

Title of Document:                   CROSSING THE CULTURAL DIVIDE:  
ASSESSING THE NEEDS OF A LOCAL  
IMMIGRANT COMMUNITY

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Located less than three miles from the University of Maryland – College Park, the Langley Park area is a vibrant immigrant enclave. Language and cultural differences, however, may affect residents' ability to access community services. A comprehensive needs assessment of the community was conducted to determine service utilization, satisfaction with available services and unmet needs. This assessment included a survey of residents and interviews with community leaders and service providers. The results show that the primary obstacle to adequately meeting residents' needs is the language barrier. Other findings include a need for more accessible legal services, affordable health care based on preventative efforts and increased security and police presence. It is recommended that service providers focus on improving methods of outreach and offering a greater variety of bilingual services to better serve the area's population.

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By

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## Dedication

We dedicate this thesis to the residents of Langley Park who welcomed us into their community and let us represent their ideas.

## Executive Summary

Team CARE conducted a needs assessment of the Langley Park community for CASA de Maryland, an immigrant rights organization that provides social services to the community. CASA de Maryland is opening a multicultural center in 2010. Findings from this study will be used to guide the selection of services that will be housed in the center.

This study is the third to extensively examine community needs and services in Langley Park and builds on the work of the earlier research (Hanna 1995, ParkerRodriguez 2002). The current study is the first to include a large sample of resident input.

Langley Park is a Census-designated place located less than three miles from the University of Maryland and the District of Columbia. The community is predominantly Spanish speaking. Many residents work in the informal economy and Langley Park is home to the country's largest day labor worker center.

Data collection for this study included surveys of residents and interviews with community service providers including: a community service leader, an educator, a government official, a health care service provider and a legal advisor. The survey sample was predominantly Spanish-speaking, young, male, working and Latino. Most have less than a high school education and rent their home. Transience is a characteristic of the Langley Park area; approximately 90 percent of the sample has lived in the community for 9 years or less. While this studies percentages vary from 2000 Census information, general trends remain the same.

Other characteristics of the survey sample include: 85 percent of respondents remit money to family in another country and of the 25.5 percent of unemployed respondents, two-thirds remit money.

## **Results**

### Service: Public Transportation

- Utilization: 89 percent
- Satisfaction among service users: 92 percent

### Service: After-School programs

- Utilization: 43 percent
- Satisfaction among service users: 81 percent

### Service: English as a Second Language (ESL) Classes

- Utilization: 70 percent
- Satisfaction among service users: 85 percent
- Interviewees identified ESL as a high priority service

### Service: Child Care

- Utilization: 36 percent
- Satisfaction among service users: 64 percent

### Service: Health Care

- Utilization: 70 percent
- Satisfaction among service users: 67 percent
- Health insurance: 15 percent have
- Dental Insurance: 10 percent have
- Interviewees identified health care as a high priority service

### Service: Employment

- Utilization: 91 percent
  - 95 percent of males
  - 79 percent of females
- Satisfaction among service users: 62 percent

### Service: Legal

- Utilization: 82 percent
- Satisfaction among service users: 59 percent

When asked what services specifically need to be addressed, residents requested increased education services, police force presence and health services.

Both interviews and survey data indicated that language and cultural barriers need to be addressed and bilingual service providers need to be available to adequately meet the needs of the community. Many residents make an effort to learn English through ESL classes, but the classes are overbooked. Many services, including health care, legal aid and housing are overburdened.

