona, Bulock, Imig, Villarruel, & Gold, 2006). For example, rural communities typically have little infrastructure or formal services to help immigrant families. Childcare services are critical supports to employment stability and economic viability. Past studies have indicated that many immigrant Latino families do not utilize formal childcare arrangements, and instead rely on spouse or relative care (e.g., Crosnoe, 2007). Studies have begun to explore the reasons for these patterns, such as accessibility of child care, awareness of subsidies, and linguistic barriers (Howes & Zucker, 2003).

This presentation will examine childcare use in a sample of rural Latino immigrants using both surveys and focus groups. In particular, we will focus on how social factors like available support and facility with English are related to childcare use patterns. The presentation draws on data from an ongoing study designed to identify challenges, and strengths of Latino immigrant parents in five largely rural counties in Central Illinois. The larger study includes a broad-based needs assessment (completed) and focus groups (ongoing).

In the first phase, 120 respondents were recruited to participate in face-to-face interviews with a bilingual interviewer; recruitment strategies include direct solicitation at Latino-related events, posting of information about the project in businesses and public locations, service agency referrals, and participant referrals. Almost all respondents were mothers (94%, n = 112); thus, we will focus on women. Most (86%) respondents were Mexican and spoke mostly Spanish (only 23% report speaking English at least pretty well). The average household size was four people (range of 2-10, with most respondents living in households consisting of two adults and two children under 18). In terms of employment, the most frequently selected statuses for respondents were unemployed (35%) or working full time (33%). The average family income was between $20,000 - $24,999, and nearly half of respondents (46.5%) reported an annual family income of less the $20,000. Respondents were asked about child care preferences and actual use. Mothers provided data for all children, but these analyses focus on the child closest to age 5. The top preference for child care was the respondent's relatives (90%), although fewer (77.6%) reported that their child was actually cared for by a relative. Analyses will examine whether child care use differed by knowledge about childcare subsidies, perceived accessibility of care, mothers' English language facility, and the social support they report having access to.

The focus group data will provide rich detail about the patterns illuminated by the surveys. Data from this project will provide information that can be used to improve childcare programming for Latino families. The ultimate goal is to create or/and enhance programs to support the ability of immigrant families to access high-quality childcare services.

▶ Building A Community of the Nations: Interactions Between Non-immigrant Churches and Latino Immigrant Residents

Jennifer Tello Buntin, Julian Samora Research Institute, Michigan State University

Demographic data demonstrates the growing presence of Latinos, particularly Mexican immigrants, within a number of Midwestern communities. However, current approaches to migration generally limit their analyses to the migrants and the migrant community, in isolation from the broader receiving community. With regard to religion, this limitation translates into a focus on the immigrant or ethnic church as the primary unit of analysis for the study of immigrant religious participation. While these institutions are important objects of analysis, they shed little light into the ways that immigrants and their families are incorporated into the broader receiving community and how that community responds to and is transformed by their presence. Thus, this paper examines the role of non-immigrant churches in the integration and incorporation process. In other words, how do non-immigrant churches interact with and incorporate the growing number of immigrants and Latinos in their community?

To answer this question, I utilize data from a case study of non-immigrant churches in Aurora, Illinois, a community on the western edge of the Chicago metropolitan area that has experienced a dramatic influx of Mexican immigrants since the 1990s. My findings suggest three models for understanding these interactions: the mission model, the sister church model, and the multi-ethnic congregation model. These models depict varying degrees of immigrant/ethnic incorporation, as well as a diverse set of social relations between immigrants and non-immigrants that are obscured by current approaches to studying immigrant religious activity.

The mission model follows the example of international mission projects. It involves the creation of community development projects as a way to help the needy and simultaneously build a church presence in the Latino neighborhoods. Members of the congregation volunteer time and provide money and resources, but there is no expectation that individuals in the targeted community will become part of the home congregation.

The sister church model portrays a relationship between two independent congregations, one immigrant and one non-immigrant. Often, but not always, what brings them together is the sharing of a facility. While the two congregations may have little interaction with each other, a relationship between the church leaders develops that may provide social support or other resources in the future. Like the mission model, however, the ethnic boundaries of the congregations are not crossed.

Finally, the multi-ethnic congregation model describes the project of some non-immigrant churches to break down those ethnic boundaries and incorporate immigrants and their families into their own congregations. By far the most challenging choice, the multi-ethnic congregations exhibit several similar characteristics: the purposeful pursuit of a multi-ethnic congregation by the leadership, if not always the full membership; the ethnic integration of church leadership; and the inclusion of Spanish in the worship services.

These models are ideal types, rather than rigid categories, but they represent varying degrees of immigrant and ethnic inclusion. These inter-ethnic interactions may be structured differently across communities or immigrant groups. However, these models provide a starting point for understanding the ways that non-immigrant churches can facilitate the incorporation process within the broader community.

▶ Latinos Transforming Midwestern Communities: Examining Social, Economic, and Demographic Trends at the County Level

Jennifer Tello Buntin and Jean Kayitsinga, Julian Samora Research Institute, Michigan State University

Latinos are transforming communities across the Midwest. Most studies regarding Latinos in the Midwest focus on the state or regional level or are based on qualitative research within a small number of communities. However, the dramatic increase of Latinos in this region during the last two decades has not been evenly distributed across or within states. Latinos in general and immigrants in particular, are concentrating within certain communities across the Midwest. Yet, little systematic information is available that identifies these local areas and considers their social, economic, and demographic trends. This paper uses county-level data to examine major trends affecting communities in the Midwest, with particular attention to rapid Latino growth communities. Our study considers three broad research questions: (1) What changes have occurred in the ethnic composition of communities in the Midwest between 1990-2008? (2) What factors are associated with the uneven distribution of population changes in Midwestern communities, and have these factors shifted in importance over time? (3) Are community socio-economic changes associated with recent residential patterns, and how do these changes contribute to uneven development? Population data are drawn from the 1990 and 2000 U.S. Census of Population, the Area Resource File, and from the Federal-State Cooperative Population Estimates (FSCPE) program. We include population estimates from the period of April 1, 1990 to July 1, 2008 at the county level and by race/ethnicity. The FSCPE also provides data on vital statistics and other administrative records information. For county industry and economic data, we rely on County Business Patterns data. Population variables include: total county population, Latino population, percent change in these populations, net migration, births and deaths, and percent foreign born. Economic and structural variables include: employment and unemployment, per capita income, industry (farming, mining, manufacturing, etc.), and position on the rural-urban continuum. In addition to insights on the demographic and economic shifts occurring within the Midwest, this paper offers a more detailed social and economic picture of the communities into which Latinos are moving. Thus, the findings presented here also provide a backdrop for current and future case studies that will allow researchers to compare communities across the region and situate their research site within this broader context. Furthermore, these findings advance our ability to identify problems and opportunities for future community development.

▶ Fear of the Unknown: Views on Immigrants in Metropolitan St. Louis

Emily Hager, Lisa Dorner, and Joel Jennings, University of Missouri-St. Louis

Although the immigrant population is relatively small in Missouri compared to our neighbors, the St. Louis metropolitan area is similar to small cities and towns across the U.S.: Latino/as, refugees, and other immigrant families have settled here (Jennings, 2008) for well over a hundred years (http://stlouis. missouri.org/about/history.html). Given these demographic shifts, we wanted to examine the general public's knowledge about, relationships to and interactions with immigrants, increasing diversity, and related changes in the community. A coalition of colleagues from St. Louis University, the University of Missouri-St. Louis and the Missouri Immigrant and Refugee Advocates (MIRA) have conducted a total of 30 structured interviews with U.S.— born community members from each county in the area: Franklin, Jefferson, St. Charles, St. Louis, Warren, Washington and St. Louis City.

These interviews asked participants to explain their interactions with and perceptions of immigrants, as well as their understanding of the immigration process. Preliminary analyses suggest two key findings: (1) individuals generally felt that the government does not need to welcome immigrants to their neighborhoods; and (2) there is a startling lack of knowledge about legal immigration, enforcement,

and the challenges that immigrants face if they want to become legal residents or citizens. The general community is admittedly ignorant of immigration law and the extent of immigrant families already in their midst. In addition, there is, at first glance, a negative perception of immigrants, especially 'illegal' ones. On the other hand, U.S.-born citizens believe that they share many of the same family, religious, and work values as legal immigrants. Regardless, there appear to be relatively few perceived and sustained connections among U.S. and foreign-born community members.

There are various implications to this study. Overcoming the knowledge and network 'gaps' of both the general public and social agencies will be important as organizations address increased immigration to the area. The following are necessary: (1) Marketing efforts to dispel myths and misunderstandings about immigrants and the immigration process. (2) Support for educational institutions and other social service agencies, including information-sharing about St. Louis' current immigrant communities, their experiences, and perspectives.

▶ Oral Histories of the Settling Out Process: Latinos in Lansing
Nicholas J. Woodward, El Centro de las Américas, Lincoln, Neb.

Latinos/as have been in Michigan for more than a century, yet little is known about their lives and experiences. Many came as migrant workers, others to work in the automobile and railroad industries, and others came as part of refugee programs. This paper presents results from the ongoing Oral History of Latinos/as in Michigan (OHLM) project, which explores the settlement process of Latinos/as in Michigan and documents their lives through oral history interviews. This narrative project focuses on the settling out, settling down, and settling in processes of migrant families. The three distinct phases of the settlement process of migrant families are essential for fostering a more comprehensive understanding of their lives and experiences, and provide valuable information about the challenges they endured. The Latino settlement process in Michigan has been uncovered as an interactive dynamic between contextual factors (forces that push and pull settlers) and personal decision making (individual motivations for relocating). The roles of kinship and informal social networks have been essential to the Latino settlement process, which continues to replenish the Midwest with new Latino/a generations. The Latino/as settlement phases are presented in this paper through a graphic model, which illustrates the overlapping progression of the stages, as an upward spiral. The model presents the settlement phases in a circular fashion, which starts at the individual and family level and then evolves into the community. At the level of community, participants that have become community leaders return today to aid the current newcomers, completing the cycle. Finally, this paper presents commonalities and differences in the settlement process among Latinos/as in Lansing, MI. It documents the experiences of the past as remembered by Latino/a elders, describes current challenges in their lives, and their strategies to resolve those challenges. It also explores their aspirations and perspectives regarding the current status of Latinos/as in the United States.

▶ Factors Affecting the Job Satisfaction of Latino/a Immigrants in the Midwest
Lisa Y. Flores and Corinne Valdivia, University of Missouri

This study examined the contributions of psychosocial, environmental, and work variables on the job satisfaction of 253 Latino/a newcomers in the Midwest. Latino/a immigrants in three rural communities were interviewed between 2008 and 2009. Specifically, we explored the effects of ethnic identity, Anglo acculturation, Latino/a acculturation, perceptions of the community (social relations, discrimination/racism, and language pressures), job tenure, work hours, and salary on participants' job satisfaction.

Results of a hierarchical regression analysis indicated that ethnic identity and Anglo acculturation had a positive effect, while perceptions of the community related to discrimination/racism had a negative effect on job satisfaction. Latino/a acculturation, perceived social relations in the community, perceived language pressures in the community, job tenure, hours worked, and wages were not significantly related to job satisfaction. The regression model accounted for 16% of the variance in job satisfaction.

The implications of the findings for career counseling practice are discussed, and suggestions for future research on Latino/a immigrants' career development are provided.

▶ Afro-Latino Identity and Relational Cultural Discipleship: A Dialogue Between Theology and Psychology

José Martínez, Saint Paul School of Theology, Kansas City

There have been several new developments in the realm of immigration issues. The Latino community becoming the largest minority group (according to the Census Bureau), and Barack Obama becoming president of the United States, are putting the two worlds of Black and Brown, or Latino/a and African American, on a collision course. With this 'colliding,' there will have to be a shift of understanding in the U.S. of race, ethnicity, and identity as we progress in this time of change.

This issue of identity affects all aspects of life for both minority groups, especially for those who are included in both like Afro-Latino/as. In this paper we will explore the different psychological and theological effects that race and ethnicity have on identity in both the Afro-Latino/a and African American communities. Also, we will see how we can commit ourselves to the practice of justice that will build wholeness amongst the entire peoples who are all created in the image of God.

My thesis in this subject is that separate and competing liberation goals with theologies in the African American community, such as Black Liberation and Womanist theologies, are causing a competition that is inhibiting efforts of equality and wholeness amongst other persons who are considered Black but have different ethnicities such as Afro-Latinos/as and therefore we need to find a new way to do discipleship which utilizes a paradigm that fosters wholeness of the community.

Henry James Young who is a Black Process theologian states, 'Each group feels that its liberation agenda is so unique that to unite efforts would minimize the impact. They fail to realize that true unity in diversity maximizes one's impact. Despite the fact that sexism and racism are products of white male domination — they still find themselves competing.' (Young, 1990, p. 43) It is this competing that has created the proverbial crack that the Afro-Latino/as have fallen through, which leads to disconnection and oppression. Therefore, I suggest that as ministers and leaders in our communities, we will need to utilize Relational Cultural Theory to develop a new paradigm of power dynamic within society. By starting with the Church, this dynamic will have the ability to build wholeness and reconciliation in relation to the image of God and identity within the communities.

▶ Immigration Stories: Understanding the Emotional Impact of Crossing the Border

April Dirks-Bihun, Department of Social Work, Mount Mercy College

Understanding the immigration story of Latinos integrating into our communities is crucial for mental health professionals and community members alike. In order to facilitate the successful transition of all newcomers, it is essential to study the immigration stories and prepare mental health professionals for the job of dealing with the emotional trauma that may be associated with immigration.

This workshop will demonstrate ways to integrate the immigration story of Latinos living in the Midwest into the repertoire for health providers. Mental health care practitioners and community members alike will learn new ways to integrate cultural competency into daily practice by utilizing the stories of families crossing the border as well as narrative therapy techniques to enhance the practitioner patient relationship. Understanding the immigration story is useful for anyone wanting to understanding of the greater needs of the immigrant community.

The purpose of this workshop is to teach ways to understand and interpret immigration stories to increase cultural awareness and competence. In this workshop I will share many real life case examples that I collected in my years as a bilingual social worker providing services to Latino immigrants in rural Iowa. I have met with countless families who were influenced by their border crossing experience and have found that these harrowing stories have become a very useful teaching tool in the college classroom. Students who have experienced my classroom exercises involving the immigration story have reported that they feel a true sense of empathy and a stronger connection to the undocumented immigrants living in their communities. As well, an understanding of the immigration story is essential for mental health practitioners working with Latino immigrants in a clinical setting. These stories can greatly increase the cultural competence of our community members wanting to facilitate a successful transition for the newcomers immigrating to the Midwest.

▶ Moving Around to Get By and Try to Get Ahead: Immigration Experiences in New Settlement Communities of the Midwest

Anne Dannerbeck Janku, Missouri Office of State Courts

Corinne Valdivia, University of Missouri

In recent decades, towns across the United States have experienced an increase in culturally distinct newcomers, primarily from Latin America. A key characteristic of these newcomers is a tendency to move around until they find a place to settle. A recent study in Missouri found that, along with racial profiling, mobility had a significant negative impact on income earnings, especially for foreign born female immigrants. Why do people move around so much and why do mobility, being foreign born and a woman, have such a negative impact on earnings? This study addresses these questions through case studies of Latina immigrants in three new settlement communities in the Midwest.

This study examines their moves, the reasons for moves, the processes by which they settle or move on, and how income is affected by mobility, origins and gender. Understanding the perspective of the newcomers will help human service providers better meet their needs.

▶ Musings for Hispanic Communities: The Literature of Nature, Democracy, and Immigration

Kenneth M. Burke, Washington University, St. Louis

In the early history of the United States, colonizers of the 'New World' commonly communed with nature through an ominous fear of the unknown that lurked in the dark wilderness of the British colony. By the nineteenth century, the Transcendentalists sought to challenge conventional American perceptions of nature by romanticizing the splendor of the natural world. Many themes explored by Transcendentalism evince to be common to nature writing in the colonial and early industrial literatures throughout the Iberian Peninsula, Central and South America. The transformation of views in the United States brought with it a new philosophical standpoint on topics from ethics and morality to economics and politics.

This paper explores the implications of such thinking for the sometimes-antagonistic relationship between nature and democracy as they relate to immigrant experiences in the Midwest. In particular, this research investigates the biases in an Emersonian view of nature and applies it to the historical experience of Norwegian pioneers on the Dakota prairie. Explored through Rolvaag's novel Giants in the Earth, encounters with nature illustrate the shortcomings in Emerson's vision of building a 'kingdom of man over nature.' Given the philosopher's tendency to undermine history and a gendered construction of nature, having power over it as a commodity through which man can profit from its beauty and resources. The novel dramatizes a poignant critique of myths born from the American frontier that prove relevant to Latin American communities. Nature does not always endow humanity its liberties without a struggle. While the romanticizing of nature is itself familiar to the colonial and industrializing cultures in Latin American countries, conclusions focus on the implications for political participation and civil rights in the United States. Whether concerned with a rural or urban locale, newcomers continue to face the challenges and often-harsh realities experienced throughout history.

Civil Rights

▶ Grassroots Movement for Immigration Reform – Si se puede?
Angela Ferguson, American Immigration Lawyers Association

The push for comprehensive immigration reform is heating up now, with hopes that by early summer, Congress will act. The presentation will discuss the main issues for reform; the major obstacles to achieving reform; and ways that local community organizations can still help to push for passage. The workshop will include specific actions, including ways to use technology to advance our goals.

▶ The Welcoming Missouri Initiative (WMI)
Jennifer Rafanan, Missouri Immigrant and Refugee Advocates (MIRA), St. Louis

The Welcoming Missouri Initiative (WMI) is a collaboration of concerned Missourians from all walks of life – business, community, labor and faith groups as well as individuals – who are committed to creating a positive and welcoming environment in the state of Missouri and upholding the proud traditions of friendliness, empathy, and hospitality that are a part of daily life in America's Heartland. We believe in the value of treating all people with dignity and respect and work to increase understanding of how new Missourians share our values, contribute to our economy, enhance our cultural diversity, and strengthen our communities.

Principles of WMI:
- We believe that Missourians are hospitable and empathetic people with a shared responsibility to treat all neighbors with respect and decency.
- We believe that Missourians remember, honor, and value our immigrant roots, and embrace the immigrant values of family, faith, and hard work.
- We are committed to raising the level of public discourse concerning immigrants and immigration, so that public policies are designed in an environment of mutual respect.
- We are committed to better understanding the contributions that immigrants make to our state and the effects of immigration on our communities, and to challenging common myths and stereotypes.

The Welcoming Initiative Workshop would provide a forum to discuss a much-needed campaign to make our communities/states more welcoming for immigrants. Missouri Immigrant & Refugee Advocates

is working to bring this positive, values-based campaign to Missouri and looks forward to introducing the concept to Cambio de Colores participants from Missouri and neighboring states.

In the workshop we will discuss the phases of building this initiative and how an individual, organization, business, etc., can participate in Missouri or start a Welcoming Initiative in their own state.

▶ Identifying and Protecting Immigrant Victims of Human Trafficking

Carrie L. Tyler, Centro Latino de Salud, Educación y Cultura

Karla Klingner-Diaz, Simon, Diaz & Ellis Law Firm

Helen Fehlig Tatum, Law Offices of Fehlig & Fehlig Tatum

Many immigrants and non-immigrants coming to the Midwest fall victim to the second fastest growing international criminal activity: Human Trafficking. This lucrative criminal industry has become known as our modern day form of slavery involving the sexual and labor exploitation through force, fraud or coercion and includes many abuses of human rights.

The United Nations estimates that 4 million people are trafficked across international borders every year. The United States Department of State says that approximately 14,500 to 17,500 people per year are trafficked into the United States. Many undocumented human trafficking victims that are rescued deny that they are trafficked or decline to offer information to law enforcement for fear of deportation. Such victims are not aware that there are laws to protect them from deportation, immigration visas and benefits that they can receive by assisting law enforcement.

Centro Latino's representative, Carrie L. Tyler handles immigration cases including T-Visas and collaborates with Immigration Attorneys Helene Fehlig Tatum and Karla Klingner-Diaz to ensure that immigrants and non-immigrants are made aware of the laws, protections and benefits they are eligible for.

This will be a workshop that includes a presentation and active participation using example cases and situations so that participants will obtain knowledge of:

- What Human Trafficking is and is not so that they will be able to identify its various forms in their community;
- How to identify possible victims of human trafficking;
- What they can do when they see a victim of human trafficking;
- Trafficking Victims' Protection Act;
- Laws that exist to protect victims of human trafficking;
- Protections that exist for undocumented victims;
- Benefits offered to undocumented victims.

Education

▶ I did not know he was Undocumented? Best Practices and Challenges Working with Undocumented Students

Robert J. Barrientos, RJ Barrientos & Associates, Kansas City

For the past 15 years educational institutions are serving a growing number of foreign-born undocumented students and their families. Federal requirements ensure that all children, including those who are undocumented, have access to a K-12 education. The focus of much of that education and support is preparing students for a post-secondary education. This leaves educational institutions in a quandary of what to do with their undocumented students. The Hispanic population's median age

is the youngest of any ethnic or racial group in the U.S. and demographers predict the median will grow even younger fueled by the Foreign-born Hispanics having larger family sizes. Educational institutions must be prepared to educate and help undocumented students meet these challenges for years to come. This presentation will provide helpful suggestions on effective, proven practices and programs to engage undocumented students and keep them in school and through secondary education. The presentation will outline what the community based student group, Latinos of Tomorrow, has developed through programs such as: Scholarship Fest, the Essay Workshop, and Best Practices in Communicating with Professionals. It will also highlight the collaboration the organization has developed with Kansas City Metro area school districts, colleges and universities. This presentation will be valuable for educators wanting a more practical approach to working with undocumented students.

▶ Moving from Access to Quality Access: Growing Latino Learning Communities on College Campuses
Ethriam Cash Brammer and Rudy Alcalá, Center for Chicano-Boricua Studies, Wayne State University

Since the founding of the Center for Chicano-Boricua Studies (CBS) at Wayne State University (WSU) in 1971, one of the primary objectives of the Center's student service program, known as the CBS Scholars Program, has been to increase student diversity on the WSU campus. And for a number of decades, many student diversity programs across the country have shared the same goal to increase the number of underrepresented students on their campuses, with little or no attention paid to the actual success of these diverse students once they have enrolled at their university. At best, even the Federally-funded TRIO Student Support Services (SSS) program only helps students with their first year transition to college. Using best practices from established Learning Communities pedagogy, CBS has developed its Latino Studies curriculum and student support services programming to assist students with academic interventions which begin in the summer before college begins and continues until students have graduated college. Longitudinal tracking has demonstrated remarkable increases in student retention, persistence and graduation rates, thus moving the discourse about underrepresented students from mere access to quality access and graduation.

▶ Looking Back, Moving Forward: A Way to Move Hispanic Youth from Users to Producers of Computer Games
German Cutz and Emma Theuri, University of Illinois Extension

The purpose of a computer summer program titled, 'Looking Back, Moving Forward' was to teach Hispanic youth how to produce educational computer games. Eight out of 14 middle to high school students completed 60 hours of training. The program used a combination of student-centered and project-based learning approaches. Quantitative data from pre and post-test scores showed that all students gained knowledge at the end of the program. Qualitative data included students' daily self-report. Students identified six memorable happenings that enhanced their learning: 1) accomplishment 2) excitement 3) experimenting 4) self-directed learning 5) confidence, and 6) time management. Students also identified five 'things that didn't go well', which limited their learning: 1) inability to complete tasks, 2) frustration, 3) equipment malfunctioning, 4) insecurity, and 5) tediousness.

▶ Teaching Educational Technology to Hispanics/Latinos: What to Teach and How to Do it

German Cutz, University of Illinois Extension

Technology, especially computer skills, is essential to succeed in the United States. A study found that computer use among youth is positively correlated with the development of cognitive skills and academic performance (Mutchler et.al 2006). Students, especially minority and at-risk students, who are involved in extracurricular activities, are more likely to graduate from high school (Lamm, et.al. 2005). However, Ingram & Syvertsen (2005) found that low-income youth are limited in their opportunities to explore beyond their communities due to financial and transportation constraints. This workshop will share computer programs designed for Hispanic children, youth, and adults who may fall under the category of Limited English Proficiency. Participants will be walked through different teaching approaches, which have been proven effective when teaching technology to Hispanics.

