The Barrio Project

A Senior Honors Thesis

Presented in Partial Fulfillment of the Requirements for graduation with research in distinction in Spanish in the undergraduate college of The Ohio State University

by

Genna Duberstein

The Ohio State University
June 2007

Project Advisor: Professor Ana Del Sarto, Department of Spanish and Portuguese

INTRODUCTION

The simple definition of the Spanish word *barrio* is "neighborhood," but it means more than a location. It better aligns with the idea of community, of kinship networks. A *barrio* is not just a unit of *vecinos* (neighbors) or *amigos*, but rather a system of *compadres* and *comadres.* To facilitate a neighborhood, communication is essential. People must know where the area is in order to go live there. They also need to know the answers to basic questions that affect daily life: how to find a job, where to buy groceries, and how to enroll their children in school. Health care awareness can also be spread via the interpersonal network of the *barrio*. This thesis examines the issue of health care for Mexican immigrants by bringing together hard data, ethnographic interviews, and narratives from my own personal experience as a researcher. A specific Columbus, Ohio immigrant neighborhood and three different local health care outreach organizations served as the empirical subjects. This paper proposes that if organizations create interpersonal relationships with the *barrio* residents, then they can spread their information, and therefore improve the overall health of the larger community.

The issue of bilingual and bicultural health care access is important on the local, state, and national levels. As of 2004, Latinos comprised only 2% of the Ohio population, but in Franklin county alone saw a 63% increase from 1990 to 2000 (Ramos-Pelicia). As of 2006 in Franklin County, 8% of residents are not American-born, but the percentage is increasing faster than the national 12% rate (Pyle). The Mexican immigrant community makes up the largest immigrant population in the U.S., and is more isolated from other types of people than immigrants from other countries, with 15% of the neighborhood's residents being born in Mexico (Lazear). For immigrants of other nationalities, there are

"fewer than 3 percent of the residents [who] are from their native land" (Lazear). Cultural isolation influences health perceptions and behaviors, "as acculturated and bi-cultural Latinos tend to have a better understanding and grasp of the health risks they face whether they are driven by ethnicity, family history or lifestyle habits" (LatinoEyes).

As the number of Spanish-speaking immigrants rises, so also will the needs for health care and health education to accommodate the expanding population. Access to routine physical examinations or vaccines can be complicated when patients have language barriers and/or lack health insurance. Organizations in Columbus, such as Latino Empowerment Outreach Network (LEON), The Latino Outreach Division of the Columbus AIDS Task Force (CATF), and the Pregnancy Care Connection (PCC) work as intermediaries between the Spanish-speaking community in central Ohio and the health services, regardless of insurance or immigration status. Well-funded and eager to serve, these organizations face their biggest challenge in advertising. This investigation includes interviews and experience with women from a Columbus community of 2,000 low income Spanish-speaking immigrants, asking them about their daily lives and how they found information about resources in the area. The goal was to gather information that could be useful for outreach organizations to spread awareness about health care for the *barrio*.

The intention of the research is not only to find out how non-profit organizations can better reach this specific Spanish-speaking immigrant community, but also to examine the role of some public institutions not affiliated with health care, such as university Spanish departments and religious organizations. Outreach organizations can

in turn use the information gathered from the interviews to know what resources the community needs and how community members seek out the information about locating those resources. What follows is a report and analysis of a year-long effort to connect the aforementioned *barrio* with the health care organizations that service uninsured Spanish-speakers in the Columbus area.

METHODOLOGICAL APPROACH

The sources used as the foundation of this research are meant to combine narratives of my experience as a researcher and student outreach volunteer, hard data, and ethnographic interviews. Quantitative data are useful in creating a summary of the current state of health care for immigrants on a national level, but valuable data does not have to be only numbers: “Data can come in the form of words, images, impressions, gestures, or tones which represent real events or reality as it is seen symbolically or sociologically” (O’Connor). Both qualitative and quantitative data were gathered during the course of the study. When combined, each form of data can be used to reinforce each other.

This synthesis of statistical fact and storytelling has been used in earlier studies that based their findings on both national statistical surveys as well as interviews conducted locally. The risks and benefits of the use of cross-cultural interviews were addressed by Bender et. all (2001) in an analysis of survey methods used by other studies to collect information about the satisfaction of Spanish-speaking immigrant women regarding prenatal care. For that study, qualitative categorical questions, rather than quantitative, proved helpful for gathering information. The researchers relied on photographs to help explain the questions to the participants. Without direct questions,

investigators received stories, instead of specific answers, but found the information was still useful. The researchers noted that the stories revealed the participants' perceptions and attitudes about health care.

> The stories draw on the respondents' visual memories of past health care encounters. Their responses may not be accurate, for many reasons, including time-lagged recall bias. However, the stories that each woman chose to tell convey certain recollections of their experiences. And these stories appear to play a role with respect to the respondents' perception of the quality of care received. (Bender et al. 12-14)

The same manner of analysis for quality of care can be applied to studying access to care. Allowing the participant to explain their experiences with and attitudes toward health care in the course of a story is particularly helpful in understanding information sharing in a community. The responses to the question where they have learnt about available health services included much more and richer insights about daily life and cultural expectations. Understanding the day-to-day existence of the community can explain what resources it needs and the past experience individuals have had with the services available. To develop a more complete view of the interaction between the *barrio* and area non-profit organizations, narratives are used to illustrate the *barrio* both as a physical space and as a community.