### **Recommendations**

#### Bridge the language and cultural barriers.

- multilingual service providers or interpreters
- Materials printed in multiple languages
- Increase outreach to publicize service availability
- Expand ESL classes

#### Coordinate community organizations.

- Create a community calendar

- Create a service directory
- Hire paid liaison between residents and community organizations

#### Engage Residents.

- Have a suggestion box
- Create an advisory board
- Hold bilingual community meetings
- Conduct focus groups

#### Partner with the University of Maryland

- Students as volunteers or interns for services
- Memo of understanding between CASA and the University of Maryland Provost

#### Improve outreach.

- Public service announcements on local radio shows
- Disseminate fliers
- Advertise services through churches
- Conduct workshops or health fairs

#### Further research

- Conduct focus groups
- Compare to 2010 Census
- Analyze services in-depth

This study's findings demonstrate the interconnected nature of services in an immigrant community. While this data can be separated into its component pieces for

clarity, the language barrier is the glue that binds them together. Service providers and residents must work together to bridge this gap.

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# Chapter 1: Introduction

## A. Team CARE

As the federal government continues to grapple with how to address immigration, it is important to remember that immigrants are people, not just Census statistics. Immigrants, both documented and undocumented, have needs unique from their native counterparts. Language and cultural differences may complicate an immigrant's ability to access employment, legal, medical and other services. As the United States' population continues to diversify, community service providers must take immigrants' differing needs into account when considering how to best serve communities with significant foreign-born populations.

With the seventh-largest foreign-born population of American metropolitan regions, the face of the Washington D.C. area is rapidly changing (Singer, 2003). Langley Park and the surrounding area, located less than three miles from the University of Maryland – College Park, is well-known locally as an ethnic enclave. Langley Park is recognized as a Census designated place – a defined area with a settled population that is identifiable by name but not legally incorporated under the laws of the state in which it is located (U.S. Census Bureau, 2005). The restaurants, shops, grocery stores, check-cashing services and law offices that line Langley Park's main thoroughfares of University Boulevard and New Hampshire Avenue advertise their services to the primarily Spanish-speaking Latino<sup>1</sup> population. But as the

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<sup>1</sup>For the sake of uniformity, the term "Latino" has been used throughout this study. The United States government uses the term "Hispanic" to classify Spanish-speakers. It is not a racial identifier. "Latino" refers to those who were born in Latin America or are of Latin American descent and live in the United States (Ramos, 2004).

Afrique Dreams hair salon and Chandni Chowk grocery store suggest, the area is home to other immigrant groups as well. As part of the University of Maryland's Gemstone Program, Team CARE, Community Assessment of Resident Experiences, spent three years developing, administering and analyzing a needs assessment of the Langley Park community. The results will help determine what services should be implemented in a local mansion that is being renovated into a multicultural center.

This needs assessment included a survey of Langley Park residents and people who spent time in the area and interviews with local community members and service providers to determine:

- Service utilization
- Satisfaction with available services
- Unmet needs

The team sought to answer the research question: How can the CASA de Maryland Multicultural Center at the Harry and Jeanette Weinberg Building best be utilized to meet the needs of the community?

The immigrant rights organization CASA de Maryland is converting the McCormick-Goodhart mansion into a multicultural center, which is scheduled to open in 2010. This project presents a unique opportunity to organize community services in one location in Langley Park. The results of this study have been shared with CASA de Maryland as well as other community and county government organizations in the hopes that such groups will incorporate its recommendations in planning future services in the community.

This study has been organized into five chapters. Chapter 1 describes the role of Latinos in America's changing demographics and introduces the Langley Park community. Chapter 2 provides a literature review analyzing existing research on Langley Park and issues identified in other immigrant communities. It is divided into subsections that align with the team's areas of study. Chapter 3 describes the project's methodology, detailing how the team carried out this needs assessment. Chapter 4 presents the findings and Chapter 5 discusses these findings, drawing conclusions based on the data. Chapter 6 includes recommendations on how to maximize the multicultural center's impact on the surrounding community and notes areas that would benefit from further study. Finally, Chapter 7 concludes the study.