▶ Promoting the Adjustment of Latina/o Children and Adolescents in the Midwest: Research and Clinical Applications

Patton O. Garriott, Marlen Kanagui, David Aguayo, Megan Strawsine, Lisa Flores, and Keith Herman, University of Missouri

Younger individuals account for substantial proportions of recent observed increases in the Latino population within the United States (U.S. Census Bureau, 2008). Promoting the adjustment of Latina/o children and adolescents is critical to the well-being of the Latino population in the U.S. in general, and specifically in the Midwest. The presentations included in this panel will describe two research studies and one community intervention designed to increase the socioemotional and educational adjustment of Latinas/os.

▶ Teaching English Language Learners Scale (TELLS)

Megan Strawsine, Lisa, Y. Flores, Patton O. Garriott, and Marlen Kanagui, University of Missouri

The purposes of this presentation are to 1) describe the development of a scale to measure mainstream teachers' self-efficacy beliefs for teaching students learning English as a secondary language, 2) discuss how the scale can be used in various settings, and 3) explain how the scale may link to policy. In order to measure teachers' beliefs about their ability to teach ELLs, a scale demonstrating good reliability and validity is required. To create such a scale, data for the Teaching English Language Learners Scale (TELLS) were collected from 150 pre-service and K through 12 teachers with varying degrees of training specific to teaching ELL students. The creation of the TELLS followed general scale development and self-efficacy scale development guidelines.

Using exploratory factor analysis, a 23 item scale consisting of two factors- instruction and assessment (14 items) and native language support and resources (9 items)- was developed.

The scale demonstrates strong internal consistency (alpha = .92 for the full scale; .96 for the instruction and assessment subscale; .92 for the support and resources subscale). Further refinement of the scale will include confirmatory factor analysis and validity studies. The TELLS has a variety of potential uses in research and practice settings. In research, the scale could be used to examine the relationship between teacher self-efficacy for teaching English language learners to other variables such as student achievement and teacher burn-out.

It could also help identify variables linked to student success. In addition, the scale could be used to compare teachers' self-efficacy beliefs across different contexts.

▶ Experiences of Latina/o High School Students in the Rural Midwest

Patton O. Garriott, Marlen Kanagui, Lisa Flores, and Megan Strawsine, University of Missouri

The second presentation will discuss an ongoing study examining the school experiences of Latina/o high school students in the rural Midwest. Using a qualitative research design, this study aims to explicate the role of ecological factors (e.g., perceived discrimination, community climate, peer interactions) in Latina/o students' educational adjustment.

Current study results suggest that seven themes typify the data: General School Climate refers to the ways in which students broadly experience their school. This includes perceptions of classes (e.g., relative difficulty or ease), the school's general strengths and weaknesses, and teachers (e.g., general teaching skills or personalities).

Racial/Ethnic School Climate is indicative of students' perceptions of how race and ethnicity play a role in their school environment. This domain includes how students of different racial/ethnic groups interact and are treated by teachers, administrators, and staff. Attitudes about Education refers to the value students place on the role of education in their lives. This domain includes using education as a pathway to upward mobility and to acquire new skills and knowledge for the present and future. The Personal Experiences domain represents students' personal experiences interacting with individuals from other racial/ethnic groups in or outside of school. These experiences include positive and negative experiences, and what the student has taken away from such interactions. Racial/Ethnic Identity includes how the student feels about his or her racial and/or ethnic identity and includes unawareness, ambivalence, and pride. Attitudes toward similar or different racial/ethnic groups are also included. Community Climate refers to how the student views race/ethnicity and immigration impacting their community. This domain also includes how the student perceives various racial/ethnic groups to get along in the community.

Recommendations include students' ideas regarding how their school and community could improve or promote positive interactions between different racial/ethnic groups. Preliminary results will be presented and discussed in relation to designing individual and programmatic interventions within increasingly diverse secondary schools in Missouri.

▶ Partnerships to Create Healthier Parenting Practices in Latina/o Families in the Midwest

Marlen Kanagui, David Aguayo, and Keith Herman, University of Missouri

While early interventions in parenting practices have been proven effective, many existing parenting interventions have struggled to tailor and translate interventions for the growing Latina/o population in the U.S. Given the particular strength of Latina/o immigrants to adjust their parenting practices to a new social and cultural context, parenting programs may be particularly effective with this population. The current presentation will discuss the collaboration between the Missouri Prevention Center and Connecting for Families aimed at providing Latina/o parents in Mid-Missouri with evidenced-based parenting training.

For nearly two years, the Missouri Prevention Center at the University of Missouri has served hundreds of parents by providing parenting workshops based on the Incredible Years (IY) parenting program (Webster-Stratton, 2005). Through a partnership with Connecting for Families, a collaboration between Central Missouri Community Action, Head Start and the University of Missouri Extension, the Missouri Prevention Center was able to offer their IY parenting program for the first time in the Spanish language. Two eight-hour sessions were presented to Latina/o couples over two Saturdays. The topics discussed included the importance of play, using praise effectively, rule setting and imposing logical and natural consequences. The workshops were conducted in Spanish, and provided interactive activities

that allowed parents to practice the material. Pre and post data was collected to assess the effectiveness of the workshops. Pre-post data for the parenting intervention and practical recommendations for others seeking these services will also be discussed.

▶ Safe Sexting: You may want to think before you hit the send button!

Alejandra Gudiño, University of Missouri Extension

Kimberly Allen, North Carolina State University

Sexting, a word formed from sex and texting, is the act of sending sexually explicit messages or photos electronically between mobile phones, and it has become the new form of relationship currency among teens. According to recent research (Pew Center and National Campaign to Prevent Teen and Unplanned Pregnancy) 1 in 5 teens had sent or posted nude or semi nude pictures or videos of themselves. The age at which American teens acquire their first cell phone has consistently grown younger. In Pew Internet's 2004 survey of teens, 18% of teens age 12 owned a cell phone. In 2009, 58% of 12 year-olds own a cell phone. Some teens consider sexting a harmless flirtation, but it's becoming a serious problem. Teens have been embarrassed, harassed, expelled from school and even convicted on charges of child pornography for sending and receiving such items.

This presentation will explore the current regulation and the prosecution of teenagers under child pornography in Missouri, and suggest solutions to increase awareness and education of parents, educators, and service providers. Children and teens will continue to use the current and new technologies and we need to develop novel approaches to keep children digitally safe and responsible while influencing positive behaviors' and good judgment in this technologically savvy world.

▶ Strengthening the Values of Latino Families: Working with the Right Curriculum

Alejandra Gudiño, University of Missouri Extension

Kimberly Allen, North Carolina State University

The University of Missouri Connecting for Families program created a project for low-income Latino families with a focus on relationship and marriage education. The project provides families with the tools they need to create a healthy relationship. It includes 12 lesson plans in Spanish designed to teach relationship enhancement skills as well as parenting skills in an informative and enjoyable manner.

The topic lessons came directly from research on fragile families. Good communication skills, having fun together, and having a positive support system are important factors in all healthy relationships; therefore, our goal with this curriculum was to help couples develop the skills to excel in all three areas. There were relatively few curricula developed that fit our target population, therefore, another element of this program was the development and implementation of a curriculum designed specifically for low-resource Latino families with children's.

MU Extension specialists created the Connecting for Families curriculum specifically for this project, and culturally adapt it to work with a Latino audience. The main objective of this presentation is to give an overview of the lessons and the six important points to throughout each lesson plan:

1. Develop skills.
2. Talk together to practice communication skills.
3. Discuss effects on children.
4. Commit to using the skills to better relationships.
5. Access community resources.
6. Develop a vision and a plan.

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▶ Bienvenidos: Creating Familial Bonds
Gerardo Rodríguez, TRIO - Ronald E. McNair Postbaccalaureate Achievement Program

How can after school programs form familial bonds with Latina/o parents to further impact the educacional development of Latina/o students? Why form familial bonds? To understand the importance of familial bonds, it is important to remember how past relationships between Latina/o parents and schools have function. Relationships between Latina/o parents and schools formed with schools 'incorporating' parents into their world. The relationships centered on schools telling the Latina/o parents what to do, effectively limiting their agency. Restricting the actions of Latina/o parents goes contrary to a culture where families play a proactive role in education. Relationships based on 'incorporation' ignore the potential Latina/o parents can provide for their children. After school programs continue to develop as a new resource for Latinas/os to use in their struggle to educate their children, and in-depth research is needed to prevent the replication of relationships based on 'incorporating' Latina/o parents.

Using interviews and document analysis, the research project analyzed how the after school program Success endeavored to form familial relationships with Latina/o parents, and subsequently, Latina/o parents' response to the program. As Latina/o parents and Success interacted, ideas of family, perceptions of roles, and value of education determined the intensity of the relationships. Within these themes were embedded the notions of trust, care, and love, which developed the relationships into familial bonds. Through these themes, the deficit ideology that Latina/o parents do not value education is shattered as Latinas/os exert their power through a safe space created by familial bonds. The familial bonds formed functioned because the members of the relationship treated each other as equal partners in the education of Latina/o children.

Entrepreneurship and Economic Development

▶ Who are Hispanics? Understanding the Hispanic Community and its Diversity through Segmentation
Robert J. Barrientos, RJ Barrientos & Associates, Kansas City

There have been many generalizations about who makes up the Hispanic population and how to reach them. The popular business press portrays the Hispanic market as a homogeneous population that just showed up as large numbers in the 2000 census. However, demographers and market researchers know that we, Hispanics, have always been here and are as diverse as any general population group in our country today. It was not until the 1980s that the U.S. Census began counting Hispanics outside the Caucasian racial category. This move to identify a population segment by ethnicity was a topic of controversy as was the sample vs. real count of the Hispanic population during the 1990s. Both of these changes in identifying and counting a population group have helped account for our Hispanic population numbers. The results of the 2000 census finally showed that the Hispanic community was not only huge, but growing. U.S. Census projections indicate that the Hispanic population will triple to over 102 million by 2050. Most important, the Hispanic population has a median age of 27 years and is growing younger.

Since 2001 many businesses and organizations have tried to reach this market segment, but many failed. With tight budgets, organizations are concerned that any service or products they develop can be launched successfully with outcomes that can be tracked, no matter if you are a for-profit or not-for-profit organization. The company/organization that understands its intended market or community through segmentation will reach its desired results especially with the Hispanic Community. In this presentation, you will be introduced to the Hispanic community using a model of demographic segmentation that

helps you target the appropriate members of the Hispanic community who are best suited to your service or product. You will learn that there is significant difference between each one of the segments. Some differences relate to income and education. With more complex differences between individuals who are foreign-born versus those who do not have a direct family connection to their ancestors' place of origin.

The segmentation model was first developed for use in 2005 in the Direct Market Association's first attempts to research U.S. Hispanic consumer attitudes and purchasing habits. Businesses, not-for-profits, and schools (K-12 and post-secondary) who provide services or products to the Hispanic community would benefit from attending this presentation. This presentation will be especially valuable to any organization that is implementing measurable/quantifiable Quality Improvement processes.

▶ An Assessment of the Impact of Social Networks on Well-Being: Evidence from Latino Immigrants in Non-urban Missouri Communities
Pedro Dozi, University of Missouri

A series of studies has questioned the stylized fact that most Latino immigrants favor settling in major cities. The recent wave of immigration into the rural areas has been raising concerns about resource distribution and utilization. Especial concerns have been expressed about having immigrants become a public burden thus, depleting local resources that could be employed elsewhere. Therefore, recently, monumental efforts have been put into Latinos' well-being research due to its potential to disperse widespread fears of opportunism by Latino immigrant and point out alternative avenues of integration into the community. Recent research has argued that immigrants are both important, as a workforce (Card, 2005; Jacobs, 1969), and detrimental, as free riders of social support services (Borjas, 1999), to the economic development of the receiving communities. However, the claim that Latino immigrants free-ride on social welfare services to sustain their well-being seems a little bit confusing since current law does not provide for it; given the implementation of PRWORA. Thus, this study suggests that immigrants have been sustaining or improving well-being through social networks. This paper assesses the impact of social networks on well-being by combining sustainable livelihoods and household production theoretical frameworks. Specifically, emphasis is placed on assets and strategies Latino immigrants use to sustain and improve their well-being in non-urban areas of Missouri. Previous studies on well-being have focused on 'economic' well-being thereby using income as a proxy.

This study uses a much-expanded concept of well-being, which is subjectively assessed on a scale of 1 to 7, which includes various facets of human behavior. Thus, social network's impact is assessed empirically through ordered Probit regression using primary data from three different non-urban areas of Missouri. It is hypothesized that social networks have positive impact on Latino immigrant's well-being in these non-urban areas. This hypothesis has far-reaching implications in terms of local and regional policy focused on immigrants. For instance, local leaders can tap into these networks to pass important information related to education and economic mobility and opportunities for immigrants living in these areas.

▶ Latino Business Entrepreneurs and Social Innovators in Four Iowa Communities
Cornelia and Jan Flora, Claudia M. Prado-Meza, and Diego Thompson. Iowa State University

This paper examines similarities and differences between three groups of Latino leaders in four Iowa communities. In-depth interviews were carried out based on a 100% sample of proprietors of Latino businesses and a snowball sample of social innovators-persons with a leadership role in the

community because they have engaged in social innovation to better the lives of Latinos in their adoptive communities.

We divide the businesspersons into those who are and are not entrepreneurs by examining whether their dominant orientation is to doggedly follow their competitors or whether they conduct their businesses in ways that are outside the norm among Latino businesses in the community. These three groups (social innovators, business entrepreneurs, and routine business proprietors) are compared based on their social and demographic backgrounds including job and migration experience, as well as on their roles in the civic life of the community, using seven community capitals as categories for assessing civic engagement. We also examine a small group of individuals who are both business owners/entrepreneurs and social innovators to see if and how they differ in experience, demographics, and migration patterns from the other three groups. The paper concludes with a discussion of applied implications of the results.

▶ Human, Social, and Cultural Capitals among Latino Gardeners in Denison and Marshalltown, Iowa

Diego Thompson, Iowa State University

This paper explores different community capitals among Latinos participating in community gardens and farmer starter programs in Denison and Marshalltown, Iowa. Using the community capital framework, this study describes what makes it possible for Latinos to become gardeners in two rural Iowa communities and the circumstances that facilitate the process.

For the methodology of this study, four in-depth interviews were carried out in Denison and four in Marshalltown with Latino gardeners who have different backgrounds and purposes for their participation in farming. In addition, participatory observation at people's homes and garden plots was used to understand the programs. This research analyzes how human, social, and cultural capitals are essential elements for Latino gardeners and how the interaction between these three capitals build the structure for their motivation to become farmers, be civically engaged, and have access to food. This study also describes how the participants have previous knowledge related to agriculture, fresh food and local marketing, which is a result of not only their original countries, but also as a consequence of their migration patterns among rural communities in the US. This study concludes with some recommendations for Latino gardener programs and initiatives.

▶ Acculturation, Context of Reception and Capitals Affecting Economic Integration of Latino Newcomers to the Midwest in 2009

Corinne Valdivia and Pedro Dozi, University of Missouri

Latino immigration to rural areas of the Midwest increased during the 1990s. Through the period 2008-2009 a household survey was conducted in three regions of the Midwest experiencing distinct labor pull factors. The questionnaire was developed using a livelihoods strategies framework. This framework acknowledges the impact of economic variables, as well as social-cultural factors, due to the characteristics of the newcomers, Latino households, which often are foreign born. Unique characteristics of this ethnic group, foreign born, of a rural origin, with lack of English ability, and cultural norms of reciprocity and informal networks, are some of the factors why the sustainable livelihoods framework can contribute to our understanding of what makes it possible for Latinos to settle and integrate. A proxy for the ability to integrate is the income earnings from employment in the community. A semi-log OLS model is specified to measure the effect of capitals, acculturation, and subjective measure of community climate on Latino newcomers' income earnings. Income earnings are used as a proxy for economic accumulation for the

dependent variable. A logarithm of wages of individual i is regressed on a vector of capitals of individuals Xi and a vector of perceptions of community characteristics Zt hypothesized to affect the ability of a Latino immigrant to generate income in three regions. The inverse Mill's ratio Î» is included to account for selection bias. Thus, the estimations is: $L(wage) = \beta Xi + \alpha Zt + \lambda(c\pi) + \varepsilon$ where I =1,2 …n and t = 1,2,3. Here, the β and α are vectors of unknown parameters; and ε represents the error term. X vector includes capitals; three acculturation measures; cultural identity; legal status and individual characteristics. The Z vector includes social networks and a community climate proxy. Data for this study includes three regions of Missouri, obtained from a household survey of 460 Latino/a individuals in non-urban areas of Missouri, collected in 2009. Previous study shows that most Latino immigrants move in search of work, and mobility has a negative impact on foreign-born Latino's income. Thus, mobility is hypothesized to have a negative impact on the income of those Latinos that are not properly documented, given that they are more likely to be foreign born. A composite measure of the social capital is hypothesized to have a positive effect on earnings. Preliminary study shows that integration and assimilation categories of acculturation are positively correlated with well-being; therefore these are hypothesized to affect income positively. We expect context of reception to have a negative effect on earnings, social capital to have a positive effect, education is expected to have a positive effect on earnings, and acculturation (bicultural and assimilation) a positive effect. Gender is expected to have a negative effect on income earnings. The results are expected to influence our understanding of how assets and community context, acculturation and agency influence economic integration of Latinos in their community. This study is also expected to inform the public debate and current policy aimed at immigrants in general.

Health

▶ Binational Health Week in Missouri: A brief Summary of the 2009 Evaluation Report

Christina Vasquez-Case and Mercedes Saint Elin, Alianzas/MU Extension/UMKC Institute for Human Development

The Binational Health Week (BHW) is an annual week long series of health promotions and health education activities targeted at vulnerable and underserved populations. The primary audience is Mexican and Hispanic/Latino residents regardless of national origin, health care coverage, or immigration status. In 2001, the Mexican Ministry of Health and Foreign Affairs in Mexico and the California-Mexico Health Initiative established a partnership to support BHW initiatives in the United States and Mexico. The collaboration extended to other states, and in 2004 Missouri joined the BHW partnership. A goal of BHW is to increase public awareness, understanding, and knowledge of services available at the local community level regardless of health care coverage or immigration status. Activities may include health screenings, health promotions, referrals, and workshops intended to improve the health and well-being of immigrants living in the United States. Most of these activities are held during the national timeline, which is a designated week in October.

The Consulate of Mexico in Kansas City, Missouri, is the Regional Coordinator that supports the states of Missouri, Kansas, and part of Oklahoma. In Missouri, government supporters are the Missouri Department of Health and Human Services — Office of Minority Health and Senior Services and the United States Department of Health and Human Services — Office of Public Health and Science Region VII. Alianzas, a program of the University of Missouri Extension and the University of Missouri-Kansas City Institute for Human Development, is the Statewide Coordinator that collaborates with the Mexican consulate, government organizations, and local BHW councils throughout Missouri. Local BHW councils are community partners and collaborators from varying networks of local health professionals, service

providers, community leaders, and advocates interested in promoting and supporting BHW activities. Local BHW Councils are instrumental in planning, coordinating, and implementing BHW activities in their respective communities and without them BHW in Missouri would not be possible.

The collaborative partnerships of more than 23 organizations that started the BHW activities in Missouri in 2004, has expanded into a growing network of community organizations and health care providers that share the common bond of improving the health care needs of the underserved in Missouri. Over the years, more organizations have actively supported the BHW initiatives in Kansas City and more than 65 organizations have joined this collaboration throughout Missouri. In 2009, more than 1000 adults and children participated in BHW events throughout Missouri. Of those that attended events, 291 participants volunteered and were surveyed. Of those surveyed, their ages ranged from 18 to 91, with the greatest frequencies reflected in those who were 28 years old and 25 years old. Most participants were women (60.1%), born in Mexico (75%), preferred to speak Spanish (67%), obtained health care services at community health centers (50.9%), and most did not have medical insurance (68.1%). Participants will learn about the 2009 results in Missouri as well as the health care challenges of Hispanics.

▶ Unbandaged wounds: Why Latinas are Unable to Access Maternal Health care
Brandi N. Geisinger, Cheryl Davidson, Flor Romero de Slowing, and Jennifer Vázquez, Iowa State University

Health care providers play an important role for communities. However, accessing health care remains difficult for many people. Latinos attempting to access health care are often at an even greater disadvantage than Caucasians because they may: 1) be employed in positions with low job security, 2) receive low wages, 3) get paid in cash, 4) lack insurance or documentation, and 5) not speak English well enough to be comfortable with medical terminology. Latinas needing health care for themselves and their children may face even more challenges than their male counterparts due to the unique cultural and financial barriers that exist for them.

This study intends to explore the experiences of Latinas in a Midwestern town in regard to health care providers and identify barriers that may prevent Latinas and their children from receiving adequate health care in this university community. The researchers conducted in-depth interviews with Latinas in the community about their experiences with receiving health care for themselves and their children. In addition, the researchers contacted health care providers to assess service requirements and potential barriers for Latino clients.

Drawing from a grounded theory approach, preliminary findings suggest that many barriers exist for Latinas needing health care. These barriers include insufficient 1) connections necessary to know what services are available to them; 2) financial resources; 3) knowledge about how much money their husbands earn; 4) translation services on the part of the service providers; 5) documentation; and 6) insurance.

The authors argue that the fact that this study occurs in a university community plays an important role in that most services are geared toward the student population and thus overlook the needs of non-student minorities. The researchers discuss suggestions for future research and suggestions for communities, especially university communities, to improve their services to meet the unique health care needs of Latinas and their children.

▶ Substance Abuse and Mental Health Care for Latinos in the United States, a Review of the Literature

Pilar Horner, Daniel Velez Ortiz, and Jennifer Buntin Tello, Julian Samora Research Institute, Michigan State University

Introduction

Current literature indicates ethnic disparities in social service care delivery for Latinos in the United States (Wells, Klap, Koike, Sherbourne, 2001). This 'unmet need' (Kataoka, Zhang, Wells, 2002) poses serious consequences for the United States with the demographic number of Latinos continuing to outpace other ethnicities. For example, projections from the Census Bureau indicate that Hispanics are projected to contribute to 44% of the Nation's population growth from 2000 to 2020, and 62% from 2020 to 2050. In addition, though currently most Hispanics in the United States are foreign born (immigrants) these numbers will shift from immigration to natural increase (U.S. births). For the growing population of Latinos in the United States the issue of quality health care for substance abuse and mental health issues is a prescient issue.

Methods/Analysis

We review the current literature on substance abuse and mental health care for Latinos in the United States. Articles were taken from the years 1995 to present. Searches on Pyschmed, Google scholar, annual reviews and ISI Web of Science were conducted using search terms such as: Latinos, United States, Mental Health, Substance Abuse, and Co-morbidity. For each study conducted, we note authors, purpose of the study, size of the study, methods used, and outcomes/results. Results indicate a complex picture of issues that affect Latinos in seeking care for substance abuse and mental health issues. Major factors that contribute to health care disparities for Latinos include: acculturative stress, cultural differences, language barriers, discrimination, stigma, gender roles, immigration status, age, and structural barriers (such as transportation and poverty).

Conclusion

We propose a set of best practices to meet the complex and changing population of Latinos in the United States. We argue that the Latino population is not monolithic and in order to create culturally-competent social service care, providers must attune their services to better meet the needs of this growing population. We offer suggestions for further research.