Interviews and experience with the barrio residence and with outreach workers from the organizations themselves were used as sources. The experiential narratives are from volunteer work with different outreach organizations, but all are from the same *barrio*. The narratives are included along side research from other literature, in order to give a more local, human view of the broader, population-based statistics and to detect

cultural miscommunications. The conclusions of this research are that interpersonal relationships are what propel information through the *barrio*. To illustrate that point, it is best that the reader understand first hand the people more than the percentages.

Outreach coordinators from Latino Empowerment Outreach Network (LEON), The Latino Outreach Division of the Columbus AIDS Task Force (CATF), and the Pregnancy Care Connection were sent a questionnaire about how they engage the community and improvements that they are seeking to make their mission more effective. The following questions were sent through email to the outreach organization leaders:

How long has your organization been serving the area?

What is the average attendance at your outreach programs?

How do you advertise the services you offer?

What percentage of the population you serve is insured?

What is the estimated size of your target population?

The Spanish-speaking participants were recruited with the help of a bilingual church, Saint Thomas the Apostle, which has high attendance of people from the same neighborhood. The interviews were advertised in the announcements after Sunday mass, and were conducted in afternoon at the church, immediately following the service. The participants will be given a $5.00 gift card to a grocery store for participating. The specific population the investigation is focused on is Spanish-speaking mothers over 18 years old. Interviews were conducted in focus groups of up to 3 participants at a time.

The church was the location for the interviews, and participants were invited to participate while their children attended the Sunday school before the mass.

The interview questions focused on daily life, and did not include any sensitive topics, such as the participant's income, citizenship status, or marital status. Participants will only be asked for their first names, not last names or for any contact information. The focus group interviewed will begin with a reading of a consent form in Spanish, as not all participants may be literate. Participants will be asked to give verbal consent to demonstrate that they understand that participation in the study is voluntary and that they can stop the interview at any point, or not answer any question that is not comfortable for them to answer. The questions were as follows:

How long have the participants live in Columbus?

How many children do they have? How old are they?

How many people live with them?

Do they work outside the home?

Where do they buy groceries?

How did they hear about the church?

How did they hear about how to enroll their children in school?

Do they have a family doctor?

Do they read any of the Spanish-language newspapers? If so, which ones?

To what radio stations, if any, do they listen?

Only the audio from some of the interviews was recorded. All of the collected interview material was only to be used by the principle investigator (Dr. Ana Del Sarto) and the student investigator (Genna Duberstein). The interviews were analyzed to look

for trends in relay of information vital to everyday life. The sources that were mentioned most frequently were tallied. After the project is complete, the audio files will be destroyed.

THE OUTREACH ORGANIZATIONS

The organizations discussed in this section are based in Franklin County. The information regarding statistic, mission, and advertising was collected from the aforementioned survey responses sent to program coordinators. The organizations were selected based on the responsiveness of the coordinators when asked if they would be interested in contributing time, information, or volunteer opportunities to further the research for this study. It should be noted that there are a variety of other health care outreach organizations in the area, and that the local organizations in general share information about how to better serve the community at monthly meetings hosted by LEON.

One of the organizations this study focused on is the Pregnancy Care Connection (PCC). Founded on August 25, 2003, the PCC was created by The Council for Healthy Mothers and Babies. The Council was formed in the early 1990s, in response to the increase in infant mortality rates in Franklin County. The PCC is a single hot-line that schedules the initial prenatal care appointments for Franklin County women who are either uninsured or under-insured. The goal of the program is to help expecting mothers gain access to prenatal care before the end of their first trimester. The hot-line is usually able to schedule an appointment within seven to fourteen days after the call. The appointments are made with area providers that donate time slots to the PCC. The

program also can refer callers to other organizations (both local and national) that might be useful to mothers, such as Women, Infant and Children (WIC).

The PCC has helped about 7,549 women as of April 6, 2007, but it is run by only two women: Victorian Nunes and Alexis Forester. Ms. Forester provided me with the history of PCC, but it was Ms. Nunes who showed me how the PCC worked on a daily basis. While she takes a call, Ms. Nunes hands me headphones so that I can listen to the conversation. The woman on the line is struggling with her English, but that is not a problem because Ms. Nunes speaks fluent Portuguese, Spanish, and English. Of the 200 women the PCC services per month, 21% (1,439 women) of the calls are from Latinas, but only 15.4% (1,161 women) actually require a Spanish-speaking interpreter. The majority of the clients are not insured and do not have social security numbers (Forester). Once a month, Victoria tests the effectiveness of the PCC, by calling area hospitals and pretending to be a woman who does not understand English and is trying to make a prenatal care appointment. She tells me that she has a great deal of difficulty finding Spanish-speaking receptionists, and, many times, the interpreters are often rude to her. The PCC has overcome language barriers in its advertising campaign. With flyers and brochures in English, Somali, and Spanish, the PCC knows it is working with a diverse audience. In addition to presenting at conferences, setting up tables at festivals, and attending baby showers, the PCC has recently began to use bill boards on buses to reach women before they are worried about finding a prenatal care provider.

While the PCC is successful in bridging the gap between the local public and the care they need, on a national level, early access to prenatal care is often not enough to

improve pregnancy outcome disparities for minority populations. Minority women have higher risks for obesity, hypertension, diabetes, and smoking. The mother's health before pregnancy determines the risk of complications during the pregnancy "such as preterm premature rupture of the membranes, preeclampsia, gestational diabetes, preterm birth, and cesarean delivery" (Healy). Although access to care during pregnancy is important, the overall health of the woman is a key factor. The need for preventative medicine and health education programs is highlighted in the increased incidence of health risks in minority populations.