## **B. Immigration Takes Legislative Center Stage**

In recent years, Congress has repeatedly attempted to overhaul immigration policy, but has failed to come to a consensus regarding the best way to do so. On May 9, 2007, the Senate introduced S. 1348: The Comprehensive Immigration Reform Act of 2007 (Comprehensive Immigration Reform Act, 2007). This bill was a revival of a similar bill that passed in the Senate in 2006 but died in the House of Representatives. The proposal would have:

- Offered the estimated 12 million undocumented immigrants residing in the United States a path to citizenship provided they establish a strong work record, pass a background check and pay fines and back taxes
- Enhanced border security measures and toughened enforcement for companies that hire undocumented immigrant workers

- Increased the number of guest worker visas available to migrants, with some visas including a path to citizenship
- Reworked the current system of awarding visas to focus more on education and skills rather than family sponsors (Weisman, May 10 2007)

The bill had bipartisan support in the Senate and the backing of President George W. Bush. However, various provisions met with harsh criticism from both Democrats and Republicans, and public support for the bill was low. It also faced harsh Republican opposition in the House of Representatives. Procedural votes killed the bill on June 28, 2007 before it went to the House (Weisman, June 29 2007).

### **C. Changing Demographics of Immigrants in the United States**

While the contentious political discussion on immigration continues, many “Americans now see and endorse their country as multiracial and multiethnic,” understanding that an ever-changing social fabric is the norm in a country founded on the backs of immigrants (Huntington, 2004, p.31). Before 1970, four in ten immigrants to the United States were European, while three in ten were Latino (U.S. Census Before 1970, 2000). In every decade since 1970, Latinos have comprised more than half of the immigrants entering the United States, with the next highest group being Asians (U.S. Census Foreign-Born Profiles, 2000).

As immigration to the United States continues to climb, increasing from 4.8 million people entering the country before 1970 (U.S. Census Before 1970, 2000) to 13.2 million people entering the country between 1990 and 2000 (U.S. Census from 1990 to 2000, 2000), counties and towns across the country and especially in the

Washington D.C. region are experiencing “nothing short of seismic cultural and social change” (Singer, 2003, p.2). In 2000, Latinos comprised 12.5 percent of the United States’ population, with 35.3 million people. By 2010, Latinos are projected to represent 15.5 percent of the population, and by 2050, the Census Bureau estimates Latinos will represent one-quarter of the United States’ population (Owens, 2006). What remains to be seen is the extent to which Latinos will assimilate into American culture or change it. Ramos suggests the latter. Technological advances combined with Latin America’s proximity to the United States mean Latino immigrants may find it easier to maintain cultural traditions than immigrants from other parts of the world. Latinos’ high fertility and immigration rates ensure that cultural patterns are kept alive in generations born in the United States instead of fading as they did with European immigrants (Ramos, 2004).

Latino immigration is spreading beyond the traditional strongholds of Arizona, California, New Mexico, South Florida and Texas. In only 26 years, Latino populations in states such as Arkansas, Georgia, North Carolina, South Carolina and Tennessee have grown by more than 55 percent (Owens, 2006, 16). Nationwide, Latinos account for more than half of the country's growth between 2000 and 2006, growing three times faster than the rest of the population (Owens, 2006, 11). This is significant because while community organizations in traditional immigrant strongholds have experience addressing immigrants’ needs, the communities in which new immigrants are now settling may not be prepared to fully serve their new residents.

According to a June 2003 Brookings Institution study, the total number of immigrants in the Washington D.C. metropolitan region has quintupled over the past 30 years (Singer, 2003) with almost half of this growth coming in the 1990s (Singer, 2003). Virginia's Loudoun and Prince William counties and Maryland's Frederick County respectively recorded the third, fourth and fifth highest growth rate of Latinos in the entire country (Owens, 2006, 20). On a map depicting the percent change in Latinos from 2000 to 2006, virtually the entire Washington D.C. region indicates a gain of 100 percent or more (Owens, 2006, 22).