▶ Health and Health Services: The Voices of Older Latina Women in Rural Missouri

M. Kay Libbus, Sinclair School of Nursing, University of Missouri

Marjorie Sable, School of Social Work, University of Missouri

Patricia Kelly, School of Nursing, University of Missouri-Kansas City

An interdisciplinary team of public health researchers in women's health from the University of Missouri Sinclair School of Nursing, School of Social Work and the University of Missouri Kansas City School of Nursing received funding from the Missouri Foundation for Health to perform an assessment of health and health services among rural-residing women 50 years and older in specific counties of rural Missouri. Focus groups occurred with groups of Spanish-speaking Latinas in two rural counties.   A total of 25 women between the ages of 50-65 (12 in one group and 13 in the other) were queried about the health status of women in their community. They were also asked about facilitators and barriers to health care services for women in their age group. Common health disorders that were reported were

obesity, diabetes mellitus, depression, poor nutrition, high blood pressure, chronic pain, stress, and difficulty sleeping. Several women noted that they did 'not like' going to see a physician and others that they were afraid to go because of what the doctor might find and what the findings might mean related to financial concerns ('because of so many bills', who would care for their children, and missing work). One participant noted that she is afraid to go to the nurse at her place of work when she has symptoms because the nurse will send her home and she will miss a day of pay.

Many participants expressed the idea that women's health services should be available free of charge and geographically accessible, noting that 'in Mexico they do it for free.' Although free mammograms had been available with the 'truck' in the past, they were no longer available. Further, transportation to places in which services are available is problematic, and many physicians and health services require multiple visits. Acquiring dental services is acutely problematic since money is typically expected prior to treatment and treatments, including cleaning, may require more than one visit. In general, lack of confidence in health care providers and prescribed treatments were frequently expressed opinions. Older Hispanic women in rural communities of our state share many of the challenges to health faced by urban women. However, distance, a greater need for transportation and even more limited resources suggest that targeted programs are in order if we are to improve their health status. These findings should inform policy decisions and the development of appropriate interventions for this population.

▶ Poverty and Health of Children from Racial/Ethnic Minority and Immigrant Families in the Midwest

Jean Kayitsinga, Julian Samora Research Institute, Michigan State University

Using data from the 2007-2009 Annual Social and Economic (ASEC) supplement of the Current Population Surveys, this study explores the relationship between poverty and health of children from various racial/ethnic minority and immigrant families in the Midwest. Preliminary findings show that non-Latino White children from native families are the least likely to be in poverty compared to children from minority and immigrant families. Children from immigrant Black and Latino/a families are more likely to be poor, followed by children from native Black, immigrant White, and immigrant Asian families. Compared to White children from native families, these poverty differentials partially explain the relative poor health of Latino/a, Asian, and Black children (whether from native or immigrant families) as well as the poor health of children from non-Latino White immigrant families, controlling for parents' education, household structure, parents' employment status/job quality, health insurance coverage, child's age and sex, and metropolitan/nonmetropolitan residence. Finally, findings from this study also reveal that children living in nonmetropolitan areas are more likely to be poor and exhibit poor health than those in metropolitan areas. The results in this study demonstrate the health disadvantages of Midwestern children from racial/ethnic minority and immigrant families faced by poverty. Increasing exposure to family poverty negatively affects child health. Improving the economic well-being of families, particularly the economic well-being of racial/ethnic minority and immigrant families and families in nonmetropolitan areas would improve child health.

▶ Community-based Training Curriculum for Promotores de Salud

Irazema Mendoza, Lisa Sanderson Cox, Cielo Fernández, Elizabeth Reynoso, Susan Garrett, Natalia Suárez, A. Paula Cupertino, University of Kansas Medical Center, Kansas City

Cigarette smoking causes one-third of the cancer-related deaths among U.S. Latinos. The 2008 Clinical Practice Guideline for Treating Tobacco Use and Dependence recommends that all smokers adopt evidence-based interventions to stop smoking, including counseling and pharmacotherapy (Fiore). Latinos in the greater Kansas City area have access to state-funded free telephone smoking cessation counseling, and many would qualify for free or discounted smoking cessation pharmacotherapy. Nevertheless, Latinos are significantly less likely than other ethnic groups to know about and receive either of these interventions.

Promotores de salud are people to whom others naturally turn to for advice, emotional support and tangible aid. Promotores de salud are widely used for effectively delivering health messages to Latinos and improving access to medical services, including smoking cessation (Babamoto, et al., 2009; Israel, 1985). A community-based intervention using promotores de salud reported an increase in smoking abstinence within Latino communities, and showed that promotores de salud can be a culturally-appropriate way to facilitate smoking abstinence (Salazar, Beita, Strayer, Feng, & Gilles, 2006; Woodruff, Talavera, & Elder, 2002). Based on this information, we developed a community-based training curriculum for promotores de salud to enhance knowledge, skills and self-efficacy to promote smoking cessation among Latinos.

The community-based training was implemented and completed with fourteen Spanish-speaking promotores de salud (1 male), between ages 30 and 50, recent immigrants. The training was conducted at a community-based organization called El Centro, Inc. The training consisted of seven, 2-hour sessions, where the promotores learned about: cigarette contents and its health effects, counseling and motivational interviewing, and quit smoking medications.

After the training we identified that by serving as a doorway into the Latino community, promotores de salud, a community-based organization, provides a unique opportunity to reach medically underserved smokers and link them to effective treatment. The promotores' experience with smoking cessation can guide the development of future tailored smoking cessation interventions. They each identified approximately 10 smokers within their social network to promote smoking cessation, particularly the use of quitline and quit smoking medications. They will conduct five small youth tobacco prevention sessions and smoking cessation sessions among 15 Latino families.

By serving as a doorway into the Latino community, Promotores de Salud, in conjunction with a community-based organization, create a unique opportunity to reach recent and less acculturated immigrants. Promotores de Salud are effective in increasing health care access, knowledge, and behavior change among Latinos, and thus, are able to provide social support, culturally and linguistically competent health information, as well as cost-effective care. Better understanding the health care needs of the community can help design future intervention programs developed with and for the community. Therefore, in order to implement a successful Promotores de Salud training program, the curriculum should be culturally relevant and tailored to Latino communities.

▶ Promotores de Salud: Assessing the Health of Their Community

Natalia Suárez, A. Paula Cupertino, Lisa Cox, Cielo Fernández, Aura Morgan, Susan Garrett, Irazema Mendoza & Edward Ellerbeck, University of Kansas Medical Center, Kansas City

Introduction

Latinos are more likely to experience multiple barriers to health care access than any other social group in the United States, which result in health disparities. Lay health advisors (LHAs), also known as Promotores de Salud, have emerged as a feasible strategy to reduce health disparities and are effective since they are part of the communities they work with, ethnically, socio-economically, experientially, linguistically, and culturally.

The broad understanding of Promotores de Salud is aligned with the notion of natural helpers to whom others naturally turn to for advice, emotional support and tangible aid. The role of Promotores de Salud is particularly important in communities in which underserved and uninsured individuals have difficulty accessing health care services. Promotores are trained to recruit a small group of individuals from their social networks and to lead a series of group sessions, supported by a protocol and training manuals specifically developed for the program.

Objective

To describe the Promotores de Salud training program as well as the socio-demographic characteristics, health care use and health behaviors of recent Latino immigrants who completed the health assessment.

Methods

Fifteen LHAs completed the 10, 2-hour weekly training program. We adopted the Behavioral Risk Factor Surveillance System (BRFSS) survey to assess socio-demographic characteristics, health care use, and health behaviors of respondents. Among the 22 eligible individuals who were originally enrolled as Promotores de Salud, 15 completed the required hours of leadership, health behaviors, and health needs assessment training. Promotores identified single family households from the U.S. census tract 424, in areas with a high concentration of Latino population.

Results

The LHAs knocked on the door of 410 houses during the 6 weeks of field work. A total of 107 houses answered the door, among which 105 agreed to complete the survey. We identified that the majority of respondents were married (58.1%) women (74.3%), younger than 53 years of age (86.4%), and originally from Mexico (87.6%). Most respondents completed junior high school (secundaria) (27.6%), and are currently employed (41%). Overall, respondents have lived in the United States for an average of 14.2 years (SD 11.76) and an average of 11.9 years in Kansas (SD 11.47). Regarding respondents' choice of language, half speak only Spanish at home (53.3%). Most respondents self-assessed their health as 'fair' (36.5%). As a final point, the majority of respondents do not have health insurance (78.6%), and as a result go to community health clinics (52.9%).

Conclusion

By serving as a doorway into the Latino community, Promotores de Salud, in conjunction with a community-based organization, create a unique opportunity to reach recent and less acculturated immigrants. Promotores de Salud are effective in increasing health care access, knowledge, and behavior change among Latinos, and thus, are able to provide social support, culturally and linguistically competent health information, as well as cost-effective care. Better understanding the health care needs of the community can help design future intervention programs developed with and for the community.

Therefore, in order to implement a successful Promotores de Salud training program, the curriculum should be culturally relevant and tailored to Latino communities.

▶ Promotoras de Salud: A Health Literacy Approach to Improving Immigrant Access to Health Care

Stephen Jeanetta, University of Missouri Extension

Eduardo Crespi, Sandra Zapata & Karina Campos, Centro Latino de Salud, Educación y Cultura

Jamie Christianson, University of Missouri

Newcomers to the United States undergo many changes in habits and customs when they arrive that make them more vulnerable to different problems such as obesity, diabetes, STD/HIV, medication errors, and a host of other health issues. 'Promotoras de Salud' (Community Health Workers) is a program being piloted in Columbia, Missouri by the Centro Latino as a way of improving the health outcomes of new immigrant tot the community. It is a social intervention model that promotes health literacy based on the development of partnerships between providers of health care services and community members. The program serves a bridge between the providers of health care services and the targeted Latino community.

The Promotoras de Salud program primarily serves Latino working class, low-income immigrants from Mexico and Central America. They are bilingual, trusted members of the target community with access to those who need the services. They work through Centro Latino, a trusted resource in the Latino community, and collaborate with a range of health care providers and community educators to develop health literacy resources, provide a framework for accessing resources, and linking to health services.

This best practices presentation will focus on lessons learned after 18 months with an emphasis on the effectiveness of the three main components of the Promotoras de Salud project:

1) Development of Resources and Training,

2) Creation of linkages to community resources, and

3) Development of a support system that facilitates interaction among newcomers and the health care services available in the community.

Resources and training are being developed around 10 program areas: Health Literacy & Medical Interpreting, HIV Education and Prevention, Healthy Lifestyles and Obesity Prevention, Family Planning, Diabetes Testing and Education, Medline Plus, Latino Link, Parent Link, Social Work & Mental Health, and Public Speaking and Outreach Planning.

▶ Cancer Health Disparity Predictors among Rural and Urban Hispanic/Latino Medically Underserved: A Systematic Review

Keila E. Peña-Hernández, University of Missouri

Eliminating the burden due to cancer is an ongoing priority in research and health care communities nationwide. Understanding the predictors for health care disparities is often very challenging particularly when culture and health are such complex entities.

In this study, we propose to further understand the spread of cancer among the Hispanic/Latino population by recognizing the factors that influence health disparities and how they relate to cancer. We also take a look at the scientific literature to identify the Hispanic/ Latino medically underserved populations and their communities. These regions carry unique characteristics and it is important for us to highlight those predictors that contribute towards health care disparities. Rural communities are traditionally known to be medically underserved areas since the primary care physician shortages

are prevalent in these regions. In contrast, most urban areas typically have regions with medically underserved populations where the access to health care is readily available but not often sought after because of poverty, socioeconomic status, public policy, norms, discrimination or prejudice.

According to the Census Bureau, poverty rates for Latino/Hispanics have increased from 21.3% to 23.2% between 2007 and 2008, while income fell significantly due to a rise in unemployment. The Census data also demonstrates that although poverty rose overall for all Whites due to the economic recession, Latinos/Hispanics and African Americans are nearly three times as likely to live in poverty compared to Whites. Researchers in the area of Health information technology have stated that HIT is an essential tool for bridging the cultural gap differences between access to information and factors that influence disparity. For instance, the internet could be used to aid the transfer of health information tailored to the Hispanic/Latino culture to enhance better understanding of their health needs.

This systematic review of the scientific literature is valuable for examining the impact of cancer information needs among the Hispanic/Latino medically underserved populations so that we can further understand the predictors that lead this population into health care disparities.

▶ Casa de Salud: A Community and University Partnership
Mary Ann Lavin, Stephanie O'Donnell & David Schneider, Casa de Salud, St. Louis, and Saint Louis University

DuBard and Gizlice (2008) reported that Spanish language preference is a marker for poorer access to care and preventive health services. Carr (2006) cited fear of detection and cultural/language barriers to care as major factors influencing access to care by the immigrant population. When La Clínica in St. Louis closed its doors in the Spring of 2009, there was a void left for the immigrant population seeking health care. Just as the Guadalupe Centers in Kansas City are community based social service agencies, bridging the gap between the newly arrived Hispanic immigrants and the health care system, so too Casa de Salud seeks to bridge that gap in St. Louis by providing community based health and wellness services.

Casa de Salud, on the Saint Louis University campus, opened its doors on January 18, 2010, championed by Father Biondi — President of Saint Louis University and Bob Fox - Chair of the Casa de Salud Board of Directors. Casa de Salud is committed to welcoming the immigrant community in Saint Louis, and integrating them into the existing and larger preventive health and patient-centered medical homes, e.g., federally qualified health centers.

The aim of this presentation is to give an overview of the care processes involved in accomplishing this purpose. The clinical encounter with a health care provider constitutes entry into the system. These encounters may be with family and general practice, internal medicine, dermatology, or gynecology providers. Supportive care includes social and emotional support counseling, spiritual counseling, and diet and nutrition counseling. Special emphasis will be given to a post-provider bundle of patient care practices being used to facilitate the move from Casa de Salud into the larger health care system.

This bundle consists of activities that engage the patient as a partner in addressing one or more of the following care categories:
- Symptom management and medication, laboratory or other diagnostic test instruction, and follow-up appointment management
- External referrals to and integration within primary centered medical homes or other community services
- Assignment of a Spanish speaking and culturally sensitive navigator to facilitate transition to a primary care home
- Internal referrals to Casa nutrition or counseling services
- Release of needed medical information

- Application of a care management template and outcomes evaluation

Decision trees will be used in standardizing these processes as best practices. Casa de Salud collaborates with and depends on Saint Louis University, Washington University, and other schools that provide clinical practice and volunteer faculty and staff to support the basic clinical services and other community outreach and developing programs.

▶ Tomando Control de su Salud; Spanish Chronic Disease Self- Management
Beth Richards, Missouri Arthritis & Osteoporosis Program, University of Missouri

Missouri Arthritis & Osteoporosis Program (MAOP), under the Department of Health and Senior Services and the University of Missouri, will be implementing Tomando Control de su Salud beginning in May 2010. MAOP and its seven Regional Arthritis Centers have been offering community evidence-based self-management programs since 1985.

Tomando Control de su Salud is a workshop given for two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. Spanish-speaking people with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves. All workshops are given in Spanish without translators.

The Program is not a translation of the Chronic Disease Self-Management Program, but developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate. Subjects include:
1. Techniques to deal with problems such as frustration, fatigue, pain and isolation
2. Appropriate exercise for maintaining and improving strength, flexibility, and endurance
3. Appropriate use of medications
4. Communicating effectively with family, friends, and health professionals,
5. Healthy eating
6. Appropriate use of the health care system
7. How to evaluate new treatment

Each participant in the workshop receives a copy of the companion book, Tomando Control de su Salud: Una guía para el manejo de las enfermedades del corazón, diabetes, asma, bronquitis, enfisema y otros problemas crónicos, an audio relaxation tape, Casete de Relajación, and an audio exercise tape with booklet, ¡Hagamos ejercicio! All materials are in Spanish.

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

▶ Centers for Medicare & Medicaid Services (CMS): Legislative and Program Updates
Nancy Ríos, Centers for Medicare & Medicaid Services

Background

The Centers for Medicare & Medicaid Services (CMS) is a federal agency within the Department of Health and Human Services (DHHS). CMS is the largest health insurance agency in the world, with a budget of more than $650 billion and serving almost 100 million seniors, people with disabilities, families and children through Medicare, Medicaid, and the Children's Health Insurance Program.

Content Overview

During this economic downturn millions of people have lost their jobs, millions have lost their health insurance, and millions continue to be uninsured. In an effort to improve, preserve and make health care affordable for all Americans, several pieces of legislation were signed into law in 2009.

Workshop attendees will get an overview of recent key legislation that impact CMS' programs including the American Recovery and Reinvestment Act of 2009 (Recovery Act) and the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA). The Recovery Act gives CMS a major role in modernizing the health care system. This workshop will include a brief discussion of the specific provisions that authorize CMS to devote new Medicare and Medicaid resources to encourage hospitals and physicians' offices, through financial incentives, to adopt and use certified electronic health records technology. This technology will assist them in improving quality of health care, reducing medical errors as well as health care costs. CHIPRA will be the main topic of discussion.

This legislation helps ensure the health and well-being of our nation's children. Originally created in 1997, the Children's Health Insurance Program, (CHIP) is a state and federal partnership that provides low-cost health insurance coverage for children in families who earn too much income to qualify for Medicaid but cannot afford to purchase private health insurance coverage. CHIPRA reauthorized CHIP and it finances CHIP through FY 2013. It preserves coverage for the millions of children who rely on CHIP today and provides the resources for states to reach millions of additional uninsured children.

The session will include information on current CHIPRA grantees and projects, resources, funding opportunities, and outreach and enrollment on-line tools for partners and advocates.

Selected Papers

▶ Teaching the Right Curriculum: Strengthening the Values of Latino Families

Alejandra Gudiño, Extension Associate, Department Human Development and Family Studies,
University of Missouri Extension
Kimberly Allen, Department of 4-H Youth Development and Family & Consumer Sciences,
North Carolina State University

Abstract

Research in the field of family studies shows increasing evidence that the health of the couple relationship in a family has significant impact on children's development. In practice, however, addressing this vital part of healthy family functioning and stability is often overlooked. While many curricula exist to provide families with healthy relationship/healthy marriage education, often the teaching materials, the format, and the facilitators need many changes to be successful in working with a Latino audience. The University of Missouri Connecting for Families program created a program for low-income parents that works for Latino families with the goal of building healthy relationships, which help foster healthy children. Each lesson has been piloted and revised to best fit the needs of the target audience.

Introduction

Pedro and Patricia have been married for eight years. What they love most about each other is that he is uncommonly patient and respectful while she is especially vital and strong-minded. As a result of the Connecting for Children (CFC) program, these are the strengths they now know and can improve on. They also know that he can be more communicative and quicker to respond; she can be less headstrong and more deliberative. While they've always known this about each other, earlier this year they learned how to work with that knowledge to improve their marriage.

There is a growing need for culturally relevant services to target Hispanic families. Educational couple's relationship programs in Spanish are a new trend that has been very effective in delivering the message that healthy relationships can act as a protective factor for families.

Latino families face significant barriers that make lasting relationships difficult to sustain. Current statistics show that Latinos have the highest rate of teen pregnancy, the greatest rate of out-of-wedlock births, and Latino families are 200% more likely to live in poverty than white families (Hispanic Healthy Marriage Initiative, 2009).

Latino couples, individuals, and families that live and interact in the U.S. go into a process of cultural adaptation or acculturation that requires developing skills to function within two different cultural contexts. This process reveals changing behaviors as they deal with the unique stressors created by the immigration process, and the reality of surviving in a different culture and society.

The lack of a healthy communication creates a host of negative consequences for the parents and children in these fragile families. Fragile families, meaning those with low levels of income and education, with young children and few resources to rely upon for support, face significant barriers to reaching or maintaining a healthy marriage. The stressors of finding and maintaining a level of employment that meets basic needs, finding and maintaining quality affordable child care, the process of acculturation, as well as other stressors, exacerbate the existing challenging tasks of healthy communication and managing differences.

On average, children reared in a two-parent home tend to have fewer behavior problems and higher education status (Mincy et al., 2004). Similarly, couples in a healthy relationship are more likely to enjoy health benefits (Brotherson & Duncan, 2004), and are less likely to be depressed, have alcohol problems, or commit suicide (Nock, 2005). A parent's marital status is also associated with the financial stability of the family. The financial discrepancy between two-parent and single-parent families is severe; 38.4%

of children in female-headed households live in poverty compared to only 8.4% of children in married-couple households (National Centre for Children and Poverty, 2006).

Program Overview

In October 2007, University of Missouri Extension partnered with Head Start on a $2.4 million dollar grant from the U.S. Department of Health and Human Services, Administration for Children and Families. This program aimed to develop and deliver projects targeting Head Start-eligible families including Latino families.

The purpose of CFC is to provide participants with the necessary skills and resources to help them build stronger, healthier relationships that will benefit their children, families, and society. Another principle of the CFC program is to improve participants' chances for relationship success by giving families the opportunity to build friendships with others in similar situations and thus form informal social support networks. Participants not only learn skills critical for relationship success, but they are also in an environment where they learn about each other. It is clear that spending time with other couples that are successful in their relationships improves the odds for their own success.

Instruction. Couples' Retreats are anchored by Mary Ortwein's adaptation of Bernard Guerney's Relationship Enhancement program called *Love's Cradle* that guides couples to develop skills that will enhance their communication and a healthy relationship: Showing Understanding, Expression Skill, Discussion Skill, Problem Solving Skill, and Managing Conflict.

For our Follow-up Sessions, there were relatively few curricula that had been developed for our target population; therefore, another element of this program was the development and implementation of a curriculum designed specifically for low-income and low-resource families with young children. MU Extension specialists created the Connecting for Families curriculum specifically for this project, and a culturally sensitive version for the Spanish-speaking population.

Topics. The topics for our Follow-up Sessions came directly from research on fragile families. Good communication skills, having fun together, and having a positive support system are themes that run through all healthy relationships; therefore, our goal with this curriculum was to help couples develop the skills to excel in all three areas. Additionally, Ooms and Wilson (2004) identified several guiding principles and topics to be included. Based on their research and information from our participants, the two-hour modules included:

- **Couple Communication:** This module focuses on the importance of healthy communication in couple relationships and emphasizes that children learn better communication skills when their parent(s) model good communication skills.
- **Family Ties:** This module focuses on complexities in families, and how extended family relationships and ex-partners influence the immediate family.
- **Fire Prevention:** Managing Conflict in Couple Relationships: This module discusses factors that can influence what one hears his or her partner saying, such as mood and expectations.
- **Getting to Know You:** This module includes a personality inventory activity to get participants thinking about their personality and how that can affect their relationships.
- **Healthy Minds:** This module identifies stress and common stressors for parents, the importance of seeking medical help for potential mental health problems, as well as symptoms of postpartum depression and the importance of seeking help.

- **Healthy Relationships:** This module focuses on what makes a healthy relationship and a healthy marriage as well as the benefits of both for adults and for children involved.
- **Just Cool It!** Managing Anger in Couple Relationships: This module includes discussions of anger triggers, children and anger, and strategies for dealing with anger.
- **Lighten Up – Love and Laughter:** This module includes a discussion of factors that cause stress for parents, gives participants an opportunity to talk about fun things they do together, and includes a discussion of activities to do in their area or throughout the state.
- **Money, Money, Money:** This module addresses the importance of communicating about spending, how to use a spending plan, as well as resources each person possesses (time, skills, people they know, etc.).
- **Parenting with Love:** This module focuses primarily on using positive discipline and distinguishes between punishment and discipline.
- **Safety and Health:** This module addresses the importance of child proofing, as well as strategies and goal setting for keeping children safe and healthy.
- **To Work:** This module addresses advantages and disadvantages of working, how work affects family and how family affects work, and the steps to take to get the job you want.

Method

Session format. The CFC program provides families with relationship and parenting skills in Spanish during an all-expenses-paid weekend Retreat. According to top relationship education researchers, having fun and spending quality time together is important for any relationship program (Stanley, Markman, & Whitton, 2002). Weekend Retreats are a popular marriage education format for middle- to upper-income couples, and both the literature and the project team's experience show this format can be helpful in educating low-income families as well. A Retreat format allows couples the time to kindle or rekindle their romance and to spend quality time together to work on relationship issues while having a relationship expert and a support system immediately available.

Participants are given a pre-program questionnaire to complete after signing in and a post-program questionnaire at the end of the Retreat and at the completion of every four-lesson module. In addition, participants are asked to write comments about the Retreat, including thoughts about the facilitators, the overall program, and the facilities.