Organizations like the Latino Empowerment Outreach Network (LEON) work to increase not only awareness about where to go to find care, but also to encourage Latinos to attend free health screenings. "Preventative medicine is just not part of the culture," Katherine Zapata, LEON's Program Coordinator tells me. Her comment is supported by a 2007 study that reported that just 30 percent of the 44 million Latinos living in the U.S. view preventive care or taking medications as important measures for being healthy (LatinoEyes). LEON offers interactive workshops through its *¡Abrete Sésamo!* (Open Sesame) program. Participants are given information about local health services, how to ask for and work with an interpreter, and the differences between emergency care and urgent care. The sessions are offered in 2 to 3 hours workshops, covering topics like primary care physicians, Medicaid, Medicare, Prescription drug discounts, sexual health, children's health, and prostate cancer information. Ms. Zapata said that LEON advertises through "a list serve, newspapers, referrals from other agencies, distribution of flyers, word of mouth, Lay Health Advisors, community leaders, volunteers working for the community" (Zapata). With this approach to advertising, Ms. Zapata expects to see 10

people per workshop. The Lay Health Advisors are community members that facilitate the outreach projects in their area. LEON as a whole is "made up of a collaboration of individuals, organizations and agencies dedicated to building a healthy Latino community in Central Ohio" (LEON).

For HIV testing, LEON partners with Division of Latino Outreach from The Columbus Aids Task Force (CATF). CATF provides educational programming about HIV, free and anonymous testing, and counseling for patients and their loved ones. The Latino Outreach program advertises in the local Spanish language newspapers *La Voz Hispana* and *Fronteras*, the Latino radio stations *La X* and *Radio Sol*, in addition to placing posters in community stores, clubs, restaurants, and clinics. The average attendance is difficult to gauge, according to Amy Huffman, Program Coordinator for Latino Outreach.

"For HIV- testing," Ms. Huffman explains, "attendance constantly fluctuates for several reasons (weather, clinics that close, and the general transience of the community), making it difficult to give an average. I can tell you that since CATF hired a Spanish-speaking coordinator (May 2006) we have tested over 200 Latinos for HIV. This is an increase from a total of 41 in 2004; 78 in 2005. For Latinos who attend our 'HIV 101' workshops, the average number of participants is around 10-12 people." (Huffman). Virtually none of the participants in Ms. Huffman's program have insurance.

PCC, LEON, and CAFT strive to reach their target populations through a variety of advertising strategies, but more than educating the community about the services they offer, these organizations are advocating the transmission of health information in general.

Although each organization has a specific subset of people it seeks within the Latino population of Franklin County, (such as pregnant women for the PCC, newly arrived families for LEON, and people seeking HIV testing or information for CATF), an example of every possible kind of person could be present in the *barrio*.

EL BARRIO

A health care organization already well recognized within the *barrio* is Mount Carmel Hospital (called *Monte Carmelo* by the locals). Though Mount Carmel is not one of the organizations featured in this study, it is the institution that led me to the *barrio* on which the following ethnographic content is based. With the door-to-door *Free Shots for Kids* campaign, Mount Carmel brings a mobile clinic to offer vaccines for children and tetanus boosters for adults. Armed with maps and walkie-talkies, volunteer translators knock on doors to invite potential patients to come to the van. At one home, the door opens and a tiny chihuahua bolts toward the volunteers. The dog jumps up to their knees to inspect the intruders. Once satisfied with a pat on the head, the dog trots off into the yard. As the animal turns to run, it revealed that it is missing its fur from the waist back. The exposed skin is raw with red scabs.

The neighborhood is like no other in Columbus. A trailer had burned down. The walls were gone, but sitting on the foundation still is the charcoaled remains of what once were a refrigerator and a bed frame. The other trailers were so tightly packet side by side that the neighboring trailers had been seared too, and had been patched with tarp to cover the damage. The fire must have been recent, the air still smelled burnt. Rumbling, rusted pickups play *mariachi*, and sleek, lowered sports cars pound *reggetón* as they tear down

the muddy gravel roads, kicking up loose rocks. The June breeze pushes the humid air, carrying with it the mixed scents of cooking grease, wet grass, dust, and the exposed garbage in fly-covered cans that are stewing under the summer sun. Children are running everywhere. They are all ages, chasing each other on bikes, and shouting in a mix of Spanish and English. Brothers push each other on the handler bars, taking turns pedaling. Little girls run from house to house, clutching *Dora the Explorer* dolls and plastic purses. In front of one house, a toddler is sitting alone on a tarp blanket that covers a mound of mulch. Many of the homes have improvised additions, such as ply wood rooms or front doors that had been installed upside-down. Porches are clogged with furniture, toys, and rusting yard tools.