Mirroring national trends, Latino immigrants are the most numerous, with 39 percent of immigrants in this region coming from Latin America and the Caribbean (Singer, 2003). One unique characteristic of this region's immigrant pool is its level of diversity. Distinctive from other metropolitan regions across the United States, no one country of origin dominates the immigrant population in Washington D.C. El Salvadorans, comprising 12.6 percent of the area's immigrant population, were the largest group (Singer, 2003). A civil war in the early 1980s and natural disasters in the late 1990s forced many to flee that country, with a substantial number settling in this region's already established Salvadoran community (Singer, 2003).

Langley Park stands out, even in comparison to the immigrant-rich Washington D.C. region, for having an especially high concentration of foreign-born residents. Nearly two in three Langley Park residents come from outside the United States (Singer, 2003). Seventy percent of those immigrants are Latino, with 39 percent coming from El Salvador alone (Singer, 2003). Other countries represented include Guatemala, Honduras, Jamaica and Mexico (Singer, 2003). Salvadorans also

dominate the immigrant landscape in Langley Park's neighboring Takoma Park and Silver Spring, representing 32 percent and 22 percent of immigrants respectively (Singer, 2003).

#### **D. The History of Langley Park and the Development of a Multicultural Center**

Though now known as a low-income immigrant enclave, Langley Park was historically identified as a wealthy estate property and over time has been home to a variety of ethnic groups. The community, less than one square mile in area, bordered by University Boulevard and the Prince George's County border with Montgomery County, was originally a part of the English McCormick-Goodhart family's estate, which at one time included 566 acres and was slightly larger than the area now known as Langley Park (Hanna, 1995). After World War II, most of the land was sold to various private and religious interests. In the 1950s, many garden apartments and single-family homes were built and initially housed predominantly white war veterans and their families. As people migrated out of Washington D.C., Langley Park's open space and lower cost of living made it an attractive suburb. White World War II veterans and their families dominated the cultural makeup of the community until approximately 1970 (Hanna, 1995).

During the 1970s, legislation requiring the integration of African Americans and whites in schools and other public arenas in the Washington D.C. region resulted in a population shift known as "white flight" that impacted Langley Park. In 1970, 85 percent of Prince George's County's population was white and 14 percent was African American. By 1980 these figures were 59 percent and 37.3 percent respectively. Similar to the suburban expansion of white veterans in the 1950s,

African Americans moved to the suburbs in search of open space, cleaner air and better quality of life (Hanna, 1995).

The 1980s marked the beginning of another demographic shift in Langley Park as Latino immigrants arrived. By the early 1990s, Langley Park had a growing percentage of native El Salvadoran residents. Businesses began to advertise their goods and services in both English and Spanish (Hanna, 1995). Latinos are now the area's dominant ethnic group, though pockets of native-born whites as well as West African and Vietnamese immigrants exist.

At the center of Langley Park sits a structurally sound yet dilapidated mansion. In 1924, the McCormick-Goodhart family commissioned world-famous architect George Oakley Totten Jr. to construct the Georgian Revival-style brick and concrete building as the centerpiece of their estate. The mansion is one of only three such houses remaining from this era in Prince George's County (Inventory of Historic Sites, 36). It now sits in the center of a 24-acre garden apartment complex containing 587 low-income units (CASA de Maryland Multicultural Center, n.d.). The mansion is within walking distance of another 1,500 low-income households, making it an ideal site for a community center (CASA de Maryland Multicultural Center, n.d.).

In May 2005, CASA de Maryland signed a lease with Sawyer Realty LLC, the then-owners of the building, for \$1 per year. In September 2008, CASA bought the building from Sawyer for \$1 (CASA de Maryland Multicultural Center, n.d.). The organization is now renovating the mansion to serve as its permanent headquarters as well as a multicultural center. The 21,000 square-foot facility will house several nonprofit organizations as well as CASA's own services. CASA estimates that the

center will serve 6,000 to 10,000 low-income individuals and families per month (CASA de Maryland Multicultural Center, n.d.).

