



barrios unidos:
findings from a health services needs assessment of low-income
latinos living in mid- and north- santa cruz county

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Introduction

The California Endowment provided Barrios Unidos with a grant to assess the health needs of low-income Latinos living in mid- and north-Santa Cruz County. In turn, Barrios Unidos partnered with Ceres Policy Research to design a health assessment instrument and then analyze data collected from the Live Oak, Neary Lagoon, and Beach Flats neighborhoods.

The needs assessment was designed to measure the greatest general health needs of low-income Latinos, which services are used most frequently by low-income Latinos, as well as where low-income Latinos face the biggest barriers to health care. This report provides the findings from 322 surveys collected during the months of June and July 2005.

Research Design and Methods

The Barrios Unidos Health Services Needs Assessment was developed collaboratively by Ceres Policy Research and Barrios Unidos. Ceres Policy Research staff drafted a survey and then revised the instrument based on feedback they received from Barrios Unidos staff and Latino community members. After making final changes, the instrument was translated into Spanish so that the survey would be available in both English and Spanish (see Appendix A for a full description of the survey design and data collection process).

322 surveys were collected by Barrios Unidos-recruited community members in mid- and north-Santa Cruz County. Respondents were varied by gender, language, area of residence, experience with family members in a gang, and immigration status. Demographic details about respondents are provided below:

- 45% of the respondents were men and 55% were women.
- 8% of the respondents were English monolingual, 55% were Spanish monolingual, and 37% were bilingual (English and Spanish).
- 49% of the respondents were from Live Oak (mid-county) and 51% were from Santa Cruz City (north county).
- 27% of respondents reported having a family member in a gang.
- 62% of respondents reported being born outside of the U.S.

Findings

Greatest Health Needs

Two sections of the survey were designed to collect data about the general health needs of low-income Latinos (see Appendix B for a full copy of the survey).

Section A of the survey asked respondents a series of demographic descriptive questions and ended with a question about whether respondents had any unmet health needs. This was an open ended question. 155 of the 322 respondents answered the question, identifying the following needs:

- 46% reported a need for increased access to a dentist
- 37% reported a need for increased access to all health services
- 19% reported a need for increased access to optometrists
- 10% reported a need for increased access to ear specialists

This data is reinforced by the responses to the first nine questions of Section C on the survey. These first questions ask respondents to rate the frequency with which they receive different types of care. They answered these questions using a 1-4 scale, with a “1” meaning “never true,” a “2” meaning “sometimes true,” a “3” meaning “usually true,” and a “4” meaning “always true.”

With regard to the most basic forms of health care, respondents reported that, on average, they only sometimes see a doctor every year, an optometrist every year, and a dentist every six months (see Table 1 on the next page for average responses).

With regard to additional forms of health care, respondents reported that, on average, they almost never see a therapist, chiropractor, physical therapist, or curandero and sometimes use over-the-counter drugs and home remedies to cure ailments (see Table 1 on the next page for average responses).

In addition, respondents do not usually exercise or have enough healthy food for their family. (see Table 1 on the next page for average responses).

Table 1: Frequency of Health Care Useage

Survey Question	Average
C1. I have a doctor that I see every year.	2.16
C2. I have an optometrist that I see every year.	1.78
C3. I have a dentist that I see every six months.	2.07
C4. I attend therapist/psychologist services regularly.	1.21
C5. I see a chiropractor regularly.	1.22
C6. I see a physical therapist regularly.	1.26
C7. I use a curandero and/or santero.	1.28
C8. I use over-the-counter drugs regularly.	1.84
C9. I use home remedies to cure ailments.	2.03
C10. I exercise regularly.	2.39
C11. I have enough healthy food for me and my family every day.	2.84

Most Frequently Used Health Services

Respondents were asked whether they used any of eighteen health services available in their area. These health services included the county emergency room, dentists, counseling centers, and community health clinics. Table 2 reports the percentages of respondents who have used each service in the last year (see below):