People line up outside the van, clutching squirming babies and worn yellow vaccine records from Mexico. Most adults are reluctant to get shots, but they are eager to make sure their children were vaccinated. Many adults mention that they cannot remember the last time they had any kind of shots or even physical exams. All parents know their children's ages, but few know their own. Although the primary intention of the campaign is to encourage preventative medicine and give out vaccines, people came to the mobile clinic vans looking for more than just shots. A pregnant woman who had dropped a kitchen knife on her foot came to have her injury examined. Another woman had a Norplant, an outdated birth control hormone device, in her arm, and wanted it removed. It is 6 years old, and was meant to be removed after three years. "*Me duele,*" it hurts, the woman explains, poking at her right biceps. When she pinches at her heavy arm, a box shape about the size of a bar of soap becomes visible just above the inside of her elbow. It never worked, she says about the contraceptive, as she points at her 6 year old

daughter as proof. The nurse nods sympathetically, and makes an appointment with Planned Parenthood on her cell phone.

Months later I visited the same woman again. The woman still had the Norplant. Although she knew the date of the appointment, the woman was never able to go because she did not know where Planned Parenthood was. She had tried contacting the nurse to get directions, but the nurse never returned her calls.

Had the woman had access to a bilingual health directory, she would have been able to make the appointment herself and locate the services she needed. Planned Parenthood does offer services in Spanish, and the Latino Empowerment Outreach Network (LEON) offers free bilingual directories that contain numbers and addresses of reduced cost health care facilities in the Columbus area. There are services, and there are people who need them, I realize. What could be done to bridge the gap between the care and the patients? How does the information about health care become circulated in the *barrio*?

I decided to begin as Mount Carmel does, going door-to-door. I contacted LEON and asked if the outreach workers would be interested in canvassing the neighborhood to distribute the directories and flyers about their workshops. Ms. Zapata returned my call, and we agreed on a day to visit the *barrio.*

When I returned with members of LEON, the outreach workers had brought flyers about the workshops they offer, not the directories I had wanted to distribute. “Son pesados”, *they are too heavy*, explains one of the workers. The woman with the Norplant

would not have been the only person to benefit from having the directories. At every door that we knocked on, people asked about how to get access to everything from optometrists to needles for insulin shots for diabetes.

My next visit became the field work for my thesis. This time I went with only one outreach worker from LEON to survey the area. I stop inside the main office to meet the land lord of the trailer park. The office is dark, and I am hesitant to shut the door because of the strong smell of mildew that clings to the red heavy drapes and matted shag rug. The land lord looks me up and down with eyes magnified by glasses so thick that they remind me of fishbowls. It is hard to guess his age, but his pale skin is blotched with brown-red spots, and puckered in deep wrinkles. In the corner sits an equally shriveled old woman with a large gauze patch taped over her cheek. She is never formally introduced, but she does chime in when we ask about the population of the park. We explain the project, and ask if he could estimate about how many residents live in the park. He knows that there are 250 trailers, but he guesses that there are maybe 2,000 people, with 6 to 10 individuals living in each trailer. He complains that now there are "more Mexicans," and so there are more tenants in general than he has had in previous year, including more children. The woman supports his disgust with a snort.

Back outside, we went door-to-door with flyers about workshops, not directories. When asking individuals where they go for health care, the majority responded that they would go to the hospital. If the family has a primary care physician, it is usually only pediatrician.

The general preference among the people in the *barrio* to seek emergency care rather than preventative care is reflective of the state of health care for immigrants on a state and national level. Immigrants nation-wide are not using health care resources as much as other Americans. For native-born Americans, the average annual cost of health care is $2,564, while for immigrants the total is $1,139 (Mohany et. all). Although immigrants are more likely to not be insured, their health care account for only 18% of costs incurred by taxpayers and charities (Connolly). Not only do these facts exemplify that immigrants are not seeking care, but the same numbers also prove that immigration is not responsible for fluctuations in health care costs for native-born Americans.

Immigrants may not be currently using health services as much as native-born U.S. citizens, but simply gaining access to care has become more complicated for both populations, thanks to the "Deficit Reduction Act." The legislation requires that citizenship documents (such as the combination of a birth certificate and diver's license, or only a passport) must be shown before receiving Medicaid. In Ohio, the number of people on Medicare has dropped by 39,000. Though the decline is measured from when the law took effect in September 2006 to March 2007, it is the greatest recorded decline in enrollment the state has seen in 10 years (Pear). In 2005 the Community Research Partners issued a report on the "foreign-born populations" of Franklin County, Ohio, estimating that the number of non-citizen Medicaid users would grow by 2,500 persons per year, reaching 18,000 by 2008. With the "Deficit Reduction Act" in place, Ohio is experiencing a landmark decrease in Medicaid for all users; despite the projection that enrollment among immigrants of all nationalities would increase.

As the enrollment decreases from the state's perspective, the waiting time increases for individuals seeking care. Potential Medicaid users must post-pone applying until they have compiled proper documentation. It can take weeks to finally obtain a birth certificate. As people prepare to apply, they lose time before even making an appointment to see a doctor. The law has great impact on immigrant parents and their American-born children. Medicaid is only available to U.S. citizens, therefore including children born in this country to immigrant parents. Before the "Deficit Reduction Act," these children born to low-income immigrant families were automatically covered by Medicaid for up to a year after birth. Now the parents must fill out an application and prove the child's citizenship through documentation. Fearing they will be questioned about their own citizenship status, immigrants are often reluctant to stand in line at government agencies to pick up the documents required to enroll their children. As a result, expecting mothers are missing out on prenatal care, chronic illnesses are going undiagnosed, and infants and children are not receiving their check ups and vaccinations. Undocumented immigrants are covered by Medicare for emergencies and maternity care. Medicaid pays for over one-third of the approximately four million births in the U.S. annually. Although how many of those births are to undocumented immigrants is not officially known, it "is likely to be in the tens of thousands" (Pear).