Results

In just nine months, 82 Latino couples (166 adults with 240 children) participated in one of nine weekend Retreats in Spanish, totaling 16 hours of marriage and relationship education for each couple. In fact, the Latino recruitment efforts accounted for 40% of all couples (both English- and Spanish-speaking) recruited for the overall project.

Evaluation results show that although most participants expressed satisfaction with the Retreats, some indicated that they were initially hesitant to participate. One male participant said, "I thought this was not a good idea at first. I didn't really want to participate, but after awhile it got easier." Another participant said, "The longer we were together as a group in and out of class it was easier to open up and share." Following a Retreat, a Latino participant said, "This is a very good program for Latinos." Many who participated indicated that the program gave them the opportunity to build a closer connection with their partners.

Pre- and post-program questionnaires revealed that participants acquired important relationship skills while participating in CFC. With regard to conflict management, before participating in the program, 78% of participants indicated that they "Agreed" or "Strongly Agreed" that they could resolve conflicts respectfully, fairly, and to the satisfaction of both parties. After participating in at least one portion of the program, the rate increased to 92% of participants. Additionally, there was an increase in the number of participants that indicated that they could work with their child's other parent to raise the child together.

Discussion

The Connecting for Children program has yielded great success as well as some challenges. Throughout the process, the project team has documented the lessons that would be helpful, should other programs choose to replicate.

Collaboration. Pairing MU Extension, the local Health Department, and the Centro Latino in Columbia was a natural fit that fostered content expertise and recruitment success.

Logistics. Throughout our first year we discovered several aspects of program design that needed to be adapted over time. Program staff initially planned to hold Follow-up Sessions soon after the weekend retreats were done. However, it turned out that participants had to wait several months before attending Follow-up Sessions due to logistics. Although this was not ideal, it gave staff time to build rapport with the families. We have a higher rate of retention of the original participants in the program, 80% of the families at the follow up session were families present at the retreat two years before! Originally, families were allowed to bring their families and a child care provider to the events, and although families enjoyed the experience, it proved to be cost ineffective. Now child care stipends are offered to families that find their own child care. Participants receive financial incentives as part of the program. For documentation purposes, it was found that using gift cards to local retailers and gas cards were the preferable method of payment. Weekend trainings are long and participants need the information to be well presented and meaningful. Trainings were adapted to include a great amount of fun, educational activities, as well as the opportunity to practice the skills. The Connecting for Families curricula has been piloted with our Spanish-speaking audience and reviewed and is currently in print, while the evaluation is ongoing.

Recruitment. It was learned that developing rapport with participants is vital to recruitment. Taking the time to socialize and develop personal relationships has fostered continued participation and interest in the program. As participants become comfortable with the trainer and the other participants, they are more likely to feel a sense of ownership in the program. It was also found that it is critical to join forces with established programs and organizations that already serve the Latino community. The local health department has a parenting program for Latino families, and 80% of the families served were recruited as a result of that partnership.

Reflection. Our program has provided the space and the opportunity for the creation of informal support networks as a way for couples to deal with acculturation processes and daily life stressors. Creating networks of support has been particularly important with the couples we have served. The first set of couples to attend a program session became very close with one another and formed friendships that lasted beyond the weekend session. These couples arranged on their own to meet together on a weekend, gathering at one couples' home for food and fellowship, sharing tips on available work and giving each other emotional support. They found friendship and a feeling of belonging, security, and wellbeing. This example shows the importance of continuing programming, not only to extend relationship education, but to build support networks for fragile families.

We feel that our strategies have worked well for our program, given the difficulties associated with recruiting Latino immigrant couples during these politically sensitive times. The time invested in building rapport with the couples made a real contribution and helped us change an unfamiliar relationship into one that was culturally recognizable.

As a final note, special thanks to Roxana Meneses and the program "Comenzando Bien" for the space that she opened for this program to have a presence in the Latino community. Roxana and Luis Huaman are dedicated Community Trainers that take heart in the job of delivering this curriculum to our Latino families.

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▶ Rural Hispanic Women in Missouri: A Needs Assessment

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Rural residence and health are inextricably intertwined. Compared with urban dwellers, rural individuals are at higher risk for health problems (Achincloss & Hadden, 2002). Nationally, in rural areas all-cause, age-adjusted mortality was higher and increased by a factor of 10 between 2000 and 2004 (Cosby et al., 2008). A number of variables contributed to this excess morbidity and mortality: 1) Differences in specific health behaviors have been documented between rural and urban dwellers (Parks et al., 2003; Wilcox); 2) The disproportionate distribution of health care providers, despite considerable efforts by federal and state governments since 1979 and shortages of other health care providers — nurses, nurse practitioners, dentists, mental health professionals, and physician's assistants (Hart et al., 2002; Yarbroff et al., 2005); 3) The mediating factors of poverty and ethnicity (Achincloss & Hadden, 2002; Liu,2007) reported that residence in areas designated as Health Professional Shortage Areas (HPSA) is associated with poor physical health, lesser general health status and reduced access to primary and outpatient health care services. This may be particularly problematic for female rural residents in that women's unequal social and economic status is well-documented to be associated with compromised

health and well-being (Kawachi, Kennedy, Gupta, & Prothrow-Stith, 1999). Service jobs, seasonal employment and self-employment, the mainstays of many rural areas, are low paying and without benefits (Findeis & Jensen, 1998). Those women from ethnic minorities are at particular high-risk. In recent years, the pattern of immigration for Latinos has shifted from mainly urban to more rural communities where more jobs for unskilled labor may be available but where communities have limited experience with immigrants, particularly those with language differences. Public health initiatives to extend public health and primary health care services to Hispanic adults and children have met with variable success leaving many people without access to services. Harari, Davis, and Heisler (2008) reported that Latino immigrants often are unaware of available services and further that language barriers, lack of insurance, and isolation exacerbated barriers to access. A reason Hispanic immigrants are considered a major concern as well is not because they are only found to have poor health outcomes, but also because their health status worsens as their duration of stay increases in the United States and also because 33% of them have been found to be without health insurance coverage (CDC, 2008).

Methods

The purpose of this assessment, funded by the Missouri Foundation for Health, was to 1) assess perceived access to health services and 2) document the perceived health status of older rural Missouri women. We conducted 11 focus groups with for a total of approximately 120 women. This paper gives a report of two focus groups with 25 Hispanic women related to perceived health status and access to health care services in rural Missouri.

Results

Using a semi-structured interview guide, women were queried about personal issues as related to health issues and norms in their communities. Specific health issues noted often by women included hypertension, diabetes, stress including anxiety and sleeplessness, chronic pain, and issues related to menopause. Analysis of focus group transcripts found four major themes that women discussed about health issues and access for older women in rural Missouri:

- The interrelated challenges of minimal personal and infrastructure resources
- Denial
- A badly stretched primary care system
- Need for improved health literacy

These themes were reinforced in the key informant interviews. Each of these will be discussed in turn with representative quotes from the focus groups and key informant interviews. In the interest of brevity, the majority of this proceedings paper will be devoted to the first and third themes.

Personal resource limitations were discussed multiple times in each focus group and key informant interview. Low incomes and lack of health insurance were mentioned frequently, often in tandem with transportation problems experienced when trying to access health services.

Time, expenses, and transportation were viewed as interacting and overlapping factors contributing to lack of health services access.

> One must look for someone to take you, interpret what you have, and pay the person. If you do not have someone to take you, you have to find someone to take you and pay. Because there is not even a bus here. Anyway there is not even a doctor. And then you lose a day of work and you need to look for the person to take you. Lose one day you get a point and then they fire you because of the points. You even lost a job for going to the doctor. Many do not go to the doctor for not losing points at work.

Access to prescription medications was an important issue both in terms of expense and of availability. It was noted that after paying for the consultation, there was no money left to buy the prescription. The cost of medications was discussed by a number of participants, and pharmacies in rural areas are open limited hours, closing early on Saturdays and seldom open on Sundays. Transportation to larger communities to fill prescriptions was limited. Further, over the counter preparations that were available in Mexico were not similarly available in the States.

Women felt that medications such as antibiotics and oral contraceptives were sold only by prescription therefore unavailable to them. A result of this perception women noted "it is difficult and you feel compelled to self-medicate." In fact, one woman related an incident where she obtained oral contraceptives without a prescription and without medical supervision and as a result became ill.

Lack of personal resources leads women to neglect both acute and chronic conditions. As one woman reported:

> *Then again, often our fear is that some weekend or at midnight we can be serious or something and we are afraid to go to the hospital because we do not have money to pay; no facilities that is our fear. We are afraid to die at home, but more afraid to go to the hospital." and "like me. I have diabetes and I have no medicine, no money to pay for the consultation and then I wait up to 3 or 4 months go to, really, one has to pay for a visit and the medicine too. So I try to endure and then when I got the doctor scolds me. How will I pay? I prefer to put up with it and when I go, I have worse diabetes, more intense.*

<u>Denial.</u> Whether from fear, lack of knowledge or sense of fate, most of the focus group discussions mentioned that there were women in their communities who just did not want to have any screening tests done or to see a health care provider about any issue. For example, one participant noted that, "there are many people who do not do checkups because they don't want to know if they have something wrong. But with time anything can be healed. Everything can be healed with time." And another "I'm afraid because when I go to a doctor he will say I have bad things, serious, and I will have real problems. Some women expressed the idea that thinking about getting sick will make you sick so it is better not to consider the possibility of illness at all. "Thinking like that, thinking 'what if I get sick of it?' And then it comes and one gets sick of what one is thinking."

A Badly Stretched Primary Health Care System. Primary care, the basis of the health care system and the place where women can expect to receive appropriate health screening and education, would seem to be heavily overloaded in many of the counties in which we conducted interviews. For some women, a clear lack of trust in the health care systems also surfaced. For example "Well, when you think of health for example here in this place, it is scary because you don't know if they are going to help you or if they are not going to help you." Another individual noted "They treat you badly for being Hispanic."

Participants noted there is a need for someone who speaks both English and Spanish. "Sometimes there is no one to translate for you. One does not go because one does not know how to say anything. Better not to go."

A number of women noted that preventive health services are available free of charge in Mexico. "The free mammograms and the pap smear are free. For the person who has early symptoms of something, I will say bad….They go to your house, you leave a telephone, address they go to your house and they take you to be checked. And its' free. The treatment is free. If it was done here it would make it better."

The lack of available preventive services was clearly noted. "They asked me several times to do mammograms. I have not gone, its' been a year of not going because they tell me from her, from there and

I don't drive you know. Or sometimes I don't have a way and up to now I haven't gone. It's always out of the way." And

"When I went to the doctor he told me: Have you not done a mammogram. No, I said. The truck is no longer coming. A truck used to come. It came here to the church but they took the service away."

Need for Improved Health Literacy. Women expressed interest in learning more about health and preventing health problems. Several women expressed interest in taking a nutrition class, learning how to take blood pressure, and learning how to control personal stress. Post-menopausal women felt that education relating the menopause would have been very helpful to them.

Discussion and Conclusion

All comments were not negative. Instances were related of health facilities that provided interpreters and providers that were bilingual. One woman reported that she had a wonderful physician who even telephoned her at home to check on her. Where these kinds of services and courtesies were provided, women were most appreciative of the special attempts made to assist them. Women also had many ideas about what types of services were needed including some type of affordable transportation to health services and clinics that were open on weekends and evenings that would not force them to miss work.

The next steps in this project is to 1) define their needs by securing and by exploring solutions to these health issues; 2) examine options for meeting those needs with the women and community leaders; and 3) identify how interventions can best be implemented and supported through community discussions with the target population, key stakeholders, and local health care providers. We hope to report back to the communities by meeting with community service councils, health departments, and other helping agencies in the communities and regions. Our central idea is to help people find ways to build community strength. We would like to work with agencies and individuals to brainstorm the possibility of developing ideas for priority actions to help the community and to point them in the direction of potential funding sources.

Two particular ideas that have emerged from this initial analysis are the potential for building a Health Promotoras program that would recruit older women from the community to train them as part-time case finders and health educators within their own communities. The second idea relating to the Health Promotoras program is to help community women build social support for stress reduction and mental health promotion.

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▶ Casa de Salud: A Community and University Partnership

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Abstract

DuBard and Gizlice (2008) reported that Spanish language preference is a marker for poorer access to care and preventive health services. Carr (2006) cited fear of detection and cultural/language barriers to care as major factors influencing access to care by the immigrant population. When La Clinica in St. Louis closed its doors in the spring of 2009, there was a void left for the immigrant population seeking health care. Just as the Guadalupe Centers in Kansas City are community-based social service agencies, bridging the gap between the newly arrived Hispanic immigrants and the health care system, so too Casa de Salud seeks to bridge that gap in St. Louis by providing community-based health and wellness services. Casa de Salud, on the Saint Louis University campus, opened its doors on January 18, 2010. Championed by Father Biondi, President of Saint Louis University, and Bob Fox, Chair of the Casa de Salud Board of Directors, Casa de Salud is committed to welcoming the immigrant community in Saint Louis and integrating them into the existing and larger preventive health and primary care services provided by primary care homes of local community health centers. The aim of this presentation is to give an overview of the care processes involved in accomplishing this purpose:

- Describe the St. Louis context for the development of pre-access to primary care
- Provide abstractions of Casa's referral experiences
- Reflect upon the experiences
- Articulate and illustrate the current Casa referral template

Methods include four steps: context, experience, reflection, and action. The context in which Casa de Salud exists sets the stage for the article. Experiences accrued during the first three months since Casa's opening illustrate the learning that has occurred as well as the services provided. Reflection upon the experiences provides an opportunity to extract principles that guide the referral process. The lessons learned from our experiences resulted in the development of an action plan.

Introduction

The Hispanic immigrant community is heterogeneous, varying by nationality, culture, socioeconomic status, and occupation, with professionals, technicians, and those in sales or administration comprising about 75% of the total Hispanic workforce (http://www.fiscalpolicy.org/20100123_ElDiario.pdf). At the same time, the number of uninsured is three times that of the non-Hispanic white population (HRSA Office of Minority Health, http://www.raceandhealth.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=5). In our society, lack of health insurance inhibits access to care.

Access to care is even more difficult for the uninsured, recently arrived immigrant, often separated from his or her family and disenfranchised within the United States. The barriers to care are several. DuBard and Gizlice (2008) reported that Spanish language preference is a marker for poorer access to care and preventive health services. Carr (2006) cited fear of detection and cultural/language barriers to care as major factors influencing access to care by the immigrant population.

When *La Clinica* in St. Louis closed its doors in the spring of 2009, a void was left for the immigrant population seeking health care. Just as the Guadalupe Centers in Kansas City are community-based social service agencies, bridging the gap between the newly arrived Hispanic immigrants and the health care system, so too *Casa de Salud* seeks to bridge that gap in St. Louis by providing community-based health and wellness services. *Casa de Salud*, on the Saint Louis University campus, opened its doors on January 18, 2010. Championed by Father Biondi, President of Saint Louis University, and Bob Fox, Chair of the *Casa de Salud* Board of Directors, *Casa de Salud* is committed to welcoming the immigrant community in Saint Louis and integrating them into the existing and larger preventive health and primary care and primary care services provided by patient-centered medical homes, such as local federally qualified and community health centers. Casa de Salud is an independent 501(c)(3) non-profit organization that emerged through collaboration between Saint Louis University, Washington University, the Hispanic Leadership group, and others in the metropolitan St. Louis area.

Casa's initial outreach to the community is through its clinical services. Unlike primary care, however, Casa's services represent a portal of entry into the health care system. Metropolitan Saint Louis has seven Federally Qualified Health Centers (FQHCs) and a set of regional community health centers. For the Hispanic immigrant, access to these services is important, but the barriers often seem insurmountable. What *Casa de Salud* provides is pre-access to care. This pre-access is a simple but often unarticulated aspect of care, familiar to all health professionals. The key elements in pre-access are contextual knowledge, language and contacts.

A simple example will suffice to explain pre-access. A family member, let's say, Jeff, calls his nurse practitioner (NP)-sister, Anne. Jeff is seeking advice because he has just been told his aortic valve is leaking and about 50% of his blood is flowing back into the heart. Anne realizes that, at some point, her brother is likely to need aortic valve surgery. She next translates her brother's lay language into medical language. Next, she contacts the chief of an appropriate department within an academic health science center. The chief says to send him the medical record. After review, he will schedule Jeff with the proper specialist within a week or two. Jeff did not have additional exams or tests performed to gain access. He merely had access to someone who knows how to work the health care system. Working the system requires medical/nursing/health professional knowledge, medical language skills, and contacts. Anne was the link to her brother's access to high-quality care. Anne's role in linking her brother to specialty care is analogous to Casa's role in linking the Hispanic immigrant community to the larger health care system.

In the above example, Jeff already had primary care and a diagnosis before he called Anne, his NP sister. That is one major difference between Jeff and the immigrant Hispanic community. Often the immigrant patient does not have access to primary care, and to gain access requires a knowledge base the patient does not possess. So, patient-centered pre-access services for the Hispanic immigrant must also include the provision of basic medical services akin to a continual, systematic medical triage system, with the goal of establishing the patient in a patient-centered medical home or, if needed, emergency medical care.

The *Casa de Salud* model draws upon two basic principles. Health care is a right, and the best health care system is a patient first system. The Casa model draws upon knowledge accumulated by experts in care access, interprofessional practice, community resources, referral processes, case management, and primary care. As previously mentioned, the model is not unique. Health care professionals utilize it all

the time in facilitating access for family and friends. Its articulation as a patient-centered pre-access to care model is unique and represents a "new" template only to the extent of its formal organization and utilization as a first stop in the health care journey of the Hispanic immigrant in St. Louis .The specific aims of this article are to:

- Describe the St. Louis context for the development of pre-access to primary care
- Provide abstractions of Casa's referral experiences
- Reflect upon the experiences
- Articulate and illustrate the current Casa referral template

Literature Review

In earlier studies, DuBard and Gizlice (2008) reported that Spanish language preference is a marker for poorer access to care and preventive health services. Carr (2006) cited fear of detection and cultural/language barriers to care as major factors influencing access to care by the immigrant population. The purpose of this review of recent literature is to present a brief overview on the initial referral or initial access to primary care by the Hispanic immigrant and the related barriers and facilitators of that care. PubMed was selected as the search engine. All searches were saved in PubMed's MyNCBI.

The search used the filter terms (*case management OR referrals OR access OR pre-access) AND Hispanics AND primary care*. This search yielded 1999 citations, of which 23 were written between 2009 and the present. Of these, the closest resemblance to the model employed by *Casa de Salud* is the Boston University model, named The Latino Health Insurance Program. It employs community health workers to enroll Latinos in a locally developed health insurance plan to educate and link Latinos with needed health services. A total of 230 adults and children were enrolled with a 100% retention rate after one year (Abreu & Hynes, 2009). While the purpose of the health insurance plan is like Casa's, to link the Hispanic population to services, the methods differ. The Boston University plan is an insurance plan and *Casa de Salud* used a service model.

Factors cited as barriers to access included racial discrimination (Sorkin, Ngo-Metzger, & De Alba, 2010) and limited English proficiency (Seiber, Smith, & Tanenbaum, 2010). Facilitators included culturally competent care that was congruent with the cultural needs of those served (Costantino, Malgady, & Primavera, 2009). Religion was found to have no relationship to health care service utilization (Gillum, Jarrett, & Obisesan, 2009).

Of the remaining 19 articles, 16 addressed access to specialty care such as eye care (Morales, Varma, Paz, Lai, Mazhar, Andersen, & Azen. Los Angeles Latino Eye Study Group);mental health (Sorkin, Pham, & Ngo-Metzger, 2009); and diabetes (Link & McKinlay, 2009). Two of the articles referred to the use of GIS tracking systems (Bazemore, Diller, & Carrozza, 2010; Dulin, Ludden, Tapp, Smith, de Hernandez, Blackwell, & Furuseth, 2010) in locating highly mobile patients. Although one of the articles addressed health literacy, it did so assuming that it facilitated access to services and provided literacy enhancement and information (Britigan, Murnan , & Rojas-Guyler , 2009).

Productivity was limited in the two remaining advanced searches. The filter search *access AND barriers AND Hispanics AND primary care*, yielded 43 citations of which 6 were from 2009 to 2010. Of these, five had already been captured by the above search. The remaining citation addressed those with limited English proficiency and found that they tended to seek care from services serving the uninsured (Seiber et al. 2009). The filter search *access AND "facilitating" OR facilitators AND Hispanics* yielded 16 articles, of which 3 were written between 2009 -2010. Of these, two addressed specialty concerns: exercise during pregnancy (Marquez, Bustamante, Bock, Markenson, Tovar, & Chasan-Taber, 2009) and school-based

coping interventions (Garcia, Pintor, & Lindgren, 2010). The remaining articles cited employment, health care access and social support as factors facilitating health, in general, and mental health, in particular (Shobe, Coffman , & Dmochowski, 2009).

Although recent literature is sparse on the barriers and factors that facilitate access to primary care services among the immigrant Hispanic community, the literature is clear-cut (Table 1). *Casa de Salud* is designed specifically to decrease the barriers and to enhance those factors that facilitate access to basic medical services and referral to primary care.

Table 1. Barriers and factors that facilitate access to primary care services among the immigrant Hispanic community.

Barriers to Primary Care Access	Factors Facilitating Access to Primary Care
Language, limited English proficiency, Spanish language preference Cultural barriers Fear of detection Racial discrimination	Community health workers Culturally competent care Addressing the cultural needs of those served Health literacy Employment Social Support

Methods

The methods used in this presentation rely heavily upon an experiential-reflective model used in Jesuit education for more than 450 years. It relies upon the presentation of the *context* and the *experience* followed by a *reflection* upon the experience, and the development of an *action* plan and its *evaluation*. Contextually, *Casa de Salud* is described in terms of its relationships with other systems in the community dedicated to achieving improved access to care by the immigrant Hispanic population. *Casa de Salud's* infrastructure was designed to make its mission a reality; by establishing a small clinic staffed with mostly primary care providers, with the goal of integrating clients into the existing safety net of St. Louis. Insights gained from referrals made are presented. From these experiences, steps in the referral process were reflected upon (the reflection stage) and a template was developed (the action phase). The action phase concludes the development of a referral template, illustrated as a referral decision tree. The Jesuit pedagogic model includes an evaluation step as well; this evaluation is currently underway as our program is only in its fourth month of operation.

Results

The context: Interaction of Casa with the Larger Health care System and the Hispanic Community. *Casa de Salud* provides a regional service that covers eight counties in Missouri and eight in Illinois. Within these counties Casa de Salud interacts with the larger health care system, and the Hispanic community (Figure 1). The St. Louis Metropolitan area has a Hispanic community estimated at nearly 100,000 people (Sandoval, 2010).

Figure 1. Venn diagram illustrating interactions among the Hispanic community, the larger health care system, and Casa de Salud.
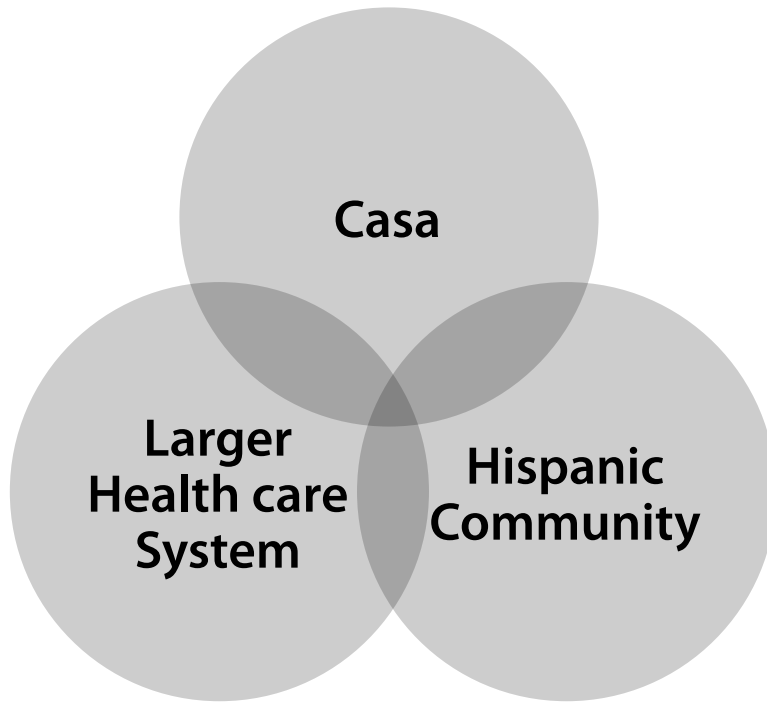
Casa de Salud could not exist without its more than 25 corporate sponsors and strong institutional support. Table 2 presents its institutional sponsors. The involvement of the Hispanic community, central to the foundation of Casa de Salud, continues to increase, with Table 3 presenting the partnerships to date. The larger health care system includes partnerships with a host of institutions within the community (Table 4).