Table 2: Prevalence of Health Service Use

Name of Health Service	Percent of Respondents Reporting Use in Last Year
B1. Dominican Emergency Room	35%
B2. Santa Cruz Medical Urgent Care	13%
B3. Beach Flats Health Center (Salud)	8%
B4. Community Health Clinics, HSA	4%
B5. Child and Adolescent Mental Health Services, HSA	1%
B6. Adult Mental Health Services, HSA	2%
B7. Pregnancy Resources Center	5%
B8. Family Service Agency (Renaissance Program, Ways to Work)	1%
B9. Community Support Services (Mariposa)	2%
B10. Planned Parenthood	29%
B11. Walnut Avenue Women's Center	3%
B12. Defensa de Mujeres	2%
B13. Survivors' Healing Center	1%
B14. Santa Cruz Women's Health Center	4%
B15. Youth Services	11%
B16. Janus of Santa Cruz	2%
B17. Santa Cruz Community Counseling Center	3%
B18. Los Dientes	18%

Notably, there is a very high use of the emergency room and urgent care facilities. Women also regularly use specialized gynecological and reproductive health services at Planned Parenthood.

Barriers to Health Care

Respondents were asked five questions related to a range of potential barriers to care, ranging from transportation to comfort with local health services. They were asked to rate their level of knowledge on a 1-4 scale, with a “1” meaning “never true,” a “2” meaning “sometimes true,” a “3” meaning “usually true,” and a “4” meaning “always true.”

The data indicates that respondents do not usually have transportation or access to bilingual staff. In addition, low-income Latino patients are not usually comfortable using local health services and feel that health professionals do not usually treat them the same as other patients (see Table 3 for average responses)

The greatest barrier to health care is access to affordable health care: low-income Latinos can rarely find affordable health care (see Table 3 for average responses).

Table 3: Barriers to Health Care

Survey Question	Average
C12. I have the transportation I need to get health services.	2.52
C13. I can find affordable health care.	1.86
C14. Health services provide bilingual staff	2.50
C15. I am comfortable using local health services.	2.52
C16. Health professionals (nurses, doctors) treat me the same as the other patients.	2.60

Another large barrier to health care is knowledge about existing services. Respondents were asked seventeen questions related to their knowledge about existing health services. They were asked to rate their level of knowledge on a 1-4 scale, with a “1” meaning “never true,” a “2” meaning “sometimes true,” a “3” meaning “usually true,” and a “4” meaning “always true.”

Along this scale, any average response below a 2.5 reflects a large gap in knowledge. Average responses reflected large gaps in knowledge in 14 of the 17 health service areas (see Table 4 on the next page for average responses).

Table 4: Average Response Rates for Knowledge Questions

Survey Question	Average
C17. I know where to go if I have questions about my sexuality.	2.30
C18. I know where to find a doctor.	2.65
C19. I know where to get health insurance.	2.26
C20. I know where to get birth control.	2.81
C21. I know where to go for an HIV/STD test.	2.78
C22. I know where to find a dentist.	2.49
C23. I know where to get information and help about drugs and alcohol.	2.38
C24. I know where to find help if I'm feeling depressed or suicidal.	2.09
C25. I know where to get information about gangs.	2.06
C26. I know where to find support for leaving a gang.	1.89
C27. I know where to have tattoos removed.	1.59
C28. I know where to find support if I have a family member in a gang.	1.83
C29. I know where to find support if I have a family member in jail.	1.76
C30. If I can't stay at home, I know of a safe place to stay.	1.99
C31. I know where to go to get help if there is violence in my home.	2.10
C32. I know where to go to get help if my boyfriend or girlfriend hurts me.	2.11
C33. I know where to get help if somebody sexually assaults me.	2.04

Notably, the greatest gaps in knowledge are related to violence in the home or community (see questions C25-C33).

Subpopulations with Special Needs

Ceres Policy Research analyzed the survey data in order to determine whether there were subgroups within the low-income Latino population with special needs.

Respondents who were born outside of the U.S. had greater health needs and gaps in knowledge about health services than U.S. nationals. With regard to general health needs, respondents born outside the U.S. are less likely to see a doctor, see a dentist, exercise, and to have healthy food for their families. With regard to barriers to care, respondents born outside the U.S. are less likely to have transportation, find affordable health care, and to find bilingual staff. With regard to knowledge, respondents are less likely to have knowledge about 14 of 17 available health services (see Appendix C for the results of this analysis).

These greater needs and gaps in knowledge may be related to language and access to health insurance: respondents born outside of the U.S. were more likely to be Spanish monolingual and to lack health insurance. At the same time, respondents born outside the U.S. are more concentrated in the Neary Lagoon and Beach Flats communities, providing a location for targeted services and information campaigns.