CASA de Maryland has taken an environmentally responsible approach to the renovation and asked Team CARE to research how the multicultural center could incorporate sustainability and historic preservation into its design. The team identified what Leadership in Energy and Environmental Design (LEED) certification and historic preservation credits could mean for the multicultural center and produced a report titled *Analysis of Green Building and Historic Preservation in the CASA de Maryland Mansion Project* (Appendix A). After reading the report and receiving input from other groups, CASA de Maryland tailored its renovation to the U.S. Green Building Council's (USGBC) requirements for LEED Gold Certification. This designation is the second highest level of recognition that the USGBC can award a construction project. It requires CASA de Maryland's renovation to meet certain criteria, including specific improvements to building systems that will yield a more sustainable long-term operation of the building.

## **E. Community Service Organizations in Langley Park**

This study was intended to support the work of the immigrants' rights group CASA de Maryland, which is the largest organization of its kind in the state (Marimow, 2007). The organization promotes equal treatment and access to resources for low-income Latino immigrants, specifically targeting women, workers and tenants. Its goal is to improve the economic, social and living conditions of these core constituencies by working directly with the community to provide basic services, educational opportunities and leadership training. CASA primarily operates in

Montgomery and Prince George's counties and Baltimore City, which have the state's highest concentrations of Latino immigrants.

Founded in the basement of the Takoma Park Presbyterian Church in 1985, CASA originally gave supplies to Central American refugees to help them survive in a new country. The organization now serves more than 20,000 people per year and has an annual budget of nearly \$6 million. In addition to providing legal, health and employment services, CASA refers residents to other government-sponsored or privately run services such as affordable medical programs, mental health care, legal services and emergency shelters. CASA also offers courses and workshops in English proficiency, financial literacy, and computer, vocational and leadership training.

While CASA directs its efforts towards Latinos across Maryland, another nonprofit organization has focused solely on Langley Park. In December 1994, the University of Maryland's Urban Studies and Planning Program launched the Langley Park Project to facilitate further research on the community. Prince George's County officials and prominent Latino community members expressed interest in the project. Both groups said that with more information, the county would better understand how to serve Langley Park's residents who had no voice in politics (Hanna, 1995). The project combined academic study with community activism to foster engagement and development of the neighborhood (Hanna, 1995).

Recognizing that the community lacked a political voice, University of Maryland Professor and Langley Park Project Director William Hanna created the nonprofit organization Action Langley Park. Since its inception in 1998, the organization has become a coalition of community leaders and organizations invested

in the future development of Langley Park. Action Langley Park's monthly meetings focus on specific issues ranging from education to public safety. The meetings are conducted primarily in English and do not attract a significant number of community residents. They do attract other stakeholders in the community's development; public school faculty and representatives from local colleges and universities frequently attend the meetings as do law enforcement agents and personnel from nearby hospitals. These meetings create a forum for public discussion and offer opportunities for organizations to collaborate on projects of interest. Action Langley Park annually coordinates two major community events that draw hundreds of community members.

The group's biggest event is Langley Park Day, an annual spring fair that began in 2000 as a "folklórico" to celebrate the area's rich ethnic diversity. Though culture is still a central part of the fair – it includes four consecutive hours of performances – the all-volunteer event also includes area health, legal and community service providers, university and community college representatives, as well as food and craft vendors. The event draws 1,000 to 1,500 residents annually. Action Langley Park also organizes a health fair in the fall, where approximately 300 to 500 residents each year receive a variety of free health screenings and information regarding local health services. The organization used to hold job fairs, but stopped since most of the attendees were undocumented and could not be hired for the types of jobs that the organizations in attendance were offering.

The University of Maryland's proximity to Langley Park has meant that a number of campus student groups actively participate in the community. CARing

(Children At Risk project), Beyond These Walls and En Camino are service programs that pair university student mentors with children at Langley Park McCormick Elementary School. Mentors tutor children in math, reading and writing and engage them in games and activities. The Honors Program also collects school supplies, books and toys for the community throughout the year.

Before embarking on its needs assessment, Team CARE looked to previous studies of Langley Park and research in key issue areas to define how the immigrant experience impacts community service needs.