We continue through the *barrio,* talking to the people in each trailer. The first home we visit there is only a little girl outside on the porch. *¿Está tu mamá?* "Is your mother home?" we ask. The girl nods, pigtails bobbing, and silently leads us over to the laundry building. Around the outside of the door of the laundry room there are more children. Some are squirming in the plastic lawn chair they are sharing, while others are

pestering the daddy-long-legs that crawl in and out of the crack in the building. The woman who comes out with a laundry basket on her hip is Maria, and the children are some of the 11 grandchildren of her 4 oldest children (she has 5 children total). Maria had brought her grandchildren to the vaccine van and had talked with the outreach workers when LEON came door-to-door months earlier. She recognized me and smiled. It would be Maria who would teach me the most about the meaning of the word *barrio*.

We make our way from house to house. It is mid-morning, and most of the men have gone to work. On the rare occasion a man answers, he only cracks the door open. Seeing only 2 female strangers on his doorstep, he is quick to close it. Women are more receptive, quick to chat, and eager to ask questions. We meet an 18 year old girl who is pregnant. Although she had never heard of the PCC or LEON, her mother assures us she is getting prenatal care. On one porch we find 3 generations of women, sitting in the shade. Each one is wearing the image of the Virgin of Guadalupe. The littlest daughter, the mothers, and the grandmothers wear her in oval pendants on thick, sparkling chains around their necks. The teens and younger women have *la Virgen* embroidered on jean jackets. One woman has the image on a tattoo that stretches from the side of her knee to her ankle. When we explain that we are here to give out help care information, the women want to know about finding a glucosameter because the grandmothers have diabetes. At another house, a woman invites us into the first room in her house, a room made of ply wood. She is pregnant with her second child, but she says she does not know how to drive, and so she leaves health care appointments to her husband. She already knows about prenatal care resources (through her friends, not through LEON, nor the

PCC), but she would like to get contacts. Glasses "*te ponen muy fea*," make you ugly, she explains to us, even though we are wearing them.

We stop by the house where the woman with the Norplant in her arm lives. She is already outside, waiting for us. Her *comadre* told her we were coming, she says to us, nodding in the direction of Maria's house. This is my third time seeing the woman, and I still have no directory to offer her. She tells the outreach worker about the Norplant, and shows her how it can be seen in her arm, but the best we can offer is the promise to return with the number for Planned Parenthood.

The women were candid and comfortable speaking to outsiders. They were interested in health care information, and they were willing to trust strangers to listen to their specific concerns. Perhaps instead of telling people what was good or healthy for them, it would be valuable for organizations to take the time to listen to the people they were trying to serve.

The next time I return to the barrio, I do not get farther than Maria's house. She recognizes me, and invites us inside her home. I explain that my project is trying to connect the *barrio* to the health care resources in the area, and Maria says she would be happy to participate in anything that was good for the community. She speaks highly of her church, *Santo Tomás* (Saint Thomas the Apostle Church), and she tells us how impressed she is that the priest speaks Spanish. She asks if we are Catholics. Even though we say we are not, she hands us well-worn paperback copies of *¡Celebramos!*, a bilingual hymnal, and invites us to attend mass.

Maria offers to invite some of her neighbors over to get directories, but she asks if I could come and explain how to use them, because some of the people are illiterate. I agree to come back in a week, but I think that I could have actual trained representatives from LEON give a presentation about the directories. I call LEON, and the best they can offer is to give me more directories, not to send a representative. Without anyway to contact Maria to reschedule, I resign myself to the fact that I will have to rely on my Spanish and limited knowledge of the workings of LEON to teach whoever comes to the meeting about the directories.

There are already two women waiting inside Maria's home when I arrive. I have come armed with the directories for the adults and lollipops for the children. I pass out the directories and candy, but Maria asks that I wait before I begin to explain anything. There are more people coming. As we wait, *Telemundo* blares so loudly on the television that I cannot hear my thoughts in English or in Spanish. I sift awkwardly through my notebook, looking for the short speech I had written to explain who I was and why I was there. Through the open door I can hear fall leaves that scratch along the gravel outside. The crisp autumn air rushes in, and it mixes with the scent of old furniture and dried chilies. Only a yellow tinted glass lamp in the wall and the glow of the television illuminate the room. While we wait, one woman bounces her son on her knee. I ask him how old he is and grins with a lollipop clenched in his teeth, proudly holding up 4 fingers. He points out letters on the LEON directory his mother is holding, and she tells him the letters' names in English. She does not speak English, she tells me, but she would like to learn. There are so many English words that sound like Spanish words, but they mean very different things, she explains. I tell her that I understand her frustration: English-

speakers have the same problem learning Spanish. The other women, including Maria, chime in that they would like to learn English also. Maria teases me that when she first met me, she did not think I knew any Spanish. “And look how well you speak!” she smiles. I ask her about the framed photographs that cover the wood paneled walls of the trailer. The pictures are of her children and her children's children. She flips the dish towel she is wearing on her left shoulder to the right one, and leans down to point at certain pictures. The one with the girl in the white ruffled gown is her daughter's quiceañera.