Summary and Implications

The partnership between Ceres Policy Research and Barrios Unidos enabled the collection of health needs data from low-income Latinos living in mid- to north-Santa Cruz County. This survey was particularly successful at reaching monolingual Spanish speakers and Latinos born outside of the U.S. This is a population that is traditionally very difficult to reach.

The data collected by this partnership shows that low-income Latinos living in mid- to north-Santa Cruz County have a broad range of general health needs including access to family doctors, dentists, therapists, exercise, and healthy food.

These needs are most deeply rooted in a need for affordable health insurance and health care. Affordability of health insurance and health care is a particular problem for monolingual Spanish speakers and Latinos born outside the U.S., two populations that overlap with one another and that include many undocumented immigrants.

Given the lack of affordable insurance and health care, many low-income Latinos still rely on emergency and urgent care rather than community clinics. While this pattern of health service usage is not unusual for low-income groups, it is nonetheless a problem that should be addressed within mid- and north-Santa Cruz County.

The data analysis also uncovered other barriers to health care. There is a general lack of knowledge about existing services in the community, particularly services related to domestic and community violence. Other barriers include transportation, access to

bilingual health staff, comfort with health services, and perceived unfair treatment by health professionals.

Given the breadth of services available in the mid- to north-county region, the greatest program priority should be placed on ways to break down these barriers to health care. With the completion of this survey, Barrios Unidos has a proven ability to reach into the most difficult to reach portions of the low-income Latino community. Barrios Unidos could partner with existing agencies to develop outreach campaigns that inform and refer low-income Latinos into needed services, particularly the community health clinics located in Live Oak and Beach Flats as well as domestic abuse support programs provided by Walnut Avenue Women's Health Clinic and Defensa de Mujeres.

At the same time, community violence prevention programming could be expanded in the mid- to north-county area. While Barrios Unidos has provided the bulk of these services, funding has been erratic. More consistent funding for gang-prevention and incarceration-support programming in the mid- to north-county area would enable Barrios Unidos to better serve families with relatives in gangs and jail.

Appendix A: Collaborative Design, Collection and Analysis of Barrios Unidos Low-Income Latino Health Needs Assessment Data

This appendix provides a description of how Barrios Unidos and Ceres Policy Research collaboratively designed the low-income Latino health needs assessment, collected the needs assessment data, and then analyzed the data that was collected. The description is provided as a timeline.

April 2005 **Barrios Unidos and Ceres Policy Research staff met to set a schedule for the completion of major tasks.**

April 2005 **Ceres Policy Research conducted a review of health needs assessments collected in Santa Cruz County.**

The most thorough health needs assessment in Santa Cruz was a ten-year longitudinal study conducted by Applied Survey Research, with funding from United Way. The health assessment relied on census data as well as a telephone survey. The report was very thorough, addressing:

- access to health care
- use of Medi-care
- use of Healthy Families, the county health insurance program
- access to general health insurance
- access to dental care
- births
- immunization
- substance use
- mental health

However, no information on immigration status was collected by the telephone survey, disabling any analysis of the special needs of Latinos born outside the U.S. Further, the phone surveys were conducted in English, disabling Spanish monolingual respondents.

Based on the results of the ASR survey, we decided to design a survey in both Spanish and English that would address a broader range of health issues, including barriers to health care. We also decided to rely on data collectors from the communities where we would be collecting data. By relying on data collectors from the community, our hope was to reach a large number of immigrants and to identify the special needs of this subpopulation.

April 2005 Ceres Policy Research scanned the best practices of health clinics serving youth. They found a number of organizations providing a range of services for youth. The best practices fell into three different categories:

-Youth Centers providing a range of health services. One example is The Latin American Youth Center in Washington D.C. This organization provides substance abuse programs, programs for homeless teens, teen health education programs, a teen health clinic, foster youth support services, job preparation programs, and education preparation programs. The strength of these types of programs is the breadth of services available that are all targeted at Latino youth.

-School-Based Health Clinics. The Youth Health Services network in Seattle, providing physical and mental services through a network of school-based health clinics. These clinics offer urgent, chronic, and preventative health services. While not specifically targeted at Latino youth, they nonetheless serve Latino youth in proportion to the general population.