Table 2. Casa de Salud's institutional support.

• Saint Louis University (FOUNDING AND SUSTAINING SPONSOR)	• Saint Louis University Hospital Auxiliary
• Barnes-Jewish Hospital Foundation	• St. Louis Children's Hospital
• Ladue Chapel	• Sal Mirowitz Day School
• Missouri Foundation for Health	• Washington University School of Medicine
	• Women's Club of the SLU School of Medicine

Table 3. Hispanic community partnerships.

- Hispanic Chamber of Commerce of Metro St. Louis
- Hispanic Leaders Group
- Interfaith Partnership
- International Institute of St. Louis
- Professional Latino Action Network
- Puerto Rican Society
- St. Cecelia Parish and other parishes and churches serving the Hispanic community
- STL TV

Table 4. Health care system partners.

• Barnes-Jewish Hospital	• St. John's Mercy Neighborhood Ministry
• Cardinal Glennon Children's Medical Center	• St. Louis Children's Hospital
• Cohen Eye Associates	• St. Louis City Department of Health
• Crider Health Center	• Saint Louis County Department of Health
• Family Care Health Centers	• Saint Louis University Doisy College of
• Goldfarb School of Nursing	Health Sciences, Schools of Medicine,
• Grace Hill Neighborhood Health Centers	Nursing, Social Work and Public Health
• Health Literacy Missouri	• Saint Louis University Hospital
• Myrtle Hilliard Davis Comprehensive	• South Side Catholic Charities
Health Centers	• South Side Day Nursery
• O'Donnell Eye Institute	• Washington University School of Medicine
• People's Health Centers	and Brown School of Social Work

Casa Infrastructure: Supporting Patient-Centered Access to Primary Care. *Casa de Salud* provides a service with a patient-first care philosophy. It is composed of two complementary services: community and clinical. Clinical services are managed by an administrative services director and a clinical services director, who work together as a team. The former provides community outreach, access to community support services, and the coordinating of volunteers to provide this support for our clients. The latter coordinates clinical services, tracks client's diagnostic tests, referrals, measures outcomes, and directs quality improvement. Thus, Casa is able to provide clients with services utilizing the knowledge and skill in clinical health services administration, public health, community development, and health and wellness care. Salaried staff includes a full time director of administrative services, a part time director of clinical services, a medical assistant, and a receptionist. Volunteer clinical services are currently provided by 17 physicians, one psychologist, three registered nurses and one nutritionist. The physicians represent family medicine, general internal medicine, gynecology, dermatology, psychiatry, and family counseling.

Casa de Salud clinical services operate on less than a 40-hour per week schedule. Its relatively complex schedule averages 32 hours/week devoted to clinic visits. The evening and Saturday hours are an attempt to meet the work needs of the people served:

- Monday 9 – 1
- Tuesday 1 – 5, 6 – 8
- Wednesday 9 – 5 weekly, 6 – 8 monthly
- Thursday 9 – 1 biweekly, 1 – 5 monthly
- Friday 1-5 weekly
- Saturday 9 – 2 weekly

Between January 18 (opening) and April 17, the number of clinical visits totaled 566. This yields an average of about 50 visits/week, with 70 visits having been recorded during the last week. Because the mission of *Casa de Salud* is not to provide on-going primary care, but to integrate the patient as seamlessly and quickly as possible into the larger health care system, the number of referrals given of 50 patients/week is higher than the number of referrals within a typical primary care office.

Casa de Salud administrative services complement its clinical services. The director of administrative services is responsible for establishing the referral network (Table 4) and its navigator function. The role of the navigator is two-fold. Primarily, the navigator will help to integrate the patient into primary care

services offered by community health partners by scheduling appointments for them and accompanying them to their first visit. The navigator can also assist the patient in obtaining specialty care, if needed. As they do with primary care visits, the navigator can schedule necessary specialty care appointments, accompany the patient to the appointment, and assist with any translation or filling out of forms. Casa staff/navigators use the system in Table 4, Casa referral system to guide action. All navigators are volunteers, primarily from health-related graduate programs at local universities.

With only four full-time employees, Casa relies heavily on volunteers in addition to the medical professionals. Casa has a six-person volunteer board, and an advisory board that consists of approximately 25 community members. Advisory board committees include the sustainability committee—which helps to identify and secure potential forms of funding, the community outreach committee—which focuses on public relations with the community that Casa serves, the volunteer committee—which identifies and helps to organize potential volunteers, the patient advocacy committee—which works to insure that programming remains focused on/driven by the population that Casa serves, and the programs committee—which oversees the development and implementation of Casa's many clinical and community programs. As many patients do not speak English, volunteer interpreters are often required for Casa's day-to-day services. As part of this model, Casa has put strict quality control measures into place to insure that quality of care remains high. All volunteers who are interested in working with patients as interpreters are required to submit background checks and complete a Spanish proficiency test. All medical care, nursing and other professional providers are credentialed using standard credentialing processes.

Experience

Perhaps our experience is best illustrated using stories:

Scenario 1. Even though Casa de Salud does not provide pediatric care, unaware parents bring to Casa a child requiring same day care. The director of clinical services seeks expert pediatric advice through the Physician Access Hotline. The child, accompanied by a navigator, is met by a professional translator, seen, and treated the same day.

Scenario 2. An acute abdomen trumps transitioning a patient into primary care. The patient requires emergency surgery and must be sent to an emergency department. Accompanied by a navigator and met by a professional translator, the patient is assessed by forewarned emergency department staff at noon, is seen by a physician within an hour, has surgery that afternoon and is discharged the following morning. Hospital billing and physician group billing staff work with Casa staff to obtain discounts and payment plans on the related charges.

Scenario 3. An adult with a complex health problem requires the intervention of multiple agencies and professionals, the health department, an FQHC and multiple medical specialties. This complex case calls for transitioning the patient through multiple institutions and multiple specialties with sequencing decisions made on the basis of care priorities. Keeping close track of the patient until all transitions are made is mandatory. This is precisely the kind of patient who must not fall through the cracks.

Scenario 4. A patient requires urgent but minor ophthalmologic surgery. A private practice ophthalmologist is willing to accept a certain number of free or low-cost patients per month. After coordinating with the office staff, Casa sent this patient for treatment. The patient and his family were delighted with the service received.

The Casa experience requires trust and determination on the part of the patient, Casa staff, and the agencies receiving Casa patients. Patient trust and determination are manifested in various ways. For example, a patient phones Casa from outside a community health center. He says he cannot keep the appointment as directed, even though he is driving around the building. When asked why, he replied, *"Hay policia enfrente del edificio!"* Unbeknownst to the Casa staff, the facility was located across the street from a police station. He trusted Casa enough to phone and was determined enough to seek help, that he shared with us his fear of detention and allowed us to redirect him to another facility.

Interagency cooperation builds upon trust and determination. Casa has been most pleased with the warmness and efficiency of those with whom it is working. Occasionally, however, trust is tested, especially if Casa is perceived as trying to teach others. Such perceptions may prompt a "we know how to care for Hispanic patients" response in either Spanish or English. As with interprofessional practice, interagency trust requires mutual respect, effective communication, and acknowledgement that all are committed to patient well-being.

Reflection

As mentioned in the introduction, medical knowledge, medical language and contacts are critical when helping family, friends or patients through the health care system. The purpose of this reflection is to articulate how these elements converge in developing Casa de Salud's referral system.

Implicit for each patient is a health care goal and desired outcome. As in the case of the child in the first scenario, some diagnoses require referral, are easily treatable, but carry a high risk for the patient, if untreated. The goal was to refer quickly to prevent poor outcomes. Primary care was not needed, rather a quick specialty intervention. However, for the patient with complex medical problems ongoing primary care is critical, and the relationship between Casa and our primary care safety net is what gets needed services to the patient. The navigator who accompanies the patient to the primary care visit becomes the vehicle that bridges the initial entry into the health care system (the pre-access visit) and the patient's connection to ongoing primary care.

When speaking of referrals, acuity of the diagnosis controls the window of time within which the referral must be made for a successful outcome to occur. As in the case of the patient with an acute abdomen, referral speed is essential so that the time-to-surgery is quick enough to prevent life-threatening complications. Some referrals must be complete within minutes, an hour or so, a day or two, or a week or two.

When working with non-emergent situations among English-speaking, health literate population, the patient may often be given the responsibility for obtaining his/her own referral. For example, the physician may say, "I want you to go to the emergency department now and I will call ahead." When working with a non-English speaking population, with or without health literacy, the patient is not capable of communicating his or her needs. Casa de Salud assumes responsibility for this care coordination to increase the probability that a successful outcome will be achieved.

Some referrals are more complex than others. Case complexity, therefore, refers to the number of referral agencies and the number of specialties involved in accomplishing such a goal. For example, let's look at the third scenario. The patient's diagnosis requires notification of the health department in addition to referral to at least one other agency capable of caring for the health needs of the patient and multiple specialties within that agency. A successful outcome is not only that the patient achieves health but the disease is not communicated to the family and broader community. A more traditional model than that of Casa de Salud might simply transfer or refer the patient to another agency and assume that the other agency will follow-through appropriately. This may be appropriate in a simpler, less bureaucratic

and more resourced world where all involved speak English and finances do not matter. It is becoming increasingly difficult in today's world, however, where even highly-intelligent and resourced individuals feel the need for a patient advocate when faced with a multi layered and highly-fragmented health care system. Even more so this is true for the Hispanic immigrant expected to successfully traverse several systems and specialties.

All referrals require good will on the part of the referring and referral agencies. While never to be taken for granted, good will in caring for the medical under and uninsured is intrinsic to the mission of non-profit health care organizations. The ability of private practice providers to care for this same population is limited, however. Therefore, the good will generated by their generosity, as in the fourth scenario, must not be taken for granted. Their continued availability requires that their limited resources not be exceeded and their good will not exhausted.

Action

Lay people may underestimate the difficulty of the referral process because professionals make difficult processes appear simple or routine. Ease is facilitated by translating difficult processes into relatively simple action plans. Action requires decision-making. Figure 2 outlines the major decision points within a referral decision tree. The four pathways outlined in the decision tree accommodate the four cases presented in this article. Several elements are critical to its successful implementation. Most importantly are pre-planning with each agency involved, steadfastness to the mission of integrating the Hispanic immigrant into the larger health care system, and an organizational flexibility that keeps insisting on a patient first philosophy when faced with conflicting priorities.

Figure 2. Case de Salud Referral Tree
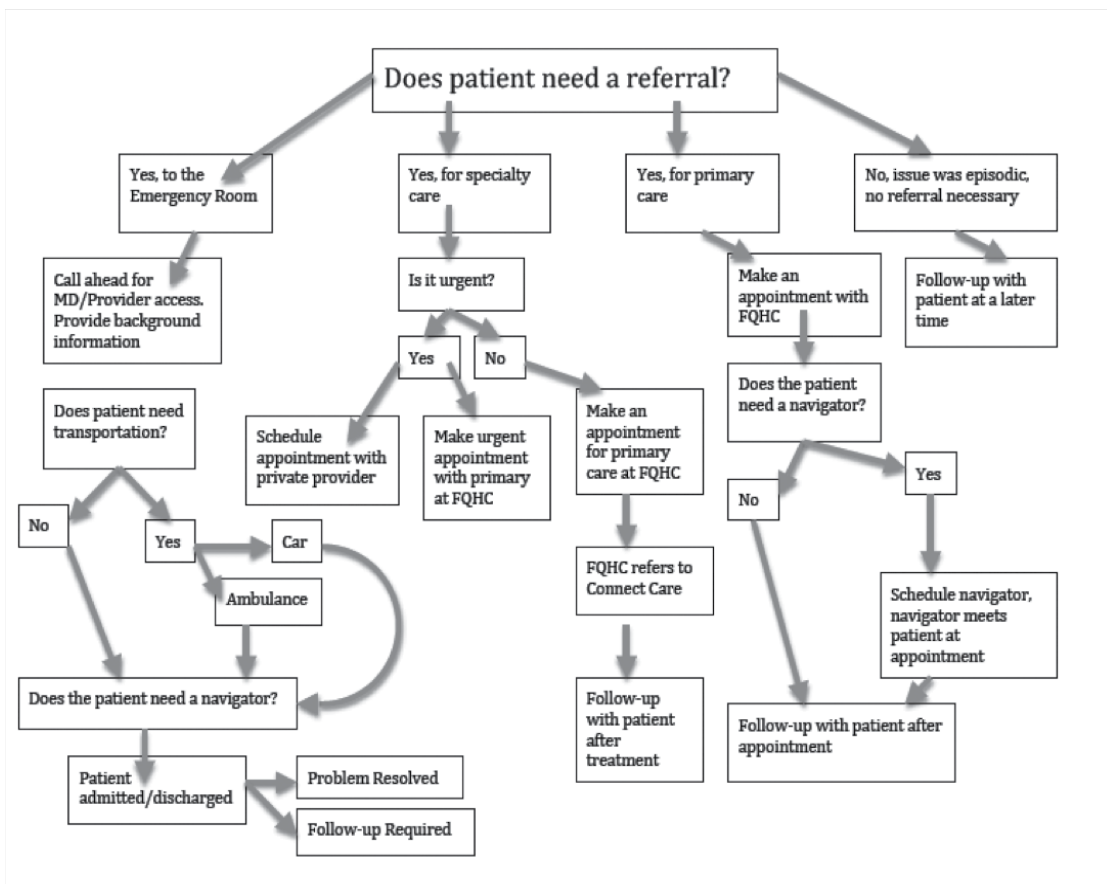
Discussion and Conclusion

If Casa de Salud is to succeed in its mission of integrating Hispanic immigrants into the larger health care system, then the success of its referral process is key. If the referral process succeeds, its success is not due to Casa de Salud alone, but to the good will and teamwork of a myriad of agencies and people to come together to achieve the same goal. In his 17th century mediation, John Donne spoke of the interconnectedness of each in his poem, *No Man is an Island*. During the first half of the 21st century, interdisciplinary or interprofessional education, practice and road maps will need to address the interconnectedness of professionals in delivering care. Given the magnitude of the problems facing society today, inter- or cross-organizational education, practice and road maps will be required to meet the needs of large groups in or segments of our society. Organizations are likely to be judged not on their ability to build empires but on their ability to work together with other organizations to achieve common goals. The *Casa de Salud* provides one model or template for organizational interconnectivity.

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▶ Human, Social, and Cultural Capitals among Latino Gardeners in Denison and Marshalltown, Iowa

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Abstract

This paper explores different community capitals among Latinos participating in community gardens and farmer starter programs in Denison and Marshalltown, Iowa. Using the community capital framework, this study describes what makes it possible for Latinos to become gardeners in two rural Iowa communities and the circumstances that facilitate the process. For the methodology of this study, four in-depth interviews were carried out in Denison and four in Marshalltown, with Latino gardeners who have different backgrounds and purposes for their participation in farming. In addition, participatory observation at people's homes and garden plots was used to understand the programs. This research analyzes how human, social, and cultural capitals are essential elements for Latino gardeners and how the interaction between this three capitals build the structure for their motivation to become farmers, be civically engaged, and have access to food. This study also describes how the participants have previous knowledge related to agriculture, fresh food and local marketing, which is a result of not only their original countries, but also as a consequence of their migration patterns among rural communities in the US. This study concludes with some recommendations for Latino gardener programs and initiatives.

Introduction

From 1990 to 2000 the Latino population in the U.S. grew 57.9%, and in 2001 Latinos were 12.5% of the total population in the country (Guzmán, 2001; Díaz & Guzmán, 2002).The growth was even more rapid in the Midwest (Díaz & Guzmán, 2002), particularly in rural towns with meat packing plants like Denison and Marshalltown, Iowa. Labor markets and local enterprises in both towns were affected by the new immigrants.

Beginning in 2005, Latinos in those two towns participate in farming and gardening programs organized by Iowa State University Extension, the Leopold Center for Sustainable Agriculture, Iowa Valley Community College in Marshalltown (MCC), National Center for Appropriate Technology (NCAT), National Immigrant Farming Initiative (NIFI), and M and M Resource Conservation and Development Council in Carroll and the Prairie Rivers of Iowa RC&D Marshalltown.

Latino gardeners and beginning farmers in these programs opened new opportunities of social, economic, and cultural integration in local agriculture and local food systems. In Marshalltown, two Latino gardeners and farmers were chosen from "COMIDA"[1] and its related course, Start Your Own Diversified Farm[2] at Iowa Valley Community College in Marshalltown, and two from the Community Gardens at the same college. In Denison, four respondents were chosen from Latino gardeners participating in the Denison Community Gardens.

I used the Community Capitals Framework (CCF) to identify elements that facilitate Latino/a involvement in these enterprises, the challenges, and the implications that these farming and gardening initiatives have within the Latino community and the larger community. The CCF includes seven types of

capital: natural, cultural, human, social, political, financial, and built (Flora and Flora 2008). By examining their interactions, we can understand which are more important and critical in the experience of Latino gardeners and beginning farmers in these two rural communities of Iowa. This framework provides tools for the creation of social inclusion that can make rural communities more socially just, and economically and environmentally sustainable.

Research Methods

I choose eight Latino/a immigrants gardeners and beginning farmers that participated in two different community gardens and in small-scale incubator plots in Denison and Marshalltown. I used purposive sampling to ensure different backgrounds in gardening and farming, different nationalities (Mexico, El Salvador, and Guatemala), different ages (from 32 to 57 years), and male and female gardeners.

In addition, I had informal conversations with many garden participants during 2008 and 2009, and in the fall of 2009 I carried out the eight in-depth interviews with six gardeners and two beginning farmers. I participated as organizer and interpreter (English to Spanish) in three classes organized for gardeners in the ISU Extension Office in Denison and in three meetings with the gardeners in their plots. I participated in the course Start Your Own Diversified Farm as a student and as organizer. Moreover, I had the opportunity to visit three of the four case study gardeners in their homes. My case studies include six community gardeners (Denison and Marshalltown) and two beginning farmers that had been gardeners in the past.[3]

Findings and Discussion

Human, social, and cultural capitals were mentioned by all of the participants in this study as the most important elements of their farming and gardening enterprises in these two rural towns of Iowa (See Table 1). Their agricultural knowledge and background, the cultural meanings that gardens have, and the importance of sharing both food and experience were mentioned by all the interviewees as the main motives of their participation in growing vegetables, fruits, legumes, and herbs in their gardens.

Human, social, and cultural capitals have a great role in gardening and farming among Latino/a gardeners and beginning farmers, and those capitals can mobilize, transform, and reinforce the rest of the community capitals.

In analyzing the interviews, I found that *natural, political, built and financial capitals* were not mentioned by the respondents as critical elements in their gardening experience.

Table 1. Number of times respondents mentioned each of the community capitals during the interviews.

Gardeners	Human Capital	Social Capital	Cultural Capital	Natural Capital	Built Capital	Financial Capital	Political Capital
Oscar	5	3	4	4	3	2	1
Guillermo	10	8	2	3	1	1	1
Pablo	8	9	3	2	1	1	0
Martin	5	4	4	2	4	3	1
Lucia	10	5	3	0	1	2	0

[1] County of Marshall Investing in Diversified Agriculture

[2] In Spanish: "Comience su propia granja diversa"

[3] Although the interviews were individual, sometimes I included husbands or wives as they were part of the team that participated in the same plot. The information from their partners was registered with field notes and informal conversations with them. In addition, for all of the participants I use pseudonyms to protect the confidentiality of the individuals interviewed.

Gardeners	Human Capital	Social Capital	Cultural Capital	Natural Capital	Built Capital	Financial Capital	Political Capital
Ricardo	6	11	4	1	2	1	0
Juan	4	7	4	0	0	2	0
Raul	10	6	2	3	1	1	0
TOTAL	58	53	26	15	13	13	3

Human capital: Agricultural Knowledge and Skills. In relation to the hypotheses, my findings about human capital confirm that Latino/a gardeners and beginning farmers have an agricultural background (initial human capital) acquired from both their home countries and the U.S. The specific knowledge about gardening and horticulture was mostly obtained from previous gardening experiences in the U.S., particularly in Iowa and/or from other gardeners.

Gardening and farming among Latinos serve to transmit agricultural and food knowledge (increase human capital) to new generations, relatives, friends, and other gardeners (both Anglos and Latinos). Based on the experience of these Latino/a gardeners and farmers, human capital and its strength can mobilize financial, natural, built, cultural, and social capitals.

Gardening, Farming and Building Social Capital. The results of this study confirm that social capital is one of the most important community capitals among Latino/a gardeners and beginning farmers and this capital can mobilize other capitals. Social relationships can represent either a positive or negative aspect in their gardening and farming experiences in Iowa and in their access to other community capitals. However, social relationships among Latino/a gardeners with the rest of the community not only motivate them to participate in gardening and farming programs, but also provide new opportunities for social integration and inclusion through sharing food and agricultural experiences. Although much of the literature about community gardens and participation of immigrants focus on social and historical processes, cultural traditions and adaptations by immigrant groups, the meaning of gardens, cultural expression, manifestations of urban activism, social capital, and planning (Lawson, 2005; Glover, 2004; Aponte-Pares, 1996; Kransy & Saldivar, 2004; Ogawa, 2009; Hou et.al., 2009), these studies do not explore the potential that sharing the produce and the experience can have in the social interaction between Latino immigrants and long-term residents. This study shows how gardening and fresh food can create bridging social capital to overcome the cultural barriers and establish rich relationships and cultural exchange between different ethnic groups.

Cultural Meanings. Among Latino/a gardeners and beginning farmers, cultural capital has an invisible role and is embodied in their motivations rooted in their "agri-cultural" background. Among these gardeners cultural capital includes the meaning rooted in farming culture, sharing, the revalidation of life in the countryside, food identity, and the use of public spaces. Gardens are more than recreational places or even more than the produce they generate; they are *"un pedacito del campo"* — a little piece of the countryside. Because farming and eating fresh food is an essential part of the Latino immigrant culture, the fact that they can have this experience in these rural towns enriches other capitals and consequently the whole society.

Conclusions and Recommendations

Human, social, and cultural capitals are the capitals that most benefit Latino/a gardeners and beginning farmers in Iowa. Human and cultural capital would appear to enhance social capital. All three capitals facilitate access to other capitals. Although Latino immigrants bring experience in diversified agriculture and an appreciation of local, fresh food, they need assistance focused on practices of horticultural and

agricultural production that are specific to the geographical and geological context of the region in which they currently live. Strengthening of human capital through the use of appropriate educational tools for this population can considerably improve their gardening success, because in this country they find many natural, economic, and cultural challenges that need to be solved with new knowledge and new skills. The focus on giving away rather than selling the produce by the Latinos is in sharp contrast to the focus on selling and profit of those offering the training. The validity of sharing as an end in itself must be recognized by the Anglo institutions organizing the courses. Spaces provided for learning and gardening allow the transmission of advice and support for healthier agricultural practices, appreciation of fresh and organic products and practices, and channels to access natural capital and high-quality agricultural inputs such as natural fertilizers or pesticides. Human capital, enhanced by education, can facilitate access to financial opportunities such as selling and marketing their produce. However, for all except one of the eight cases, financial gain was not a major motivator for increasing their gardening skills. Enterprises need to be based on the cultural meanings that gardening and farming have for the Latino community.