A few more women come, each nods and before entering calls “*¿Se puede?”* Can I come in? Every woman has brought a child or two and one woman has also brought her father. I pass out more directories, smiling to try to convey the friendliness that I am afraid my clumsy Spanish might not. The children wiggle free of their mothers laps, and go run on the porch. I try to show which section of the directories pertain to different services (optometry, pediatrics), but the people are more concerned about individual frustrations they have experienced with the system or with their adaptation to a new life in a new place. One woman talks about how she is trying to get her son a dentist’s appointment and another woman wants help navigating the paper work for Medicaid. I do not know the answers to the specific questions, and can only refer them to different pages in the directory in the hope that they can find someone who can read it.

The woman who brought her father suggests that I come speak at their church. "This is something everyone should know," she says, pointing to the directory. They explain that every first and third Sunday the church offers a Spanish mass. Everyone

agrees that there would be plenty of people to listen. They say they could start advertising the talk at the next mass. Maybe I could come to mass and talk after, they suggest. Maria pulls her calendar off the wall and points to the next dates. I do not want to say no. Any chance to spread information about how to access health care was not to be missed, but I know I am not qualified to lead the talk. I pick a Sunday in December, hoping that if I gave LEON enough notice, someone could come hand out directories and speak.

On the arranged day, I arrive at St. Thomas with 2 outreach workers from LEON and boxes of directories. We meet Jane, the outreach coordinator, who allows us to set up for the presentation in the Sunday school. She tells us that there are approximately 52 Latino families registered in the parish. She is certain there are more, but they are not officially registered.

"The Latinos represent approximately 18% of our parish family," Jane explains, and invites the outreach workers to make an announcement near the end of mass about the talk.

In response to the influx of Spanish-speaking congregants, the church began offer mass in Spanish. The priest at Saint Thomas is from Nigeria, and he does not speak Spanish. When the church conducts a bilingual mass, the priest gives his sermon by alternating paragraphs in Spanish and English. He reads from a paper with a Spanish translation. The Spanish-speaking community does not seem to mind. As we sit in mass, I recognize some of the women I met at Maria's trailer. The woman with the four-year-old son has 3 other boys, all seeming to be grade school age. The woman who had first suggested that I come to the church is sitting in front, handing papers to Jane. I see Maria

coming down from the choir loft. She usually looks so tired, but walking down the aisle with the rest of the choir, she holds her head high and proud. It is the first time I had ever seen her without a towel on her shoulder and a baby clinging to her hip. Her hair is not in its usual limp ponytail, but is wound into a bun on top, with the rest cascading gracefully down her shoulders. She is wearing make up so thick, that when she comes to kiss me hello, I can smell the powder.

The church serves a pivotal role in the lives of many of the community members of the *barrio*. More than just a spiritual outlet, the church is a trusted information nexus, social club, and source of identity to many of the women who spoke with me. The fact that the very people who the PCC, LEON, and CATF are trying to reach led me to the church proves that the people in the *barrio* expect Saint Thomas to be a resource for more than Sunday mass. On an individual level, it serves as a social space in which the mothers come to chat with each other while their children are at Sunday school. There are activities at the church, such as assisting in Sunday school or singing in the choir, that build a sense of belonging identity along side the role of wife and mother.

The *barrio* not only is cut off from access to information about health care, but also its residents are not in a position to learn about their legal rights. In February 2007, some of these families lost their homes due to code violations that the land lord never tended. During the annual inspection by the city, the trailer park was found to have health and safety risks, including broken sewers, garbage on the ground, electrical hazards, and room additions built without permits. Inspectors returned to the park with interpreters, to inform the residents of each home with violations that they must either

pay to have the problems fixed, or be evicted (Tullis). Saint Thomas stepped in to help the 40 families in the congregation that were affected. A clinic was set up in the church, with stations to help the families learn about their legal rights, and also to find new homes and jobs.

The precarious living conditions of the *barrio* residents are a common issue for Mexican immigrants on a national level. Of immigrants in general, the average annual income is approximately $21,000. For Mexican immigrants, the average yearly income is only $12,000. In comparison to other Latino immigrants, Mexican immigrants earn about 25% less. Not only is poverty a concern specific to the Mexican immigrant population, but also their education level. The average Mexican immigrant has been educated through the eighth grade, whereas the average immigrant from anywhere else has at least a high school diploma (Lazear). Without education or comfortable income, the immigrants can easily fall prey to legal problems, because they might not be aware of the building codes or their rights as tenants, nor have the resources to make repairs.

When the families were successfully relocated, Jane allowed me to conduct the aforementioned survey with the Spanish-speaking mothers at the church. Although their ages and number of children differed, the mothers had nearly identical responses to the questions about where they shop, which radio stations they listened to, or how they found the church. Everyone is a stay-at-home mom, listen to *La X* on the radio, and read *La Voz Hispana,* but the greatest source of information comes from one another. When it comes to enrolling children in school or finding the church, the information was relayed by a

close friend or family member. One woman tells me "Put down what she said," motioning to the woman I have just interviewed before her, "we do the same things."

Conclusions

It is people that are the greatest resource in engaging the community. For outreach workers to become a trusted source of information, they must become a familiar face within the *barrio*. Unless the organization is offering immediate service, such as Mount Carmel Hospital's vaccine campaign, it is important that outreach workers establish relationships with people in the population they wish to serve. In order to spread information, one must first build trust. Trust can be fostered through repetition. I saw in my experience in the *barrio* that going door-to-door is not enough to advertise a point. Handing out flyers and print material is not helpful when some of the population cannot read. People need more incentive than a promise from a stranger that attending a workshop or seeking a service is worth while. It is through repetition that Maria began to trust me and associate me with access to health care. It is because Maria trusted me that her friends, family, neighbors, and fellow parishioners became willing to listen to presentations about health care.