-Community-Based Health Clinics. These types of health clinics specialize in providing care to the adult and youth Latino populations. One example is Salud Para la Gente, a community health clinic that provides mental, social, and physical health services to the low-income Latino communities in Santa Cruz County. While these types of clinics serve both adults and youth, they have particular programs targeted at youth.

May 2005 Based on the existing best practices, Ceres Policy Research identified the programs located in mid- and north- Santa Cruz County that provided the broadest range of mental, social, and physical health services for Latino adults and youth. We compiled a list of eighteen services.

May 2005 Ceres Policy Research and Barrios Unidos developed the survey instrument.

Ceres Policy Research developed the first draft of the survey instrument. This draft was designed to contain four separate sections.

-They developed the first section to measure identification with various subgroups within the Latino community. This data would be used later for subpopulation data analysis.

- They developed a second section to measure the use of the eighteen existing health services identified in the best practice scan.
- They developed a third section to measure the frequency of use of general types of health care.
- They developed a fourth section to measure the strength of barriers to health care.

The first draft was reviewed by Ceres Policy Research staff members with content specialties related to youth development, Latino health, and immigration. Special attention was paid to the wording of questions asking respondents to describe their immigration status.

Barrios Unidos staff members and Latino community members then reviewed the draft to ensure cultural relevancy and sensitivity.

After changes were made, the survey was translated into Spanish (see Appendix B for the survey instruments in both languages).

May 2005 **The Barrios Unidos project manager began to recruit survey collectors from the neighborhoods of Live Oak, Neary Lagoon, and Beach Flats, where the surveys were to be collected.**

June 2005 **The Ceres Policy Research and Barrios Unidos project managers trained the survey collectors.**

These survey collectors raised concerns about asking neighborhood residents about immigration status. Based on these concerns, the project managers developed a survey collection protocol that allowed respondents to place completed surveys in unmarked envelopes.

**June 2005-
July 2005** **Surveys were collected by neighborhood-based surveyors.**

The collection of surveys was very time consuming given the long work hours of most low-income Latinos living in the targeted neighborhoods. Respondents were difficult to reach, requiring many different nights of data collection. Once respondents answered their doors, many respondents had to be coaxed into completing surveys. This coaxing took as much as 20 minutes per respondent.

Youth were also difficult to reach. The best strategies for youth survey collection was reaching youth at home in the late morning and going directly to summer school sites.

**July 2005-
August 2005** **Ceres Policy Research analyzed the survey data and completed a draft version of the final report.**

The findings were presented to Barrios Unidos staff to receive feedback on the analysis of the data as well as the structure of the report.

Changes were made based on the feedback.

Current draft submitted to the California Endowment.

**September
2005-
October
2005** **The final report will be presented to members of the Live Oak, Neary Lagoon, and Beach Flats communities at two different town hall meetings.**

Changes will be made, if needed, before the report is distributed through Santa Cruz County.

Appendix B: Barrios Unidos Low-Income Latino Health Needs Assessment in English and Spanish

Barrios Unidos Health Services Needs Assessment

General Information

A1. age						
A2. gender	female	male				
A3. ethnic identity	Mexican	Mexican-American	Latino/-a	Black	White	Other
A4. sexual identity	heterosexual/straight	lesbian/gay	bisexual	transgender	unsure	
A5. languages	Spanish	English	Other			
A6. marital status	single	partnered	married	divorced	widowed	
A7. no. of children	none	1	2	3	4	5+
A8. zip code						
A9. workplace				A10. title		

A11. Do you have health insurance?	yes	no	not sure
A12. Do you receive MediCal, Healthy Families, Healthy Start, or MediCruz?	yes	no	not sure

A13. Have your children ever been removed from your home by a social worker or police officer for family reasons?	yes	no	not sure
A14. Do your children have a social worker now?	yes	no	not sure
A15. Do you have a family member in a gang?	yes	no	not sure

A16. Were you born in the U.S.?	yes	no	not sure
A17. If not, how many years have you lived in the U.S.?			
A18. How many years have you lived in Santa Cruz County?			
A19. Please list any health services that you need that you are not getting:			

Please check all of the health services you have used in the last year:

B1. Dominican Emergency Room		B10. Planned Parenthood	
B2. Santa Cruz Medical Urgent Care		B11. Walnut Avenue Women's Center	
B3. Beach Flats Health Center (Salud)		B12. Defensa de Mujeres	
B4. Community Health Clinics, HSA		B13. Survivors' Healing Center	
B5. Child and Adolescent Mental Health Services, HSA		B14. Santa Cruz Women's Health Center	
B6. Adult Mental Health Services, HSA		B15. Youth Services	
B7. Pregnancy Resources Center		B16. Janus of Santa Cruz	
B8. Family Service Agency (Renaissance Program, Ways to Work)		B17. Santa Cruz Community Counseling Center	
B9. Community Support Services (Mariposa)		B18. Los Dientes	

Please list any other services you used last year:

B19.