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▶ Poverty and Health of Children from Racial/Ethnic Minority and Immigrant Families in the Midwest

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Abstract

Using data from the 2007–2009 Annual Social and Economic (ASEC) supplement of the Current Population Surveys (CPS), this study explores the relationship between poverty and health of children from various racial/ethnic minority and immigrant families in the Midwest. Findings show that:

(1) Racial/ethnic minority children experience poorer health than non-Hispanic White children; (2) Increased poverty among children predicts poorer children's health; (3) Immigrant children have poorer health than natives; and (4) Second-generation immigrant children have poorer health than first and third-generation immigrant children. This study demonstrates the health disadvantages of Mid-western children from racial/ethnic minority families faced by poverty. The gap in children's health between non-Hispanic White and minority children persists even after accounting for the effects of immigrant status, poverty, family structure, parental education, health insurance coverage, and metropolitan/nonmetropolitan residence. Improving the economic well-being of all racial/ethnic and immigrant families would improve children's health.

Studies have shown the harmful influence of poverty on child health and development. Poverty has been linked to numerous negative outcomes for children, including physical health; educational achievement and development; emotional and behavioral problems and depression; and other consequences, such as teenage out-of-wedlock birth, child abuse and neglect, and violent crime (Aber, Bennett, Conley, & Li., 1997; Brooks-Gunn & Duncan, 1997; Duncan & Brooks-Gunn, 1997, 2000; Duncan, Brooks-Gunn, & Klebanov, 1994; Lichter, 1997; Malat, Oh, & Hamilton, 2005; McLeod & Shanahan, 1996; Petterson & Albers, 2001).

Race and ethnicity also continues to be a strong determinant of variations in health status (Williams & Collins, 1995). Health outcomes usually have multiple causes that can be either direct or indirect and are often interrelated and interactive (Kaplan & Bennett, 2003; Williams, 1997). Both racial/ethnicity and social class influence health through complex pathways (Geronimus, 2000; Kaplan & Bennett, 2003; Krieger, 2000; Williams, 1997, 2002; Williams & Collins, 2001).

Much of previous health studies research conducted with immigrants consistently found that acculturation is detrimental to health (Cho, Frisbie, Hummer, & Rogers, 2004; Hummer, Powers, Pullum, Gossman, & Frisbie, 2007; Landale, Oropesa, & Gorman, 2000). The basic premise of those studies is that culturally-based behaviors change over time and deteriorate as a result of acculturation (Ebin et al., 2001; Hummer et al., 1999; Landale, Oropesa, Llanes, & Gorman, 1999; Rumbaut, 1997).

The main objective of this study is to determine the main, relative, and combined influences of poverty, race/ethnicity, and immigrant/generation status on children's health in the Midwest. This study addresses three main research questions: (1) What is the influence of poverty on children's health? (2) What are the influences of race/ethnicity and immigrant/generation status on children's health? (3) To what extent does poverty account for racial/ethnic and immigrant/generation status gaps in children's health?

Research Hypotheses

The following hypotheses are tested: (1) Increased poverty among children of all racial/ethnic groups will predict poorer children's physical health; (2) The more difficult economic conditions faced by poor Latinos, African American, and Asian families will lead to poorer physical health among their children compared to non-Latino White children with equivalent poverty levels; (3) Immigrant children will have poorer physical health than others; and (4) Second generation immigrant children will have poorer health than first- and third-generation immigrant children.

Methods

This study uses data from the 2007–2009 ASEC supplement of the CPS. The following variables are used in the analysis: *Child health* — Respondents were asked, "Would you say your health in general is excellent, very good, good, fair, or poor?" Their responses were coded on a five-point scale, with 5 representing poor health and 1 excellent health. Because of fewer cases in the poor and fair categories among children, child health was dichotomized into "poor" health, grouping poor, fair, or good categories and "better" health for reports of very good or excellent health in multivariate analyses. *Child poverty* — Child poverty is defined as the share of children under age 18 who live in families with incomes below the federal poverty threshold, as defined by the U.S. Office of Management and Budget. A child is considered poor if family income-to-poverty ratio (IPR) is less than 1.25; *Race/ethnicity* — Race/ethnicity is constructed from child's race and Hispanic origin variables. First, Latino children are distinguished from non-Latino children. Latinos include Mexicans, Puerto Ricans, Cubans, Central Americans, South Americans, and other Latinos. For non-Latino households, race is categorized as White, Black, and Asian, including Pacific Islander, or other races (Native Indians or Alaska natives and mixed races). For this study, other racial groups were excluded in the analyses.

Immigrant/Generation Status. Children with at least one foreign-born parent are classified as the children of immigrants, and the remaining as children of natives. Children of immigrants who were born outside the United States are further classified as first-generation immigrant children. Children of immigrants who were born in the United States are considered second-generation immigrant children. Native-born children of native-born parents are considered third or higher generation. *Control variables* — The following socio-demographic and household characteristics were used as controls: child gender; child age; family structure; parental education; average parental age; health insurance coverage; and metropolitan/nonmetropolitan residence. Multivariate analyses use normalized household weight to compensate for the CPS sampling design.

Results

Table 1 presents the coefficient estimates from nested logistic regression models of poor health on child and family predictors. Model 1 estimates racial/ethnic disparities in children's health, controlling for child's age and sex, providing a baseline of comparison for subsequent models that add other explanatory variables. Mexican American children's odds of poor health are 2.29 [exp (.830)] those of non-Hispanic Whites. Other Latinos' odds are 1.5 those of non-Hispanic Whites. The odds of child poor health for African Americans are 2.38 those of non-Hispanic Whites and for Asians, the odds of poor health are 1.61 those of non-Hispanic Whites. The results in model 1 also indicate that the odds of poor health are 20% lower (100 x [1- exp (-.219)]) for children under six years and 14% lower for children ages 6–11 years than those of children ages 12–17 years.

Table 1. Logistic Regression Coefficients of Poor Child Health on Child Poverty

Variables	Model 1 Coeff. (SE)	Model 2 Coeff. (SE)	Model 3 Coeff. (SE)	Model 4 Coeff. (SE)	Model 5 Coeff. (SE)
Intercept	-1.721 (.028)***	-1.741 (.028)***	-1.878 (.030)***	2.621 (.095)***	-2.794 .096)***
Mexican[a]	.830 (.044)***	.548 (.057)***	.645 (.068)***	.373 (.072)***	.298 (.073)***
Other Latino[a]	.407 (.092)***	.261 (.094)***	.394 (.113)***	.228 (.115)***	.143 (.117)***
African American[a]	.869 (.036)***	.889 (.037)***	.828 (.052)***	.638 (.054)***	.579 (.055)***
Asian[a]	.474 (.077)***	.185 (.088)***	.129 (.102)***	.305 (.104)***	.297 (.105)***
Female[b]	-.046 (.027)***	-.043 (.028)***	-.046 (.028)***	-.046 (.028)***	-.046 (.028)***
< 6 years[c]	-.219 (.034)***	-.219 (.034)***	-.280 (.034)***	-.120 (.039)***	-.179 (.039)***
6–11 years[c]	-.148 (.033)***	-.151 (.033)***	-.187 (.034)***	-.092 (.035)***	-.114 (.035)***
First generation[d]		.214 (.109)***	.109 (.112)***	.234 (.113)***	.221 (.114)***
Second generation[d]		.405 (.055)***	.464 (.064)***	.505 (.066)***	.514 (.067)***
Mexican x first generation		.491 (.167)***	.529 (.169)***	.431 (.170)***	.388 (.171)***
African American x second generation		-.478 (.154)***	-.380 (.155)***	-.298 (.157)***	-.239 (.158)***
Child poverty[e]			.915 (.042)***	.558 (.046)***	.212 (.050)***
Mexican x child poverty			-.663 (.107)***	-.474 (.108)***	-.368 (.109)***
Other Latino x child poverty			-.755 (.202)***	-.653 (.204)***	-.581 (.204)***
African American x child poverty			-.475 (.076)***	-.406 (.077)***	-.300 (.078)***

	Model 1	**Model 2**	**Model 3**	**Model 4**	**Model 5**
Variables	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)
Asian x child poverty			.206 (.190)***	.014 (.193)***	.036 (.194)***
Second generation x child poverty			-.225 (.105)***	-.206 (.106)***	-.212 (.107)***
Two-parent family[f]				-.271 (.035)***	-.192 (.035)***
Less than high school[g]				.812 (.057)***	.574 (.058)***
High school[g]				.807 (.042)***	.624 (.043)***
Some college[g]				.555 (.039)***	.423 (.040)***
Average age of parents				.013 (.002)***	.013 (.002)***
Government health insurance only[h]					.759 (.044)***
Government + private insurance[h]					.683 (.040)***
Uninsured[h]					.625 (.062)***
Nonmetropolitan[i]					.152 (.035)***
Model χ²/df	803.82***/7	870.35***/11	1384.82***/17	1949.61***/22	2395.97***/26

*p < .05; **p < .01; ***p < .001

Notes:

  a. Non-Hispanic White = reference group
  b. Male = reference group
  c. 12–17 years = reference group
  d. Third-generation or higher = reference group
  e. Child poverty is defined here as family income-to-poverty ration < 1.25
  f. Single-parent family = reference group
  g. College education (i.e., Bachelor's degree or higher) = reference group
  h. Private insurance coverage only (i.e., provided by private employer or purchased) = reference group
  i. Metropolitan residence = reference group

Model 2 assesses the effects of immigrant/generation status on children's health. Second-generation immigrant children's odds of poor health are 1.50 those of third- or higher-generation children, and first-generation immigrant children's odds are 1.24 those of third- or higher-generation children. Immigrant/generation status is associated with poor child health for all racial/ethnic groups, especially first-generation Mexican, except for second-generation Blacks, as indicated by the negative interaction coefficients.

Model 3 assesses the effects of child poverty and the multiplicative interactions of child poverty and race/ethnicity on child health. The odds of child poor health are significantly higher for poor children than non-poor children regardless of race/ethnicity. When the comparison is restricted to non-Hispanic White of third-generation children (reference groups), the odds of poor health for poor children are 2.50 those of non-poor children. However, the effects of poverty on child health vary by racial/ethnic groups. Restricting the comparison to third-generation children, the odds of poor child health are in respective order higher for poor African American children, followed by those of Asian, Mexican, non-Hispanic White, and Other Latino children. Among the non-poor children, the odds of poor health are in respective order higher for African American children, followed by Mexican, Other Latino, Asian, and non-Hispanic White children.

Model 4 introduces controls for family structure, parental education, and average parental age while Model 5 controls for health insurance coverage, and metropolitan/nonmetropolitan residence. Children living in a two-parent family household and those whose parents have a Bachelor's degree or higher have relatively lower odds of poor health when compared to children in one-parent family household or those whose parents have less than a Bachelor's degree. For children covered by a government health insurance, a combination of government and private health insurance, or uninsured children, the odds of poor health are significantly higher than those of children with only private health insurance coverage. Living in nonmetropolitan as compared to living in metropolitan areas is associated with poorer child health.

Discussion

This results in this study reveal that: (1) Mexican American, African American, and to a lesser extent other Latino and Asian children experience poorer health than non-Hispanic White children; (2) The gap in children's health between non-Hispanic and minority children persists even after controlling for immigrant status, poverty, family structure, parental education, health insurance coverage, and metropolitan/nonmetropolitan residence; (3) Increased poverty among children of all racial/ethnic groups predicts poorer children's physical health; (4) Immigrant children have poorer physical health than natives; (5) Second-generation immigrant children have poorer health than first- and third-generation immigrant children; and (5) First-generation poor children suffer worse child health than second- or third- or higher-generation children, but at the higher end of the income spectrum, second-generation children experience worse child health than first- or third- or higher-generation children.

These results reveal the health disadvantages of Midwestern children from racial/ethnic minority and immigrant families living in poverty. Improving the economic well-being of all children, i.e., tackling the issue of poverty, would improve child health and the overall well-being of tomorrow's adults. Improving the economic well-being of immigrant children, especially second-generation immigrant children, would enhance their health. This will require, among other things, highlighting the importance of healthy lifestyles and reinforcing native and ethnic values and norms that support healthy lifestyles. Other significant factors of children's well-being suggest improving parental education and providing health insurance coverage.

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▶ The Impact of Social Networks on Well-Being: Evidence from Latino Immigrants

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Introduction

Latino immigrant population in the rural areas has exploded in the last decade; and along the years, many researchers have looked at this phenomenon in many angles. The overall motivation for this research has been the overwhelming diverging ideas about the importance of Latino newcomers in rural regions, and how these Latinos sustain their well-being once in these communities. The impacts, according to the literature, have been either positive or negative. The positive impacts have been, to mention but a few, that Latino immigrants help in income generation and socio-economic survival of rural areas; they help improve the diversity of rural regions, while supplying labor for necessary work in large food processing plants; they help improve the job prospects of locals through indirect and induced effects on local businesses. The negative impacts have been, to mention but a few again, that Latino immigrant deplete local resources, which could be better used elsewhere; their presence creates downward pressure on wages of low skilled local workers (Borjas, 1999) thereby crowding out local labor force.

In light of these positive and negative impacts, there have been also some contradictory justifications on how most Latino immigrants sustain their well-being once in these communities. For instance, some researchers have suggested that Latino immigrants make heavy use of social welfare in order to sustain their well-being. However, the current provisions of the law does not provide for it. Since 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) has very strict provisions in regards to who should receive welfare assistance. Alternatively, some researchers assert that Latino immigrants use their own resources to sustain their livelihood. However, this suggestion too is a little unrealistic given that most Latinos earn incomes that are at or below the poverty line as defined by the bureau of labor. In this research, we suggest that there is a third way Latino immigrants might be sustaining their livelihood: using their social networks. However, there is a scarcity of quantitative studies assessing how Latino immigrants use their social networks to sustain well-being.

Objectives of this study

- The main objectives of this study is develop an economic model to assess the impact of social networks on well-being; and
- Comparatively assess the impact of regional social networks on Latino immigrants' well-being.

Questions

- Does social capital influences Latino immigrant householders' well-being?
- Are there localized effects of social capital on Latino immigrant householders' well-being?

Hypotheses

H_1: Social (network) capital has a positive impact on well-being;

H_2: There are regional impacts of social networks on well-being.

Theoretical social network literature

Social networks analysis in the social sciences field has mostly taken two approaches: formal and informal social network analysis. Formal modeling uses random graph theory and the economic approach under the auspices of game theory literature (Jackson, 2007). The informal approach, mostly favored by the social sciences, is also subdivided in two: (a) equilibrium networks; and (b) social capital approach (Goyal & Vega-Redondo, 2005). Equilibrium approach uses game theoretic principles (Slikker & Van den Nouweland, 2001). and the social capital approach uses a multidisciplinary method to address the effects of social resources on economic and other livelihood outcomes. Mark Granovetter's work gave a new dynamic to the study of the impact of social networks in the labor market (Granovetter, 1973) and gave rise to the concepts of strong (bonding) and weak (bridging) ties of social capital; later on a third form of capital was added to the list: linking social capital. These capitals refer to the inner circle or close, familial contacts (bonding); to the friends and colleagues (bridging); and to the relationship of power (linking) (Woolcock, 2001).

Social capital has been defined as "resources embedded in relationships among households that facilitate productive capacity of households (Lin, 2001, p. 14)," researchers have operationalized social capital by focusing on specific aspects of the relationships embedded in the social capital concept. These aspects are associational activity, information sharing (social relations), trust, and reciprocity (Van Ha, Kant, & MacLaren, 2004). This emphasis on the aspects of relationships focuses on actual or potential benefits, which could be obtained from formal or informal social networks (Burt, 1992). This approach distances itself from conceptualizing social capital as a public good as theorized by Coleman (1988); instead the approach conceptualizes social capital as a household good that could be used to instrument utility (Glaeser, Laibson, & Sacerdote, 2002; Ioannides & Loury, 2004). Assuming that social capital is a household good allows an easier transition to a production function framework.

Empirically, social (network) capital has been measured mostly in three ways: (a) assessed through membership in groups and inferred benefits; (b) benefits accrued to individuals through contacts; and (c) indirect benefits from potential social capital sources. This third way is the one used in this study to assess social capital.

The well-being literature

Well-being refers to the quality of life that an individual leads. Many economic studies tend to concentrate on the level of income that a householder has because it is assumed that it gives an indication

of access to goods and services (Krugman & Obstfeld, 2005; Mankiw, 2008; Pindyck & Rubinfeld, 2008); as such, empirical research in economics has measured well-being mostly through the use of economic indicators that affect the level of a householder's income (Dasgupta, 1995). These factors are the 'objective criterions' of well-being. Scanlon (2003, p. 75) defines an 'objective criterion' of well-being as "[…] a criterion that provides a basis for appraisal of a person's well-being which is independent of the person's tastes and interests." Examples of the objective criterion used in economics are money income, wealth, or a variation of thereof such as GDP, and income per capita.

However, the concept of well-being transcends a single discipline (Frey & Stutzer, 2002). Lately, advances have been made in the assessment of subjective well-being. This is relevant because recent empirical studies have challenged the concept of objective measures, especially the main proxy, income (Easterlin, 2003; Frey & Stutzer, 2002); additionally, it has been hypothesized that, in most western countries, economic growth has not been perfectly correlated with well-being increases (E. Diener & Oishi, 2000; Easterlin, 2003). Finally, studies have revealed also that income per capita does not correlate very well with well-being in western economies (Helliwell, 2003). The central argument for the development of a subjective well-being measure relates to the contextual factors that influence how an individual uses resources (Scoones, 1998), which in turn affects the end result: well-being. These contextual factors vary by individual, thus making the constituted measure highly variable, i.e., "Subjective Well-being" or SWB (Kim-Prieto, E. Diener, Tamir, Scollon, & M. Diener, 2005). This concept of SWB is necessarily complex, possessing many components and can be estimated in different ways as opposed to the objective approach. This concept introduces the idea of "a global assessment of life and its facets", thus effectively evaluating life based on "personal judgment of satisfaction and quality of life" (Kim-Prieto et al., 2005: p. 263).

The bulk of research being done in these areas has fallen in the category of "happiness" research (Frey & Stutzer, 2005a). There have been two different approaches used to gather information necessary to create SWB measure. The first approach consists of asking a single question "how happy are you, all things considered?"; and the second approach creates a latent variable through a set of questions that are designed to assess each specific facet of life, thereby creating the Personal Well-being Index (Frey & Stutzer, 2005b, 2005a). The latter approach has been favored in the empirical literature due to the specificity of the factors assessed by each manifest variable (The International Well-being Group, 2006).

Data and study areas

The data being used in this study was collected in a household survey carried out in different regions in non-urban Missouri. For the sake of confidentiality, these areas are going to be called region A, B, and C. Region A is located in the central region of Missouri, has approximately 20,000 inhabitants of which 5.6 % are Latinos; most of them are employed in manufacturing plants, service sector (retail and wholesale) and a very large food processing plant. Region B is located in northern Missouri; has a population of 2,000 of which 22% are of Latino origin; the largest employer is a meat processing facility. Region C is located in southwest Missouri and has a population of 6,000 of which 4% are Latinos. The largest employers are the service, hospitality and tourism industries.

Theoretical framework

The framework for livelihood analysis suggests that households use different strategies in order to allocate resources, and this resource allocation, which follows the principle of assets that leads to outcomes as mediated by processes or activities, can be used to produce home goods through a household production process. Formally, in order to simplify the analysis, household well-being, W_H, is a function

of the head of the household's utility function. The said utility function will be a function of a vector of aggregate consumption, C, a vector of home produced goods, Z, and household specific endowments, D, and the unobserved variability, θ. This utility function is presented in equation (1).

(1) $W_H = U(C, Z; D, \theta)$

Home produced goods, Z, are a function of a vector of market goods, X, social network use, k_s, time used to produce z-goods, l_s, other household endowments, D, and an unobserved variability, τ; this is presented in (2). Social networks enter the equation indirectly and directly. First, it enters indirectly through the acquisition of information necessary to purchase market goods, X, used in the production of z-goods. Secondly, it enters the equation directly by providing an alternative method of producing the entire z-good. For instance, some households may outsource the production of the z-good to an acquaintance (cooking meals while they are at work or raising their children in some other community while they are working here):

(2) $Z = Z[X(k_s), k_s, l_z; D, \tau]$

The difference between X and C goods is that there are goods that are purchased ready to be consumed and other goods that don't need extra inputs from the householder before being consumed. The *C-type* goods are thought to provide direct utility to the householder. Goods such as books, which are ready to be consumed in the form purchased, qualify for goods in C; while raw potatoes, which need to be cooked first by the householder, qualify for goods in X.

Empirical framework

There were two empirical models used in the estimations. The first hypothesis used the Ordinary Least Squares (OLS) method. The second hypothesis used a combination of the multinomial Logit model and the analysis of variance or ANOVA. For the OLS, using the implicit function theorem, the model specified above could be transformed into a linear form and estimated using the OLS method. Under these postulates, the model could be represented in the following form:

(3) $W^* = \beta D + \gamma ks + \lambda(C\pi) + \varepsilon$

In the equation presented above W^* represents well-being and it is unobserved, thus the star. The well-being variable is measured using the average of seven manifest questions of the Personal Well-being Indicator (PWI). The vector D, represents the demographic variables and capitals (excluding social); k_s, represents social capital, $C\pi$ represents the Inverse Mills Ratio (IMR); the ε represents the random error.

For the multinomial Logit model, the dependent variable was the different industries that employ Latinos in the region. The process compares industries with the default, which normally is a significant employer in the region. For the ANOVA the dependent variable was well-being; all variables used in estimations are presented in tables 1 and 2.

Table 1. List of variables used in OLS analysis

Variables	Description
Dependent:	
Subjective Well-Being	PWI: Average of 7 manifest variable scored on 0 – 10 scale
Independent:	
Gender = Female	Household gender: Females modeled
Currently working	Work status: 1 if yes, 0 otherwise
Legal res = not legal and other	If has legal residency documents: 1, 0 otherwise
Gov assistance	If receiving SSI, WIC, or Food Stamp: 1, 0 otherwise
Alt source of income	Income other than wage or Gov. assistance: 1, 0 otherwise
Done extra work	If possesses other job (or done so in past): 1, 0 otherwise
Use of the Family network	If has used family network: 1, 0 otherwise
Use of the Friendship network	If has used friend network: 1, 0 otherwise
Use of the Religious network	If has used religious (or church-related) network: 1, 0 otherwise
Community network use	If has used community center network: 1, 0 otherwise
Member of a recreational group	If member of recreational group: 1, 0 otherwise
Member of any informal group	If member of informal group: 1, 0 otherwise
Member of any religious group	If member of religious group: 1, 0 otherwise
Member of formal group	If member of formal group: 1, 0 otherwise
Family first lodging	If family member provided lodging when arrived in region: 1, 0 otherwise
Marital St. (single default)	Household marital status: 1 if married, 0 otherwise
Trust in the community	If trust individuals in the community: 1, 0 otherwise
Age	Householder's age, in years
Job tenure	Length of time at this current job, in years
Length of residence	Length of residence in community, in years
Mobility	How many community has lived before moving in
Anglo-accult	Anglo acculturation score, an average of 12 items
Latin-accult	Latin acculturation score, an average of 12 items
Socio-Envir.	Community Perception: socio-environmental context, average of 12 items
Race & Discr	Community Perception: Racism and discrimination context, average of 9 items
Lang- Press	Community Perception: Language Pressures context, average of 7 items
Cultural Capital	Cultural capital, an average of 6 items on the cultural identity scale.
Educational Level	Educational attainment, in years
Ttime in the US	Total time spent in the U.S.A.
Age sq.	Age of the householder squared
LogInc	Linear logarithm of the total household income

Table 2. Variables used in the assessment of hypothesis 2.