Mothers are key members of the community, and therefore are key nodes in the *barrio* network. They want the information for their entire family, and because the majority of the women do not work outside the home, their social connections are limited to the immediate community. Reaching mothers is possible in community hubs, such as

churches. The church, as seen in the example of Saint Thomas, is a trusted resource for its parishioners. Whole families attend mass, even if they are not registered with the church, making it an excellent choice for reaching a full spectrum of ages and people who may be transient. From English as a second language classes to aiding in the relocation of families, the church can partner with a variety of organizations to connect the community with resources. Addressing sensitive health issues, including topics like reproductive health and HIV awareness, is still possible through the church. Congregants already trust the church to provide spiritual guidance, and therefore are willing to listen to outreach workers that have the church's endorsement.

University students can also be useful in facilitating health care information from the organizations to the Latino immigrant population. Becoming consistently involved in the population, students can have the opportunity to both practice their Spanish and act as ambassadors for organizations. Programs such as *Spanish in Ohio*, a class that is meant to connect Spanish majors at The Ohio State University with the Latino community, offer such opportunities for students to do outreach. The class involves field trips to different local Hispanic markets, newspapers, or restaurants, and requires that students complete 100 hours of practice with Spanish outside of class. Along with those hours, students must keep a journal of their activities and complete a final project they feel will benefit the community. In my opinion, instead of quantity of time spent doing outreach, it would be more important that the emphasis for student outreach engagement be focused on a sustained project, neighborhood, or organization. Students would have more of an opportunity to fully interact with the community, rather than simply exploit the experience solely for language practice. Language is more than a skill, but rather a means

of communication. Words can be translated, be it from a book or a person. That process can be done instantly, and can be measured in hours. Understanding, both on cultural and linguistic levels, requires face-to-face interaction with native speakers, and an immeasurable amount of time, patience, and commitment, but it should ultimately be the goal of student outreach. By routing students to organizations, rather than random activities to practice their Spanish, the community, the organization, and the students themselves can accomplish more.

The role of students in health care outreach is being recognized in the "Community Health Workers Act of 2007," a proposed bill that seeks to improve health care literacy across language barriers. The bill includes provisions for grants "to recruit students to health care careers and to conduct research on people affected by health disparities" (HispanicPRWire). It also acknowledges that when there are "difficult barriers confronting medically underserved communities (poverty, geographic isolation, language and cultural differences, lack of transportation, low literacy, and lack of access to services), community health workers are in a unique position to reduce preventable morbidity and mortality, improve the quality of life, and increase the utilization of available preventive health services for community members". Explicitly stated in the bill is that it "shall encourage community health worker programs receiving funds under this section to collaborate with academic institutions." The importance of engaging mothers in health care outreach is also part of the bill, as its target population is "women of reproductive age, regardless of their current childbearing status and children under 21 years of age" ("Community Health Workers Act of 2007").

It is not a matter of tossing information out to the community, but rather embedding the organization within the barrio through persistent interaction on an individual level. Instead of expecting people to respond to organizations, organizations should try to become part of the community. Just as the church adapted to meet the needs of both individuals and the Spanish-speaking immigrant community as a whole, health care organization can follow the same outreach approach. The key is interaction on a personal level, with individuals who grow to trust the resources put forward by outreach workers. In the situation of relocating families after the evictions in the trailer park, the church responded by setting up services to help each affected family, instead of simply handing the entire group of potentially homeless parishioners brochures about where they should go. Recognizing individuals is essential for making changes for the whole community. Statistics will prove that there are economic, educational, and health issues that need attention in the Mexican immigrant population of the U.S., but those numbers have little significance without recognizing that the data are a reflection of actual human beings.

Each of the organizations included in this thesis exists to help individual cases. The PCC was founded so that even just one more mother could have access to prenatal care. CATF strives to decrease HIV with each person tested for or educated about the disease. LEON offers its workshops, hoping that even one more family might better understand how to navigate the health care system. The services and intentions of the PCC, CATF, and LEON are based on making a difference one person at a time. Their approach to one-on-one services could also be applied to how they, and other health care

outreach organization, reach the community. Instead of advertising and expecting a reaction from their target audience, they should look for consistent interaction.

People will reach out for what they feel they need. The church began to include a bilingual mass in response to the people who sought out the parish. The Sunday school became a place where the Spanish-speaking mothers would congregate, not because the space was set aside for them, but rather because the women looked for a place to chat while they waited for their children. The changes come from the influence of the immigrant community on the church, not because the church actively advertised its mass or Sunday school program. With that example in mind, it is important that organizations become an entity that the community feels it needs. The term *outreach* implies that it is the organization that must make contact with the people. It is important to recognize that the people must feel like they can lay claim to the organization in order for them to trust it enough to use the services it offers.

Improving the national and state statistics on health in Mexican immigrant community must start on a local level. Legislation has made accessing health care more complicated, and therefore has heightened the need for information sharing. Proposed bills like “Community Health Workers Act of 2007” can aid organizations in reaching out to the immigrant population.