Do you agree or disagree?

	Never True (1)	Sometimes True (2)	Usually True (3)	Always True (4)	Doesn't Apply (99)
C1. I have a doctor that I see every year.	1	2	3	4	99
C2. I have an optometrist that I see every year.	1	2	3	4	99
C3. I have a dentist that I see every six months.	1	2	3	4	99
C4. I attend therapist/psychologist services regularly.	1	2	3	4	99
C5. I see a chiropractor regularly.	1	2	3	4	99
C6. I see a physical therapist regularly.	1	2	3	4	99
C7. I use a curandero and/or santero.	1	2	3	4	99
C8. I use over-the-counter drugs regularly.	1	2	3	4	99
C9. I use home remedies to cure ailments.	1	2	3	4	99
C10. I exercise regularly.	1	2	3	4	99
C11. I have enough healthy food for me and my family every day.	1	2	3	4	99

	Never True (1)	Sometimes True (2)	Usually True (3)	Always True (4)	Doesn't Apply (99)
C12. I have the transportation I need to get health services.	1	2	3	4	99
C13. I can find affordable health care.	1	2	3	4	99
C14. Health services provide bilingual staff.	1	2	3	4	99
C15. I am comfortable using local health services.	1	2	3	4	99
C16. Health professionals (nurses, doctors) treat me the same as the other patients.	1	2	3	4	99
C17. I know where to go if I have questions about my sexuality.	1	2	3	4	99
C18. I know where to find a doctor.	1	2	3	4	99
C19. I know where to get health insurance.	1	2	3	4	99
C20. I know where to get birth control.	1	2	3	4	99
C21. I know where to go for an HIV/STD test.	1	2	3	4	99
C22. I know where to find a dentist.	1	2	3	4	99
C23. I know where to get information and help about drugs and alcohol.	1	2	3	4	99
C24. I know where to find help if I'm feeling depressed or suicidal.	1	2	3	4	99
C25. I know where to get information about gangs.	1	2	3	4	99
C26. I know where to find support for leaving a gang.	1	2	3	4	99
C27. I know where to have tattoos removed.	1	2	3	4	99
C28. I know where to find support if I have a family member in a gang.	1	2	3	4	99
C29. I know where to find support if I have a family member in jail.	1	2	3	4	99
C30. If I can't stay at home, I know of a safe place to stay.	1	2	3	4	99
C31. I know where to go to get help if there is violence in my home.	1	2	3	4	99
C32. I know where to go to get help if my boyfriend or girlfriend hurts me.	1	2	3	4	99
C33. I know where to get help if somebody sexually assaults me.	1	2	3	4	99

Barrios Unidos Evaluación de las Necesidades de los Servicios De Salud

Información General

A1. Edad							
A2. Sexo	Mujer	Hombre					
A3. Raza	Mexicano(a)	Mexico-Americano	Latino(a)	Negro	Blanco	Otra Raza	
A4. Identidad Sexual	Heterosexual (hombre con mujer)		Lesbiana/homosexual		Bisexual		
	Transgénero			No estoy seguro(a)			
A5. Idiomas	Español	Inglés	Otro				
A6. Estado Civil	Soltero(a)	Vive juntado(a)	Casado(a)	Divorciado(a)	Viudo(a)		
A7. Número de Hijos	Ninguno	1	2	3	4	5	más de 5
A8. Código Postal							
A9. ¿Nombre dónde trabaja?				A10. ¿Ocupación?			