## Chapter 2: Literature Review

### A. Landmark Studies

Team CARE's study is the third to extensively examine community needs and services in Langley Park and the first to include a large sample of resident input. In 1995, University of Maryland Professor William Hanna conducted the first needs assessment of Langley Park. In 2002, the Maryland-National Capital Park and Planning Commission (M-NCPPC) commissioned a second study of how a multicultural center could be utilized for community services in Langley Park. After examining these two landmark studies, Team CARE chose to focus its literature review on three main areas:

- Language and education
- Labor and employment
- Health care

The team first studied William Hanna's *Langley Park: A preliminary needs assessment*. Hanna, a professor in the Urban Studies and Planning Program at the University of Maryland's School of Architecture, Planning and Preservation, was the first to notably study community services in Langley Park. His first venture as head of the Langley Park Project was conducting a needs assessment, which he defined as "an effort to obtain basic information about the needs of a set of people" (Hanna, 1995, p.1-2). Based on resident input, theoretical value and personal interest, Hanna and a group of 13 undergraduate and graduate students selected nine topic areas to assess: family, language, education, health, housing, business and employment, safety, transportation and community (Hanna, 1995).

The needs assessment included both qualitative and quantitative data collection. Hanna interviewed “representatives of all public and nonprofit organizations with significant responsibilities or commitments in the area” (Hanna, 1995, p.1-10). Researchers also interviewed dozens of “businesspeople, church leaders, media reporters, [and] teachers,” labeling these individuals “knowledgables” because their experiences offered particular insight into the community (Hanna, 1995, p.1-11). Hanna’s team obtained resident input through a number of focus groups and “scores” of individual resident interviews, though no numbers were given regarding the quantity conducted or the languages in which they were conducted (Hanna, 1995, p.1-11).

Obstacles such as the language barrier, issues with participation and the inability to earn the trust of residents complicated the group’s intention of distributing a survey to collect quantitative data. Hanna instead relied on secondary data from federal, state and local government sources to complete his assessment of Langley Park. Each conclusion drawn from the quantitative data was prefaced with a qualifying statement. The data stretched beyond the target Langley Park population. In other instances, information such as the number of AIDS cases or the rate of crime was generally understood to be underreported. Hanna combined qualitative and anecdotal information with the quantitative data to get a better sense of the community and its needs (Hanna, 1995).

The study did not draw one overall conclusion, but organized the results by topic area. Nevertheless, Hanna broadly stated that “the area’s challenges include

poverty, fear of crime and deportation, social isolation, transience, a negative external and internal image of the area, and political weakness” (Hanna, 1995, p.vii).

The report concluded that a dearth of family support programs, affordable health and dental care, employment and English language acquisition opportunities as well as police supervision reduced residents’ quality of life. Along with the lack of sufficient school personnel and bilingual housing counselors, these challenges indicated that resident needs were not being adequately met. However, with a “globally-linked, hard-working, multi-lingual, family-oriented population, a convenient metropolitan location and the natural resources of the Northwest Branch,” the area showed promise (Hanna, 1995, p.viii):

“Public, nonprofit, and private sector organizations have opportunities to provide and nurture leadership, enhance community and thereby improve safety, decrease transience, and build programs and infrastructure.” (Hanna, 1995, p.viii)

Based on these findings, Hanna argued that existing community organizations can and must work together to bring the area up to its potential.

In 2002, the M-NCPPC tasked the urban design and planning consulting firm ParkerRodriguez to conduct another needs assessment of Langley Park. For years, community groups and local government had discussed creating a multicultural center. This study was the first to use direct resident input to determine how such a center could improve the availability of services. It prioritized what needs the center should address and evaluated other existing community centers in the Washington D.C. metropolitan region. The study found that while “there is an extraordinary range of needs in the community,” in general, residents “have difficulty expressing and

identifying [needs] unless asked specifically about a potential use, service or program” (ParkerRodriguez, Inc., 2002, p.7).