Hypothesis H₂(a)	Hypothesis H₂(b)
Dependent: Occupation or industry working	**Dependent:** Well-being (PWI)
Independent: Age Education Non-properly documented worker Anglo acculturation Latino acculturation Context: socio-environment Context: language pressures Gender: male Family source of information Friends source of information Employer source of information	**Independent:** Non-properly documented worker Low skill level of worker Education Context: socio-environment Context: racism and discrimination Context: language pressures Cultural capital Gender: female

Results

The study was subdivided into two, following the hypotheses defined above. Due to constrain of space, only positive results for both hypothesis test are *described* here. For hypothesis one, social capital was found to have a significant positive impact on well-being. That is, bonding and bridging were significant; however, linking social capital was not significant. Belonging to formal and informal groups does not significantly influence well-being, while being part of a religious group does influence well-being in a positive way. In relation to the demographic variables, being female has negative effect; being a citizen has positive effect; age is positively correlated with well-being; living in region B has a positive effect; and positive social-environment context has a positive effect on well-being.

The second hypothesis was subdivided into two: the first part of the hypothesis tested the effect of source of information on the type of occupation, and the second part tested the effect of skill level on well-being. This was meant to test the regional impacts of social networks on well-being. For the hypothesis H₂(a) the results are subdivided by regions. For region A, the results are in comparison to poultry processing. The results indicate that those who use friends as source of information about jobs are 1.8 times more likely to be employed in industrial sanitation than poultry processing; and are also 1.3 times more likely to be employed in family business. Those who got their information from family sources have higher odds of being employed in restaurants, family business or industrial sanitation. Finally, those who have obtained their job information from employers are more likely to work in construction or sanitation rather than poultry processing. For region B, industrial sanitation was also used as default. Those who used friends as source of information were less likely to work in family business (65%), construction (32%) and more likely to work in meat processing (12%). Those who got information from family are more likely (7%) to work in family business. Those who obtained their information from employers are more likely to work in meat processing (35%). In region C, hospitality, service and tourism was used as default. By comparison, those who have obtained their information from friends were less likely to work for construction (34%), and family business (43%). Those who obtained their information from family are more likely to work in construction (60%), and family business (65%).

In relation to hypothesis H₂(b), in region A, cultural capital was the only variable that significantly contributed to the variation of well-being levels. In region B, legal status, skill level, socio-environment, racism and discrimination, and language pressure context significantly contributed to the variation on the

level of well-being. In region C, socio-environment and racism and discrimination climate are the only variables that contributed to the variation in the level of well-being.

Implications

From the results presented above, it could be seen that social networks influence well-being levels of Latino immigrant householders in non-urban Missouri. These results suggest also that the source of information influences the type of occupation that a householder ends up getting in these communities. Additionally, the second part of hypothesis 2 suggests that in most cases the skill level, (except in region B) does not really matter in terms of well-being.

So the impact of social networks is instructive in assessing the impact looking at short and long term. In the short term, social networks provide material and emotional support to newcomers. This allows newcomers to have extended job searches, thus increasing the probability of obtaining a job, which influences well-being. Additionally, the support also provides a sense of belonging to the Latino immigrant arriving in an inhospitable community. In the long term, however, these networks tend to lock Latinos in a negative loop of dependency and low-skill employment. For instance, the networks they currently have tend to be fairly closed and don't provide access to the resources they really need to improve their human capital. If they were part of other networks where these resources were accessible, then the networks would be more valuable to their human capital development (Woolcock, 2001), thus leading to better jobs and subsequently higher well-being. The localized effects of networks on Latino well-being suggest that the sense of achievement, i.e. having a job in the US, is more important that the type of occupation given that the skill level does not matter. This localized network effect suggests also that, indirectly, Latino newcomers move to find a job, contrary to most of those who move for a *better* job.

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▶ The Role of Acculturation, Context of Reception and Capitals Affecting Economic Integration of Latino Newcomers to the Midwest in 2009

Corinne Valdivia and Pedro Dozi, University of Missouri
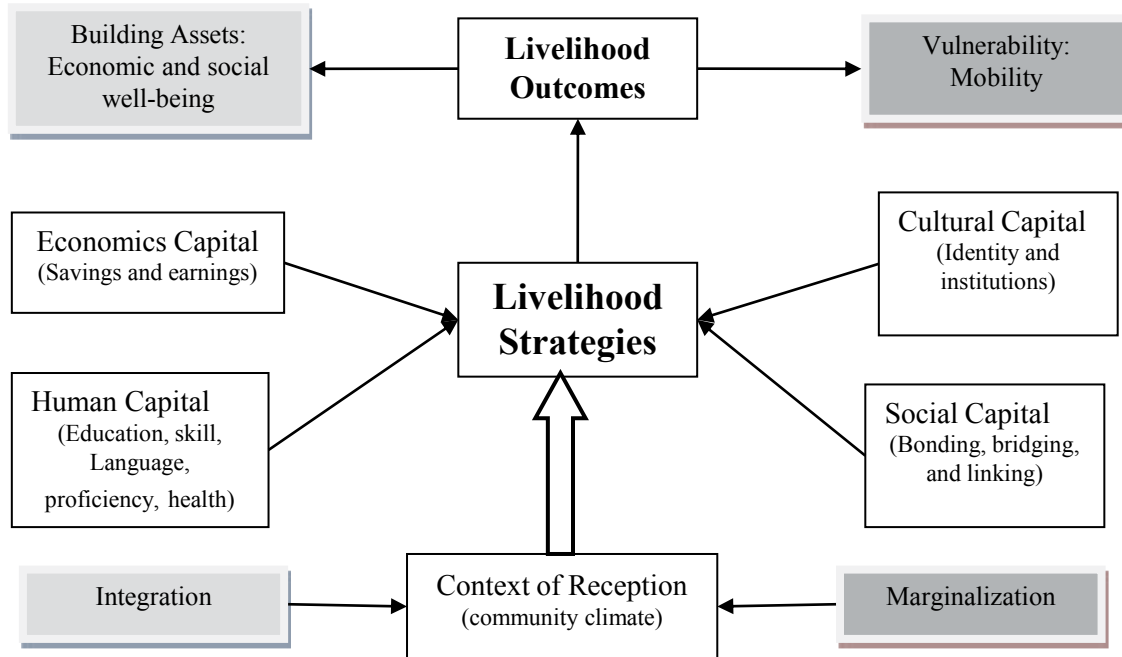
Introduction

Latino immigration to rural areas of the Midwest increased during the 1990s. Most of these changes in migration patterns have been attributed to the high demands for labor in mostly manufacturing and food processing companies. Alternatively, Latino immigration to the rural areas have been credited to the alleviation of decades of population decline, and contributed to the economic vigor of rural communities by increasing the economic activity and introducing indirect and induced demand for goods. We hypothesize that having an understanding of the factors that influence the integration of newcomers is crucial for the process of well-being and the sustainability of rural communities. This paper assesses the impact that acculturation, context of reception, selected demographic characteristics, and specific capitals have on income earnings of Latino immigrants in rural areas of Missouri.

In developing the hypotheses for this study, the impacts of independent variables on the dependent variables, we have followed the postulates of the literature. Previous studies have found that Latino immigrants move in search of work (Dozi & Valdivia, 2006) and that this mobility has a negative effect on income earnings of those Latinos that were born outside of the U.S.A. The context of reception variable has been found to have a negative effect on income earnings of Latino immigrants in rural areas of Missouri. Additional variables have been found to have the following impacts: social capital, education, and acculturation have positive effects on earnings of Latino immigrants, while being a female has a negative effect on income earnings in rural areas of Missouri.

Data and Theoretical Framework

Through the period 2008-2009 a household survey was conducted in three regions of the Midwest experiencing distinct labor pull factors. A questionnaire was developed using a livelihoods strategies framework (see Figure 1). This framework acknowledges the impact of economic variables, as well as social-cultural factors, due to the characteristics of the newcomers, Latino households, which often are foreign born. Unique characteristics of this ethnic group— foreign born, of a rural origin, with lack of English ability, and cultural norms of reciprocity and informal networks— are some of the factors why the sustainable livelihoods framework can contribute to our understanding of what makes it possible for Latinos to settle and integrate. A proxy for the ability to integrate is the income earnings from employment in the community.

Figure 1. The Strengths-based Model Framework.

Building Assets: Economic and social well-being	←	**Livelihood Outcomes**	→	Vulnerability: Mobility

Economics Capital (Savings and earnings) → **Livelihood Strategies** ← Cultural Capital (Identity and institutions)

Human Capital (Education, skill, Language, proficiency, health) →

Social Capital (Bonding, bridging, and linking) ↖

Integration	→	Context of Reception (community climate)	←	Marginalization

One of the novel elements of this research is the inclusion of acculturation in Latino newcomers to the local culture. Acculturation is the process by which individuals adjust to people and cultures they meet and the resulting influences on their livelihood. The process of acculturation is multidimensional, necessarily resulting in four types of acculturation: integration, assimilation, separation and marginalization; these are represented in Figure 2.

Figure 2. Berry's Multidimensional Acculturation Process.

High

Integration   *Assimilation*

LATINO
High   Low

Separation   *Marginalization*

ANGLO

Low
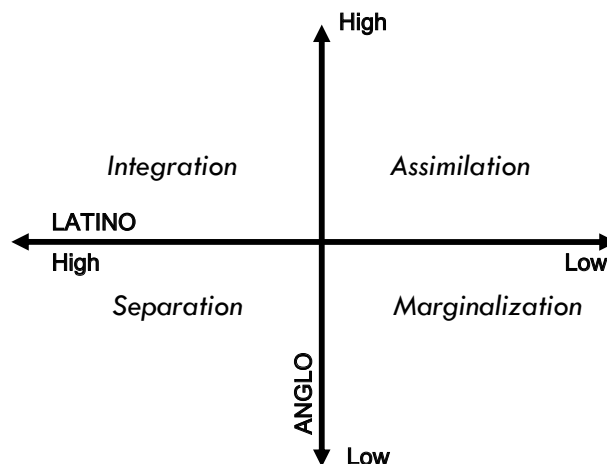
In relation to Latinos, these are subdivided into Anglo and Latino acculturation. When an individual is integrated if he has high values in both acculturations, ; high Anglo and low Latino results in assimilation; high Latino and low Anglo results in separation; and finally, low of both results in marginalization.

Empirical Approach

The empirical model used in order to estimate the impact of context and social capital on household's income earnings is specified as follows:

$$(1)\ H_i = \beta SC + \alpha Z + \gamma X + \varepsilon$$

In this empirical model H_i is income earnings of household i; SC_i is an index of social capital of householder i; Z_i is a vector of household i characteristics; and X_j is a vector representing community j climate characteristics as perceived by the Latino householder; and ε is the error term. Even though social capital is represented in the empirical equation as an index, this was only done for the ease of representation. The actual approach followed here was to identify the necessary variables and include these directly in the estimations. Social capital has been separated into different types. This was done in order to help in the process of identifying which type of social capital has more influence on well-being. The types used here are: (a) bonding; (b) bridging; and (c) linking. Each of these was assessed by asking questions related to each concept. Structurally this could be represented as follows:

$$(2)\ SC_i = K\alpha + v \qquad i = bonding,\ bridging,\ linking$$

In this representation, K is a vector of characteristics influencing householder's use of social network; and α is a vector of unknown coefficients; and v is associated random error. One of the issues arising with this type of specification is the possible existence of multicolinearity. To address this issue, this research takes the approach of using the independent variables of each type of social network directly into the main equation, as exposed earlier. Repeated variables are used only once in order to remove redundancy. Plus, the theory helps differentiate the impact of each dependent variable on social network by using weights on specific variables; these are specified next. Thus, the final specification is as follows:

$$(3)\ H_i = \beta K + \alpha\ (ZK) + \gamma X + (\varepsilon + v)$$

In this specification, the vector K is split into two because there are demographic characteristics that influence household income and social capital use on the one side; and there are factors that are specific to social capital use on the other side. Data for this study includes 3 regions of Missouri, obtained from a household survey of 460 Latino/a individuals in non-urban areas of Missouri, collected in 2009.

As mentioned above, previous study shows that Latino immigrants move in search of work mostly; and mobility has a negative impact on foreign-born Latinos' income. Thus, mobility is hypothesized to have a negative impact on the income of those Latinos that are not properly documented, given that they are more likely to be foreign born. A composite measure of the social capital is hypothesized to have a positive effect on earnings. Preliminary study shows that integration and assimilation categories of acculturation are positively correlated with well-being; therefore these are hypothesized to affect income positively. We expect context of reception to have a negative effect on earnings, social capital to have a

positive effect, education is expected to have a positive effect on earnings, and acculturation (bicultural and assimilation) a positive effect. Gender is expected to have a negative effect on income earnings.

Table 1. Variables used in the OLS estimation

Household income	Household income considering every member's contribution
Age	Age; measured in years
Gender	Gender; 1 = Male and 2 = Female (females modeled)
Education	Educational level; measured in years spent in school
Bicultural/integrated	A measure of acculturation; assessed by high levels of Anglo and Latin acculturation
Anglo Acculturation	Measures the Latinos affinity with local Anglo culture
Latin Acculturation	Measures the Latinos affinity with own culture
Socio-Environment	Assesses Latinos perceived context of reception in relation to the community; average of 12 items
Racism and Discrimination	Assesses Latinos perceived context of reception in relation to discrimination and racism context; average of 7 items.
Language Pressure	Assesses Latinos perceived context of reception in relation to English language context; average of 6 items.
Bonding	Social capital strong ties; measured by those householders who have used their strong ties for personal gain;
Bridging	Social capital weak ties; measured by those householders who have used their weak ties for personal gain;
Linking	Social capital upward ties; measured by those householders who have used their upward ties for personal gain;
Mobility	Those householders have moved; assessed by the number of times a householder has moved within the US.
Cultural Capital	Assess Latinos attachment to own culture; average of 6 items
IMR	Inverse Mill's Ratio; introduced to correct for selectivity bias.

Results and Discussion

The results are expected to influence our understanding of how assets and community context, acculturation and agency influence economic integration of Latinos in their community. As exposed above, this study used Ordinary Least Square (OLS) regression in order to estimate these impacts. The results of the analysis are presented in table 2 below. From the results, could be seen that age, bicultural, social capital (both bonding and bridging), and Anglo-American acculturation had a significant positive impact on income earnings and thus economic integration in these communities. Alternatively, mobility, being female, racism and discrimination context of reception had a negative significant impact on income earnings.

Table 2. Results of the empirical estimation

Variables	Unstandardized coefficients		Std. coeff.	T	Sig..
	B	Std. Error	Beta		
(Constant)	3.877	1.005		3.859	.001
Age	.027	.008	.169	3.523	.001**
Bicultural	.346	.199	.089	1.738	.081**
Cultural capital	.005	.017	.013	.277	.782
Context: socio environmental	-.033	.124	-.013	-.268	.789
Context: racism and discrim.	-.090	.051	-.065	-1.764	.076*
Context: language pressures	-.055	.084	-.040	-.661	.509
Linking social capital	.196	.204	.056	.960	.338
Bridging social capital	.200	.074	.058	2.703	.029**
Bonding social capital	.409	.207	.117	1.974	.049**
Latino acculturation	.110	.185	.049	.597	.551
Anglo acculturation	.710	.187	.181	3.803	.001**
Mobility	-.082	.044	-.047	-1.864	.067*
Educational level	.107	.162	-.031	.663	.508
Being female	-.089	.029	-.174	-3.111	.002**
IMR	.041	.050	.038	.830	.407

$F = 5.503$; Sig. <001; N = 444; Adj R^2 = .120; **Sig at 5%; * Sig at 10%

The results also suggest that social networks might facilitate economic integration by providing newcomers with temporary support for extended job search. That is, if a newcomer has lost his/her job network members might provide shelter and help with food while an individual looks for work.

Conclusions

This study was carried out in order to estimate the impact of acculturation and context of reception on economic integration as proxied by income earnings of a household while controlling for specific demographic variables. It was observed that age, bicultural, social capital, and Anglo-American acculturation had a significant positive impact on income earnings and mobility, being female, racism and discrimination context of reception had a negative significant impact on income earnings.

The fact that Anglo acculturation was significant points to the importance that Latino newcomers place on being part of the community they have just moved into. The impact of racism and discrimination

context of reception points to the fact that there are economic gains to be had when prejudice towards people of different cultures is addressed. Addressing prejudice in the community ends up facilitating economic integration of these people of different cultures. The study has also suggested that social networks are considered as alternative sources of access to resources by Latinos. It was suggested that policy makers and community members should take into account the economic impacts of these mechanisms if they are to improve economic integration of Latino newcomers.

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▶Promotoras de Salud: A Health Literacy Approach to Improving Immigrant Access to Health Care

Stephen Jeanetta and Jamie Christianson

Introduction

Latino newcomers face a myriad of health care challenges when settling in the Midwest. Issues often include difficulty understanding how the health systems function and knowing where to go for health services, lack of adequate insurance, difficulty speaking English, and little understanding of health issues such as diabetes, HIV and dental care. The Promotoras de Salud program at Centro Latino de Salud y Educacion, in Columbia, Missouri, was implemented in 2008 to help the burgeoning number of Latino newcomers to mid-Missouri better understand and address the issues affecting their health and improve their overall health literacy.

According to Health Literacy Missouri, a nonprofit organization established to improve the health literacy of Missourians, health literacy means "the ability to make good health decisions in everyday life" (HLM, 2010). The Promotoras de Salud project focuses on improving the capacity of Latino newcomers to mid-Missouri to make better health decisions by establishing a means of connecting newcomers to the information and resources they need to make better decisions. "Promotoras de Salud" (Community Health Workers) is a social intervention model for improving health literacy by developing partnerships between providers of health care services and community members. Promotoras have played the role of the educator, helping people learn how to prevent or manage a health condition (Balcazar, et al, 2009). They have helped people navigate the health system and reduced the barriers they face in accessing treatment (Dohan & Schrag, 2010) by acting as a bridge that connects community members to the resources and information they need to make wise health choices.

The Promotoras de Salud program at Centro Latino primarily serves Latino working class, low-income

immigrants from Mexico and Central America. Promotoras are bilingual, trusted members of the target community with access to those who need the services. They work through Centro Latino, a trusted resource in the Latino community, and collaborate with a range of health care providers and community educators to develop health literacy resources, provide a framework for accessing resources, and facilitate access to health services. The program was developed as a collaborative effort between the University of Missouri and the Centro Latino with funding from the Missouri Foundation for Health.

The Promotoras de Salud program consists of one health coordinator and two half-time staff Promotoras (health promoters), who are responsible for implementing the program. The program consists of three elements: 1) developing educational resources and training, 2) creating outreach strategies and developing linkages to community resources, and 3) development of a support system that facilitates access to health care services available in the community.

Developing Educational Resources and Training

Promotoras de Salud provides education to the Latino community through educational workshops, one-on-one consulting and conversational lunches. A curriculum has been developed and piloted in the educational workshops that can be used as a resource for the Promotoras in a variety of educational contexts. The Promotoras de Salud program identified ten key educational programs to develop in an effort to improve health literacy in this community. These included: dental care, family planning, HIV/AIDS prevention, obesity prevention, diabetes prevention, MedLine Plus, ParentLink, Ask Me Three, stress reduction, and managing cholesterol. The Promotoras have been responsible for the creation and facilitation of 10 educational workshops, one for each of the 10 key health literacy issues. Currently, at the time of this paper, seven of the 10 workshops have been developed. The curriculum for each of the 10 health literacy issues consists of the following components: a video of the workshop facilitated by the Promotoras (Spanish only), a bilingual transcript, a bilingual power point presentation, bilingual handouts and pamphlets, bilingual instructions for a related activity, bilingual pre-tests and post-tests, and a list of additional resources. The curricula resources may be used in a wide variety of venues and programs such as formal workshops, short programs at health fairs, neighborhood or community meetings and even in one-on-one counseling. Participants in workshops designed to pilot the materials have appreciated the local nature of the curriculum and the use of area facilitators. For example, the presenters in the videos included the Promotoras and other local health resource people that participants can follow-up with directly for more information.

The curricula are being piloted through workshops held on each of the 10 topics. The groups have been small with an average of about 10 participants per workshop. The sample is too small to generalize, but the post-test results did show considerable learning around the specific items measured using the pre/post test instruments. For example, goals of the obesity workshop included ensuring participants could define obesity, understand what it means to be overweight and learn how to maintain their weight. The pre-test showed that 71% could not define obesity, 86% did not know what it meant to be overweight and 43% did not know how to maintain their weight prior to the workshop. The post-test showed, that 57% could define obesity, 86% understood what it meant to be overweight and 100% indicated they knew how to maintain their weight. Results were similar for each of the 10 modules.

The Promotoras identified a need for an informal atmosphere where health issues can be discussed, debated and resolved among peers. Many members of the Latino community are more comfortable, and tend to learn better, in an informal setting rather than a formalized workshop. The Promotoras addressed this concern by convening weekend luncheon sessions where they had informal discussions about health, accessing health care and addressing the health issues confronting participants. These sessions served

as an effective educational forum: creating stronger ties among the participants, increasing community trust levels for the Promotoras, and providing a sounding board for discussing new issues and ideas that affected the health of the participants.

Outreach Strategies and Community Linkages

Outreach strategies have been used to facilitate the development of the Promotoras de Salud program in two ways. The first has been to reach out to health providers and other health resources in the community so that the Promotoras have the avenues they need to effectively guide their clients to the right places. The second has been to build relationships into the Latino community to ensure that Latinos know about the program and are able to access the services of the Promotoras.

Outreach to Health Providers. An advisory board that included many of the health resources in the community was created. This enabled the program to keep them up-to-date on the project and obtain advisory board feedback on how to effectively work with the health resources in the community. Advisory board members also served as points of contact in their organizations, shared ideas on how to connect with others, assisted with workshops, provided input to the overall effort and represented the program to the broader community. The advisory board played a critical role in the initial stages of program development and provided a consistent source of support.

Another means of connecting to health resources included having the Promotoras spend approximately 20% of their time (in the first few months) working with the providers they were most likely to utilize once linking people, places, and providers actually began. The Promotoras were able to develop a better understanding of the health resources each health care provider offered; the providers learned how the Promotoras can better support their efforts; and both were better able to help the Latino community access health care resources. For example, dental care is a service that many Latino newcomers do not know how to access. There is one clinic that offers services to low-income and uninsured families, but they do not have regular access to an interpreter. While working with this clinic it was learned that even the Latinos who are able to get appointments often do not show up. The clinic was unable to follow-up with the clients to find out what the problem was, and, as a consequence, they had a number of vacancies in their appointment calendars. Promotoras were able to find out why this was happening; if there was no pain the day of the appointment, many Latinos would not go--thinking the problem had solved itself. Promotoras were also able to get the clients to the clinic, follow up with the clients to make sure they followed through with their treatments, and reduce the number of "no shows" the clinic was receiving.

The Promotoras have also strived to make the program accessible through the community. The Promotoras de Salud program developed resource materials including a power point presentation, tabletop display and brochures used to help providers and other organizations better understand the aims of the program and the range of services provided. Promotoras conducted workshops and in-service programs for local health programs, appeared on television, and presented at conferences and health fairs in an effort to let the broader health community understand the services available to them through the Promotoras de Salud program.

Outreach to the Latino Community. This outreach included things like public service announcements on the radio, monthly newsletters, health fair booths, social service coordination meetings, faith-based outreach projects, community gatherings and events, and ongoing networking.

Another Latino community outreach strategy included engagement through the churches. Several

churches in mid-Missouri have large Latino congregations and the Promotoras established connections with the clergy and staff who were willing to connect the program to the Latino portion of their congregations. Promotoras have conducted workshops after services, participated in church health events and advertised in church bulletins. Promotoras have also attended en masse presentations at community gatherings and events whenever possible. Staying involved in the community, attending community events and participating in ongoing networking creates opportunities for the Promotoras to regularly share program information, make important connections in the community and health service field, and identify new and innovative ways to address the Latino community's health literacy needs.

Facilitating Access to Health care Services

An important role of the Promotoras has been to serve as health navigators. Navigators are effective in reducing barriers to health care access (Dohan & Schrag, 2010). The Promotoras serve as health navigators in three ways. First, they provide medical referrals to Latinos looking for health care services; second, they serve as translators in a variety of health care contexts; and third, they help Latinos gain access to social services. Through the first 18 months of the program the Promotoras de Salud helped 239 people access health care services. Forty percent needed help with medical interpreting, a little over thirty percent needed help with dental services, another twenty percent were assisted with accessing dental care and the rest received social services.