A11. ¿Tiene Ud. Seguro Médico?	Sí	No	No estoy seguro(a)
A12. ¿Recibe MediCal, Healthy Families, Healthy Start ó MediCruz?	Sí	No	No estoy seguro(a)

A13. ¿Alguna vez le han quitado a sus niños de su casa? ¿fué una trabajadora social, un policía ó por motivos familiares?	Sí	No	No estoy seguro(a)
A14. ¿Tienen sus niños una trabajadora social ahora?	Sí	No	No estoy seguro(a)
A15. ¿Tiene Ud. un familiar que sea un pandillero?	Sí	No	No estoy seguro(a)

A16. ¿Nació Ud. en los Estados Unidos?	Sí	No	No estoy seguro(a)
A17. Si no, ¿cuántos años lleva viviendo en los Estados Unidos?			
A18. ¿Cuántos años lleva viviendo en el Condado de Santa Cruz?			

A19. Por favor escriba algún servicio de salud que necesita pero que no está recibiendo:

Marque por favor todos los servicios que haya Ud. usado en los últimos 12 meses:

B1. Dominican Emergency Room <i>Sala de Emergencias Dominican</i>		B10. Planned Parenthood <i>planeación familiar</i>	
B2. Santa Cruz Medical Urgent Care <i>Sala de Urgencias Santa Cruz</i>		B11. Walnut Avenue Women's Center <i>Centro para La Mujer de la Avenida Walnut</i>	
B3. Beach Flats Health Center <i>Centro de Salud de Beach Flats</i>		B12. Defensa de Mujeres <i>Defensa de Mujeres</i>	
B4. Community Health Clinics, HAS <i>Clinicas Comunitarias de Salud (HAS)</i>		B13. Survivors' Healing Center <i>Centro de Sanación para Sobrevivientes</i>	
B5. Child and Adolescent Mental Health Services <i>Servicios de Salud Mental para Niños y Adolescentes</i>		B14. Santa Cruz Women's Health Center <i>Centro de Salud para La Mujer de Santa Cruz</i>	
B6. Adult Mental Health Services, HAS <i>Servicios de Salud Mental Para Adultos</i>		B15. Youth Services <i>Servicios para Jóvenes</i>	
B7. Pregnancy Resources Center <i>Centro de Recursos para el Embarazo</i>		B16. Janus of Santa Cruz <i>Janus de Santa Cruz</i>	
B8. Family Service Agency (Renaissance Program, Ways to Work) <i>Agencia de Servicios Familiares(Programa Renacimiento, Formas de Trabajo)</i>		B17. Santa Cruz Community Counseling Center <i>Centro Comunitario de Consejería de Santa Cruz</i>	
B9. Community Support Services (Mariposa) <i>Servicios de Apoyo a la Comunidad (Mariposa)</i>		B18. Los Dientes <i>Los Dientes</i>	

Por favor apunte otros servicios que haya Ud. usado durante los últimos 12 meses:

B19.

¿Está de acuerdo ó no?

Conteste marcando uno de los números	Nunca es cierto (1)	A veces es cierto (2)	Por lo general es cierto (3)	Siempre es cierto (4)	No tiene nada que ver (99)
C1. Tengo médico y lo consulto cada año.	1	2	3	4	99
C2. Tengo un doctor para mis ojos y lo consulto cada año.	1	2	3	4	99
C3. Tengo dentista y voy a verlo cada seis meses.	1	2	3	4	99
C4. Yo cuento con servicios de terapia-psicológica y asisto regularmente.	1	2	3	4	99
C5. Yo voy al quiropráctico con regularidad.	1	2	3	4	99
C6. Yo voy a mis terapias físicas con regularidad.	1	2	3	4	99
C7. Yo voy a un curandero y/o a un santero.	1	2	3	4	99
C8. Yo tomo medicinas no recetadas por un medico regularmente.	1	2	3	4	99
C9. Yo uso remedios caseros para curar mis enfermedades.	1	2	3	4	99
C10. Yo hago ejercicio con regularidad.	1	2	3	4	99
C11. Cuento con alimentos saludables suficientes para mí y para mi familia todos los días.	1	2	3	4	99