Although the numbers in the headlines measure across thousands surveys, they are really based on individuals. Instead of approaching a population as a whole about the issue of access to health care, organizations should seek themselves as part of the community, not a supplement to it. This strategy might require more manpower, but organizations should not hesitate to tap into universities for volunteers. If university

students are applied to specific projects, rather than diversifying their volunteer time, they can help to establish vital information sharing bonds with the community. Consistent interaction between the students and the Spanish speaking community creates a reciprocal relationship: students gain an immersion experience and the community can be connected to organizations. Mothers are an excellent resource in gaining access to other community members because many of them are friends with other stay-at-home mothers, and also because they have their own children and husbands that might need health care resources. The *barrio* looks to interact with individuals because the *barrio* itself is defined by connections between people. The organizations want to reach the community as a whole. To achieve their mission of promoting health and well being of the Spanish speaking population in Columbus, the organizations must expect to follow an approach similar to the one used by St. Thomas Church; rather than seeing the people they serve as a population or audience, they see them as a family.

There is a difference between translating the word *barrio*, and *understanding* it. Though it literally means *neighborhood* in English, the *barrio* is not defined by an address. It cannot be measured in hours, counted in surveys, nor can it be entirely represented in statistics. Though one can live in it, stand in it, walk through it, the *barrio* is not just a matter of physical space, but also of emotional connection. A *barrio* is not just the roads that link the homes together, but the people who reach out to one another. Then *barrio* is a force, it is the power of individual connection for the well being of the group. When the circle is expanded beyond a geographical region, it can encompass workers from large organizations and students from universities. Together, all parties involved can benefit one person at a time.

WORKS CITED

Community Health Workers Act of 2007. <http://thomas.loc.gov/cgi-bin/bdquery/z?d110:s.00586:>.

Connolly, Ceci. "Study Paints Bleak Picture of Immigrant Health Care." Washington Post 26 July 2005 26 Mar 2007 < www.washingtonpost.com/wp-dyn/content/article/2005/07/25...>.

Forester, Alexis. Email to the author. 29 April 2007.

Healy, Andrew J., MD. "Access to Prenatal Care Not Significantly Improving Preganancy Outcomes for Minorities." The American College of Obstetricians and Gynecologists News Release 28 Feb. 2006 07 July 2006 <www.acog.org/from_home/publications/press_releases/nr02-28-06-2.cfm>.

Huffman, Amy. Email to the author. 29 April 2007.

LatinoEyes, "New Study Serves Up Latinos' Health Habits." Hispanic PR Wire 9 May 2007 1. 12 May 2007 < http://www.hispanicprwire.com/news.php?l=in&id=8641&cha=9>.

Lazear, Edward Paul . "The Plight of Immigrants from Mexico." The Daily Report 10 Nov 2004 15 May 2007 < http://www.hoover.org/pubaffairs/dailyreport/archive/2827781.html>.

NHMA, "Congress, Media, Experts Come Together to Target Health Disparities at National Hispanic Medical Association Briefing." Hispanic PR Wire 10 May 2007 1. 12 May 2007 < http://hispanicprwire.com/news.php?1=in&id=8648>.

O'Connor, Tim. "Qualitative Social Science Research Methodology." Mega Links in Criminal Justice. 04 Oct. 2006. 1 Jun 2007 <http://faculty.ncwc.edu/toconnor/308/308lect09.htm>.

Pear, Robert. "Lacking Papers, Citizens Are Cut From Medicaid." New York Times 12 Mar 2007 16 Mar 2007 < http://ntytimes.com/2007/03/12us/12medicaid.html?ei=5070&...>.

Pear, Robert. "Medicaid Wants Citizenship Proof for Infant Care." New York Times 3 Nov 2006 5 May 2007 < http://ntytimes.com/2006/11/03/washington/03medicaid.html?ei=5070&en=174cdea7c...>.

Pyle, Encarcion. "Columbus Becoming a Mini Melting Pot." Columbus Dispatch 14 Mar 2006 15 May 2007 <

http://www.dispatch.com/dispatch/contentbe/dispatch/2006/03/14/20060314-A1-02.html>.

Ramos-Pelicia, M.F.. "The Changing Face of Columbus." ¿Qué Pasa, OSU? 9 Mar 2004 12 May 2007 http://quepasa.osu.edu/issues/wi04/article1.htm.

Tullis, Matt. "Park Owner Must Fix Health Violations." The Columbus Dispatch 12 Feb. 2007<http://www.dispatch.com/dispatch/contentbe/dispatch/2007/02/17/20070217-D3-00.html>.

Zapata, Katherine. Email to the author. 29 April 2007.

Acknowledgements

To the many people and organizations who made this thesis possible, muchisimas gracias por todo! The time and talents of Catherine Zapata, Amy Huffman, Victoria Nunes, and Alexis Forester for showing me the inner-workings of their organizations. To Dr. Ana Del Sarto, my professor, thesis advisor, mentor, and friend. For the last two years, you have helped me through the ups and downs of doing a thesis. Though the project was outside the realm of either of our areas of expertise, you did more than just advise me, you believed in me. Thank you for your tireless commitment of time and energy. It has been an honor to work with you. I am also very grateful to The Ohio State University's Honor and Scholars Program's Undergraduate Academic Enrichment Grant, the College of Arts and Sciences' Research Grant, and the Pressey Grant for providing the funding to make this project possible. To the people of the barrio: though I came to you through out reach volunteer work, it was you that reached out to me. I wish I could be certain that this project was helpful to you, but I can only be confident that your kindness forever changed my life. Mil gracias.