Medical Referrals. Latinos often use the emergency room to obtain their health services. Nearly one in five Latinos used the emergency room at least one time in 2007 (Garcia, Bernstein & Bush, 2010). One reason for the high rate, given by the clients of the Promotoras, is that in their countries of origin, visiting the emergency room is one of the most inexpensive ways to get medical treatment. Latinos also tend to not utilize preventative care services or visit the doctor regularly once they emigrate. Reasons given for this include language barriers, affordability and a lack of understanding about how to access services. These factors may contribute to making Latino newcomers prone to emergency room visits once an illness gets serious. The Promotoras attempt to help address these issues by bridging their clients to services including preventative care, follow-up care, annual check-ups, dental care access, and specialty care services. Once a potential client contacts a Promotora they set appointments with the provider best suited to meet their needs. The Promotoras have created a network of practitioners and specialists in the area that will see their clients.

Translation Services. Translation is critical to both the clients and the health care providers. Many Latino immigrants speak Spanish and little to no English. Many health care providers in mid-Missouri do not have adequate translation services. This creates an enormous barrier to quality health care for Latino immigrants to the area. The Promotoras often serve as interpreters and also as patient advocates. Since the Promotoras do not work directly for the health care providers they can work more directly on behalf of the person seeking health services. In addition, interpretation is often necessary outside the health care clinical setting. Latino newcomers need help to set up appointments, arrange transportation, understand treatment plans, read prescriptions and communicate with the medical staff, doctors, nurses and pharmacists. Often getting people to the health provider is the largest barrier to access. The Promotoras are uniquely placed in the community to help newcomers effectively access the health care services available.

<u>Social Services.</u> Access to social services is the third area emphasis. Services range from helping people connect with social service agencies, to finding housing, to accessing transportation and getting settled in the community. Many social service offices have Spanish speaking employees or translators, but not all of them. Promotoras help clients communicate with those services that are not "Spanish friendly." They help Latino newcomers complete forms accurately and understand policies, rules, and regulations regarding certain social services.

Lessons Learned

The Promotoras de Salud program is nearly 75% of the way through its initial two-year pilot period and two of the unexpected outcomes have included the reception of the health care providers and the demand for dental services. Both of these findings have implications for others interested in developing a Promotoras de Salud program.

There have been unexpected benefits generated for the health care providers and the broader community as a result of the program so far. For example, by getting people to the most appropriate health care resource the Promotoras are playing an important role in keeping people out of the emergency room, which is the most expensive form of health care for both the providers and the patients. They are helping providers learn how to better serve this rapidly growing client base and they are even being sought out by the large providers that have their own translators and outreach programs. Health care providers are seeking the Promotoras because of the expertise they have developed, their understanding of the broader Latino community and the relationships the Promotoras have built across the broader community. One provider redesigned its approach to an educational program because of the input from the Promotoras and another was able to find housing and other social services one of their patients needed with the help of the Promotoras. The Promotoras have genuinely established themselves as resources to both the health care providers and their Latino clientele.

Dental Care emerged as a priority issue in the Latino community. Many newcomers have no experience with a dentist and this is further complicated by the way dental services are provided. Most dentists operate as small businesses and have no capacity to deal with translation. There is only one clinic in the region that offers reduced rates for those without insurance, so it is difficult to get appointments, and they do not have translation services in-house. The Promotoras addressed this initially in an ad hoc fashion by working with the clinic and their own dentists to identify the dentists in the community who would see Latino patients. They learned what it would take to access the services of certain dentists and even reduced negotiated rates with a couple. The Centro Latino also established an agreement to provide translation services for the dental clinic on an "as needed" basis. Their success in getting access to dental care led to an increase in demand for these services and has greatly increased access to dental care for the Latino community.

The Promotoras de Salud program has been effective in reaching its benchmarks. In fact, the program thus far has helped 50% more people access health care services than initially thought would be possible. The main challenge to establishing a sustainable Promotoras de Salud program is the development and maintenance of a consistent resource base to support ongoing operations. Although health providers have appreciated the resources provided by the program and the broader community is beginning to embrace the concept it is difficult to generate local financial support. The health care providers do not have an effective mechanism to support the program. Several pay for translation but not enough to sustain the program. The current anti-immigrant political climate also makes it difficult to raise funds in the broader community. One of the keys to success is being able to have consistent access to the Promotoras. This is hard to do without a consistent funding stream. Although the program has had a positive effect it will be a challenge to sustain and grow the program.

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Appendices

About the Plenary Sessions Speakers

Civil Rights and Political Participation:

Mary Giovagnoli, J.D., *is the Director of the Immigration Policy Center, a division of the American Immigration Council (formerly American Immigration Law Foundation), in Washington, D.C. Previously, she was an attorney with the Departments of Justice and Homeland Security, in which she became associate chief counsel for the United States Citizenship and Immigration Services. She was also a USCIS Congressional Fellow, serving for a year in Senator Edward M. Kennedy's office where she worked on comprehensive immigration reform and refugee issues.*

Education

Kathryn B. Chval, Ph. D., *is Co-Director of the Missouri Center for Mathematics and Science Teacher Education, at the University of Missouri, and Co-Principal Investigator for the Center for the Study of Mathematics Curriculum and the Researching Science and Mathematics Teacher Learning in Alternative Certification Models Project, both funded by the National Science Foundation, where she worked before coming to Mizzou.*

Entrepreneurship and Economic Development

- **Lena T. Rodríguez, Ph.D.**, *Director of Development, Communications and Government Relations for the Urban Entrepreneur Partnership Inc. (UEP), a national program of the Ewing Marion Kauffman Foundation. She previously served at San Diego State University, in the College of Business. An entrepreneur herself, she consults in the private and nonprofit sectors.*

- **Michelle J. Word**, *Manager of Supplier Diversity Burns & McDonnell, in Kansas City. She is a member of the Missouri Women's Council. She also belongs to the MidAmerica Minority Business Development Council, the Hispanic Chamber of Greater Kansas City, the Asian American Chamber of Commerce, the Minority Contractors Association, and the Greater New England Minority Supplier Development Council.*

- **Richard Zárate** *is Director of the Business Development Program at the Hispanic Economic Development Corporation. He is a certified national facilitator of the Kauffman Foundation FastTrac course and hosts "El Momento Empresarial" (The Entrepreneurial Moment) radio show, a weekly live call-in Spanish language business program. Mr. Zárate is also adjunct instructor in the Organizational Leadership program at Donnelly College, Kansas City, Kansas.*

Health

Donald E. Eggerth *and* **Michael A. Flynn**, *researchers of the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, Cincinnati, OH. Dr. Eggerth is an internationally recognized researcher on health and immigrant labor topics. Mr. Flynn has an extensive history of working with the Latino community in Ohio, California, Mexico and Guatemala. They both have presented their work nationally and internationally.*

Change and Integration

- **Domingo Martínez Castilla** *is the director of the Cambio Center (Research and Outreach on Latinos and Changing Communities) at the University of Missouri. He has been involved in the "Cambio de Colores (Change of Colors) – Latinos in Missouri" (now "Latinos in the Heartland") annual conference since its inception. He was co-chair of the 2004 and Chair of the 2009 meetings, both held in St. Louis. He is interested in the process of demographic change, the integration of immigrants, and in comparative immigration studies in the Americas.*

- **Matt Foulkes, Ph.D**. *is Assistant Professor of Geography at the University of Missouri. He studies migration and demographic processes at both the macro and micro scale: at the state and national level, he explores how migration brings about demographic change; at the local level, he investigates how residential mobility impacts communities. Recent research projects have included an analysis of large scale Hispanic migration in the US, poverty migration in Illinois, and community studies of highly mobile, poor rural communities.*

- **Stephen Jeanetta, Ph.D**. *is Assistant Extension Professor in Rural Sociology at the University of Missouri, where he serves as coordinator for the Community Development Academy and provides leadership to programs in Organizational Development and Nonprofit Management, Community and Economic Planning and Building Inclusive Communities. A Cambio Center fellow, he has also been involved with the Cambio de Colores conference from its inception.*

Conference Program

▶ **Day 1 – Monday, May 2, 2010**

8:00 - 11:00 a.m. Exhibitors and Table Displays Set up
10:00 a.m. - 1:00 p.m. Registration Open
View Tabletop Exhibit Displays

1:00 - 1:50 p.m. Conference Welcome Session
Welcoming Words: Domingo Martínez, Cambio Center, University of Missouri
Remarks: President Gary D. Forsee, University of Missouri System
Remarks: Chancellor Brady Deaton, University of Missouri
　　　　　　(could not attend due to other duties)
Remarks: Prof. Roger Worthington, Assistant Deputy Chancellor & Chief Diversity Officer,
　　　　　　University of Missouri

2:00 - 3:00 p.m. Plenary Session 1: Change and Integration Panel
Latinos and Immigrants in the Heartland. Demographics, Push, Pull, and Community: A Status Report

Presenters:
- Domingo Martínez, Cambio Center, University of Missouri
- Matt Foulkes, Department of Geography, University of Missouri
- Stephen Jeanetta, University of Missouri Extension

3:15 - 4:15 p.m. Plenary Session 2: Entrepreneurship and Economic Development Panel —
Latinos/Hispanics in Entrepreneurial and Economic Development Ventures

Moderator:

    Christina Vasquez-Case, Alianzas, University of Missouri Extension, Institute for Human Development, University of Missouri — Kansas City

Presentations:

- "A proven model of entrepreneurial education; coaching"
  Lena T. Rodríguez, Ph.D., Director of Development, Communications and Government Relations for the Urban Entrepreneur Partnership Inc. (UEP), Ewing Marion Kauffman Foundation
- "Diverse Business Entrepreneurship"
  Michelle J. Word, Manager of Supplier Diversity Burns & McDonnell, in Kansas City; Missouri Women's Council
- "Grassroots business programs that work"
  Richard Zárate, Hispanic Economic Development Corporation, Kansas City

4:45 - 6:00 p.m. BREAKOUT SESSIONS I (Concurrent)

Breakout 1: Latinos/Hispanics in Entrepreneurial and Economic Development Ventures —

Discussion of the Plenary

Presenters:

- Lena Rodríguez, Michelle Word, Richard Zárate

Breakout 2: Change and Integration Workshop —
Immigration stories: Understanding the emotional impact of crossing the border

Presenters:

- April Dirks-Bihun, Mount Mercy College, Iowa

Breakout 3: Health Panel —
Voices of Immigrants in the Heartland: Barriers to Accessing Quality Health Care from Childhood to Old Age

Presentations:

- "Health and Health Services: The Voices of Older Latina Women in Rural Missouri"
  M. Kay Libbus, University of Missouri Sinclair School of Nursing
- "Unbandaged wounds: Why Latinas are Unable to Access Maternal Health care"
  Brandi N. Geisinger, Cheryl Davidson, Flor Romero de Slowing & Jennifer Vázquez, Iowa State University
- "Cancer Health Disparity Predictors Among Rural and Urban Hispanic/Latino Medically Underserved: A Systematic Review"
  Keila E. Peña-Hernández, University of Missouri

Breakout 4: Change and Integration Panel —
The Construction and Integration of Communities: Effects of Theology, Psychology and Ethnic Inclusion

Presentations:

- "Afro-Latino Identity and Relational Cultural Discipleship: A Dialogue Between Theology and Psychology"
  José Martínez, Saint Paul School of Theology, Kansas City
  [Cancelled due to military obligations.]

- "Building a Community of the Nations: Interactions Between Non-immigrant Churches and Latino Immigrant Residents"
  Jennifer Tello-Buntin, Julian Samora Research Institute, Michigan State University

Breakout 5: Health Workshop —
Centers for Medicare and Medicaid Services (CMS): Legislative and Program Updates

Presenter:
- Nancy Ríos, Centers for Medicare and Medicaid Services

Breakout 6: Education Research & Panel: Utilizing Culturally —
Appropriate Educational Curriculums: Bonding and Connecting with Latino Families

Presentations:
- "Bienvenidos: Creating Familial Bonds"
  Gerardo Rodríguez, TRIO - Ronald E. McNair Postbaccalaureate Achievement Program
  [Cancelled]
- "Strengthening the Values of Latino Families: Working with the Right Curriculum"
  Alejandra Gudiño, University of Missouri Extension
  Kimberly Allen, North Carolina State University

Breakout 7: Entrepreneurship and Economic Development Research —
Networking, Well-Being, Latino Business Innovations

Presenters:
- "An Assessment of the Impact of Social Networks on Well-Being: Evidence from Latino Immigrants in Non-urban Missouri Communities"
  Pedro Dozi, University of Missouri

- "Latino Business Entrepreneurs and Social Innovators in four Iowa Communities"
  Cornelia B. Flora, Jan Flora, Claudia M. Prado-Meza, & Diego Thompson, Iowa State University; Kim Allen, Center on Adolescent Sexuality, Pregnancy and Parenting, University of Missouri-Extension

7:00 - 8:00 p.m. Dinner and Entertainment
La Movida, the best Latin Band in mid-Missouri played for the Cambio de Colores participants and guests.

Day 2 – Tuesday, May 25, 2010
8:30-9:45 a.m. Plenary Session 3: Education
Latino English Language Learners Can Be Successful in Mathematics: Learning from an Effective Teacher

Moderator:
- Lisa Flores, University of Missouri

Presenter:
- Kathryn Chval, Ph.D., Co-Director of the Missouri Center for Mathematics and Science Teacher Education, University of Missouri

10:00 - 11:30 a.m. BREAKOUT SESSIONS II (Concurrent)

Breakout 1: Education-Discussion of the Plenary

"Latino English Language Learners Can Be Successful in Mathematics: Learning from an Effective Teacher"

Presenters:

- Kathryn Chval, Ph.D., Co-Director of the Missouri Center for Mathematics and Science Teacher Education, University of Missouri

Breakout 2: Change and Integration Workshop —

Two Mexican Initiatives: Ventanilla de Salud program, a Gateway to the Health care System, and Financial Education for Mexicans Abroad

Presenter:

- Jacob Prado, Consulate of Mexico, Kansas City

Breakout 3: Entrepreneurship and Economic Development Research —

Examining the Context: Community Transformation and Immigrant Job Satisfaction

Presentations:

- "Latinos Transforming Midwestern Communities: Examining Social, Economic, and Demographic Trends at the County Level"
  Jennifer Tello-Buntin & Jean Kayitsinga, Julian Samora Research Institute, Michigan State University
- "Factors Affecting the Job Satisfaction of Latino/a Immigrants in the Midwest"
  Lisa Flores & Corinne Valdivia, University of Missouri

Breakout 4: Health Promising Practices and Research —

Promotores de Salud: Improving Health Literacy and Access for Immigrants through Assessment and Community-based Training Curriculum

Presentations:

- "Community-based Training Curriculum for Promotores de Salud"
  Irazema Mendoza, Lisa Sanderson Cox, Cielo Fernández, Elizabeth Reynoso, Susan Garrett, Natalia Suárez, A.Paula Cupertino, University of Kansas Medical Center, Kansas City
- "Promotores de Salud: Assessing the Health of Their Community"
  Natalia Suárez, A. Paula Cupertino, Lisa Cox, Cielo Fernández, Aura Morgan, Susan Garrett, Irazema Mendoza & Edward Ellerbeck, University of Kansas Medical Center, Kansas City
- "Promotoras de Salud: A Health Literacy Approach to Improving Immigrant Access to Health Care"
  Stephen Jeanetta, University of Missouri Extension, Eduardo Crespi, Sandra Zapata & Karina Campos, Centro Latino, Jamie Christianson, University of Missouri

Breakout 5: Change and Integration Research —

Understanding Settling In and Out for Immigrants in Metropolitan Midwestern Communities: Perceptions and Interactions over Time

Presentations:

- "Fear of the Unknown: Views on Immigrants in Metropolitan St. Louis"
  Emily Hager, Lisa Dorner & Joel Jennings, University of Missouri-St. Louis
- "Oral Histories of the Settling Out Process: Latinos in Lansing"
  Ruben Martinez & Ana Rocío Escobar, Julian Samora Research Institute, Michigan State University

Breakout 6: Education Best Practices Panel —

The Empowerment of Youth in Utilizing Technology–Increase Tech Competency and Safety

Presentations:
- "Looking Back, Moving Forward: A Way to Move Hispanic Youth from Users to Producers of Computer Games"
  German Cutz & Emma Theuri, University of Illinois Extension
- "Safe Sexting: You May Want to Think Before You Hit the Send Button!"
  Alejandra Gudiño, University of Missouri Extension

Breakout 7: Health Workshop —

Tomando Control de su Salud; Spanish Chronic Disease Self Management

Presenter:
- Beth Richards, Missouri Arthritis & Osteoporosis Program, University of Missouri

12:00 - 1:30 p.m. Lunch

Presenter:
- Ms. Sydnee Chattin-Reynolds: The 2010 Census
  Deputy Director of the Kansas City Regional Office, United States Census Bureau

1:30 - 3:00 p.m. Plenary Session 4: Civil Rights

Is the Melting Pot Boiling Over? The Flash Points in the 2010 Immigration Debate

Presenter:
- Mary Giovagnoli, Ph.D., Director of the Immigration Policy Center, American Immigration Council, Washington, D.C.
  Dr. Giovanoli's participation was possible thanks to the support of the Immigration Policy Center, Washington, D.C.

Commentator:
- Jennifer Rafanan, Missouri Immigrant and Refugee Advocates (MIRA), St. Louis

3:30 - 5:00 p.m. BREAKOUT SESSIONS III (Concurrent)

Breakout 1: Discussion of the Plenary

Presentation:
- "Is the Melting Pot Boiling Over? The Flash Points in the 2010 Immigration Debate"
  Mary Giovagnoli, Immigration Policy Center, American Immigration Council, Washington, D.C.

Moderator:
  Jennifer Rafanan, Missouri Immigrant and Refugee Advocates (MIRA), St. Louis

Breakout 2: Education Panel —

Promoting the Adjustment of Children and Adolescents in the Midwest:
Research and Clinical Applications

Presenters:
- Patton Garriott, Marlen Kanagui, David Aguayo, Megan Strawsine, Lisa Flores & Keith Herman, University of Missouri

Breakout 3: Health Panel —

Casa de Salud: A Community and University Partnership

Presenters:
- Mary Ann Lavin, Stephanie O'Donnell & David Schneider, Casa de Salud, St. Louis, and Saint Louis University

Breakout 4: Change and Integration Research —

Lifestyles, Cultural Practices and Beliefs for Immigrant Latinas in Rural Midwest Communities

Presentations:
- "A Comparative Study of the Life of the Immigrant Women in Rural Illinois and in the North of Mexico"
  María Galarza-Heras, Angela Wiley & Marcela Raffaelli, University of Illinois at Urbana-Champaign
- "How Does Life for Immigrant Latinas in Rural Illinois Communities Differ by Time in the US?
  Marcela Raffaelli, Steve Tran, María Galarza-Heras & Angela Wiley, University of Illinois at Urbana-Champaign
- "Child Care Practices and Cultural Beliefs Among Immigrant Latinas in Rural Illinois Communities"
  Angela Wiley, María Galarza-Heras, Marcela Raffaelli & Diana Rodríguez, University of Illinois at Urbana-Champaign

Breakout 5: Education Workshop —

Teaching Educational Technology to Hispanics/Latinos: What to Teach and How to Do it

Presenter:
German Cutz, University of Illinois Extension

Breakout 6: Entrepreneurship and Economic Development Panel —

Impact of Community Capital, Economic Integration and Market Segmentation on Acculturation and Diversity

Presentations:
- "Acculturation, Context of Reception and Capitals Affecting Economic Integration of Latino Newcomers to the Midwest in 2009"
  Corinne Valdivia & Pedro Dozi, University of Missouri
- "Human, Social, and Cultural Capitals among Latino Gardeners in Denison and Marshalltown, Iowa"
  Diego Thompson, Iowa State University
- "Who are Hispanics? Understanding the Hispanic Community and its Diversity through Segmentation."
  Robert J. Barrientos, RJ Barrientos & Associates, Kansas City

Breakout 7: Civil Rights Workshop —

Identifying and Protecting Immigrant Victims of Human Trafficking

Presenters:
Carrie Tyler, Centro Latino de Salud, Educación y Cultura
Karla Klingner-Diaz, Simon, Diaz & Ellis Law Firm
Helen Fehlig Tatum, Law Offices of Fehlig & Fehlig Tatum

Day 3 – Wednesday, May 26, 2010

8:30-9:30 a.m. Plenary Session 5: Health —

Occupational Safety and Health of Immigrant Workers

Presentations:
- "Occupational Safety and Health of Immigrant Workers: Scope of the Problem"
  Donald E. Eggerth & Michael A. Flynn, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Cincinnati, OH
- "Occupational Safety and Health of Immigrant Workers: Barriers and Recommendations"
  Michael A. Flynn & Donald E. Eggerth, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Cincinnati, OH

These presentations were made possible through the cooperation of the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

9:45 - 11:00 a.m. BREAKOUT SESSIONS IV (Concurrent)

Breakout 1: Discussion of the Plenary —

"Occupational Safety and Health of Immigrant Workers"

Presenters:
- Donald E. Eggerth & Michael A. Flynn, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Cincinnati, OH

Breakout 2: Civil Rights Workshops —

Changes from All Walks of Life: From Immigration Reform to Shaping a More Positive Atmosphere

Presentations:
- "Grassroots Movement for Immigration Reform - Sí se puede?"
  Angela Ferguson, American Immigration Lawyers Association
  [Could not attend due to Court duties. Jennifer Rafanan delivered Ms. Ferguson's main talking points.]
- "The Welcoming Missouri Initiative (WMI)"
  Jennifer Rafanan, Missouri Immigrant and Refugee Advocates (MIRA), St. Louis

Breakout 3: Education Panel —

Navigating Around Higher Education: Engage and Support the Underrepresented and Undocumented Students on Campus

Presentations:
- "I did not know he was Undocumented? Best Practices and Challenges Working with Undocumented Students"
  Robert J. Barrientos, RJ Barrientos & Associates, Kansas City
- "Moving from Access to Quality Access: Growing Latino Learning Communities on College Campuses"
  Ethriam Cash Brammer & Rudy Alcalá, Center for Chicano-Boricua Studies, Wayne State University

Breakout 4: Health Panel —

Binational Health Week in Missouri: A brief Summary of the 2009 Evaluation Report

Presenters:
- Christina Vasquez-Case & Mercedes Saint Elin, Alianzas, University of Missouri Extension, Institute for Human Development, University of Missouri- Kansas City

- Carmen Vallejos, Binational Health Week volunteer in Kansas City Metropolitan area
- Mary Meinhardt, Binational Health Week Planning Committee and Volunteer for Sacred Heart Church, Troy, Missouri

Breakout 5: Change and Integration Research —

Settlement Challenges in a Brave New World: Mobility, Motivation & Political Participation

Presentations:
- "Moving Around to Get By and Try to Get Ahead: Immigration Experiences in New Settlement Communities of the Midwest"
  Anne Dannerbeck Janku, Missouri Office of State Courts
- "Musings for Hispanic Communities: The Literature of Nature, Democracy, and Immigration"
  Kenneth M. Burke, Washington University, St. Louis

Breakout 6: Health —

Overview of Disparities: Substance Abuse & Children's Health

Presentations:
- "Latinos Substance Abuse and Mental Health. A Literature Review"
  Pilar Horner, Daniel Velez Ortiz & Jennifer Tello-Buntin, Julian Samora Research Institute, Michigan State University
- "Poverty and Health of Children from Racial/Ethnic Minority and Immigrant Families in the Midwest"
  Jean Kayitsinga, Julian Samora Research Institute, Michigan State University

11:00 AM -12:00 p.m. Closing Plenary Session

Looking forward: A Town Hall Meeting

Facilitator:

Stephen Jeanetta, University of Missouri
A panel and open discussion about the future of research, outreach, and best practices.

Adjourn

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