Conteste marcando uno de los números	Nunca es cierto (1)	A veces es cierto (2)	Por lo general Es cierto (3)	Siempre es cierto (4)	No tiene nada que ver (99)
C12. Cuento con el transporte que necesito para ir a que me den mis servicios de salud.	1	2	3	4	99
C13. Yo puedo encontrar cuidados de salud al alcance de mi bolsillo.	1	2	3	4	99
C14. Los servicios de salud cuentan con empleados que son bilingües.	1	2	3	4	99
C15. Yo me siento a gusto utilizando los servicios de salud locales.	1	2	3	4	99
C16. Los profesionales de la salud (doctores, enfermeras), me tratan igual que a los otros pacientes.	1	2	3	4	99
C17. Yo sé a dónde debo acudir si tengo preguntas en cuanto a mi sexualidad.	1	2	3	4	99
C18. Yo sé dónde hallar un médico.	1	2	3	4	99
C19. Yo sé dónde puedo conseguir seguro médico.	1	2	3	4	99
C20. Yo sé dónde puedo conseguir anticonceptivos.	1	2	3	4	99
C21. Yo sé dónde puedo ir para que me hagan una prueba del VIH y de enfermedades venéreas.	1	2	3	4	99
C22. Yo sé cómo conseguir un dentista.	1	2	3	4	99
C23. Yo sé dónde conseguir información y ayuda en cuanto al alcohol y las drogas.	1	2	3	4	99
C24. Yo sé dónde encontrar ayuda si me siento deprimido(a) ó con pensamientos de hacerme daño, de suicidarme.	1	2	3	4	99
C25. Sé dónde obtener información en cuanto a las pandillas.	1	2	3	4	99
C26. Sé dónde buscar apoyo para salir de una pandilla.	1	2	3	4	99
C27. Sé dónde ir a que me quiten unos tatuajes.	1	2	3	4	99
C28. Yo sé a dónde ir para que me apoyen si tengo un miembro de mi familia en una pandilla.	1	2	3	4	99
C29. Yo sé a dónde ir para que me apoyen si tengo un familiar en la cárcel.	1	2	3	4	99
C30. Si no me puedo quedar en mi casa, yo sé dónde hay un lugar seguro donde me puedo quedar.	1	2	3	4	99
C31. Yo sé a dónde ir para que me den ayuda si es que hay violencia doméstica en mi casa.	1	2	3	4	99
C32. Yo sé a dónde ir para que me ayuden si es que mi novio ó novia me hace daño.	1	2	3	4	99
C33. Yo sé a donde pedir ayuda si alguien me ataca sexualmente.	1	2	3	4	99

Appendix C: Data Analysis of Special Needs of Latinos Born Outside the U.S.

The following table reports the results of a data analysis comparing Latinos born outside the U.S. to Latinos born inside the U.S. The table reports whether the average responses of Latinos born outside the U.S. are higher or lower than the average responses of Latinos born inside the U.S. The table also reports the level of statistical significance. If there is no data in the last column of the table, there is no statistical difference between the two groups.

	Latinos Born Outside the U.S.
C1. I have a doctor that I see every year.	lower .000
C2. I have an optometrist that I see every year.	
C3. I have a dentist that I see every six months.	lower .000
C4. I attend therapist/psychologist services regularly.	
C5. I see a chiropractor regularly.	
C6. I see a physical therapist regularly.	
C7. I use a curandero and/or santero.	
C8. I use over-the-counter drugs regularly.	
C9. I use home remedies to cure ailments.	
C10. I exercise regularly.	lower .000
C11. I have enough healthy food for me and my family every day.	lower .008
C12. I have the transportation I need to get health services.	lower .001
C13. I can find affordable health care.	lower .000
C14. Health services provide bilingual staff.	lower .018
C15. I am comfortable using local health services.	
C16. Health professionals (nurses, doctors) treat me the same as the other patients.	
C17. I know where to go if I have questions about my sexuality.	lower .032
C18. I know where to find a doctor.	
C19. I know where to get health insurance.	

C20. I know where to get birth control.	
C21. I know where to go for an HIV/STD test.	lower .007
C22. I know where to find a dentist.	
C23. I know where to get information and help about drugs and alcohol.	lower .000
C24. I know where to find help if I'm feeling depressed or suicidal.	lower .007
C25. I know where to get information about gangs.	lower .000
C26. I know where to find support for leaving a gang.	lower .008
C27. I know where to have tattoos removed.	lower .002
C28. I know where to find support if I have a family member in a gang.	lower .000
C29. I know where to find support if I have a family member in jail.	lower .000
C30. If I can't stay at home, I know of a safe place to stay.	lower .000
C31. I know where to go to get help if there is violence in my home.	lower .010
C32. I know where to go to get help if my boyfriend or girlfriend hurts me.	lower .008
C33. I know where to get help if somebody sexually assaults me.	lower .000