The firm did not document the specifics of the study’s methodology, but one of its principal researchers explained the study’s procedure. After meeting with county staff, the research team created an advisory committee of approximately 14 people, a few of whom were residents, to determine community stakeholders. Similar to Hanna, ParkerRodriguez intended to obtain quantitative data through distributing surveys. When a direct mail survey yielded zero return, however, the firm modified its study. Over four months, the firm held five meetings that residents and representatives from community groups and other nonprofit, service and public organizations attended. Attending residents filled out a survey and discussed Langley Park’s community services. ParkerRodriguez did not document the number of attendees or surveys completed.

ParkerRodriguez focused on seven topic areas: education, health, employment/immigration, housing, cultural diversity, recreation and public safety. Overall, “residents were clearly more vocal when discussing the need to learn English, job training and computers, as well as the need for health services and assistance in immigration issues” (ParkerRodriguez, Inc., 2002, p.7). The study concluded that “there is not a clearinghouse or single place where the community can turn for help” (ParkerRodriguez, Inc., 2002, p.5). It recommended that the multicultural center serve as the mechanism that connects these various service groups to the residents who need them.

Hanna's study was the first to examine the availability of community services in Langley Park, although it did so with limited input from the community. The ParkerRodriguez study was the first to ask residents to identify their community's needs. It was also a bilingual study. ParkerRodriquez's recommendations were specifically tailored to the proposed multicultural center, although a permanent site for the center had yet to be determined. Although it did include a survey of residents, the report did not give any specific information about the size and scope of that survey. Its findings also stemmed mostly from qualitative data. Missing from both studies was detailed quantitative data on a large segment of the population. Team CARE's study fills a gap in the data currently available on the Langley Park area by making a broad-based survey the centerpiece of its needs assessment. The present study focused its needs assessment on ascertaining:

- Service utilization
- Satisfaction with available services
- Unmet needs

Both Hanna and ParkerRodriguez studied similar topics, notably education, health, employment, housing, and safety. Team CARE focused its research on language and education, labor and employment and health, as these were determined to be the services the multicultural center could most readily address.

## **B. Language and Education**

From the rapid-fire chatter on Langley Park's bustling street corners to the upbeat Sunday mass at Langley Park-McCormick Elementary School, the prevalence of Spanish is the most obvious indicator of the community's immigrant identity.

Among the United States' ten immigrant-rich metropolitan regions, immigrants in the Washington D.C. area are actually the most proficient in English, with 79 percent reporting at least a good command of the language (Singer, 2003). Adults with limited English proficiency, however, are concentrated along the corridor stretching from Langley Park through Silver Spring and into Rockville (Singer, 2003).

For the most part, immigrants in the United States have a grasp of English. Carliner found that only one-quarter of immigrants reported poor or no understanding of English, though one-third of immigrants from Latin America did not speak English well (Carliner, 2000). Geographic proximity and the ease of communication between Latinos in the United States and their home countries makes it easier for those with limited English proficiency to enter the United States (Carliner, 2000).

Spanish language is the most distinctive characteristic that bonds the Latino community (Rumbaut, 2006). Although Langley Park residents speak 27 languages (ParkerRodriguez, Inc., 2002), the current study focused its research on the Spanish-speaking population. Spanish is the most widely spoken language in the community, with the 2000 Census reporting that 62 percent of Langley Park residents over the age of 5 speak Spanish. Of those Spanish speakers, 81 percent speak English less than very well (U.S. Census Poverty in 1999, 2000). Salvadorans and Guatemalans, which together comprise half of Langley Park residents, are the most likely to be linguistically isolated (Singer, 2003). The Census Bureau defines linguistic isolation as a household where no one over the age of 14 speaks English "very well" (Rumbaut, 2006, p.51). The percentage of limited English proficiency (LEP) students at Langley Park-McCormick Elementary School has fluctuated throughout the

decade. It increased from 22 percent in 2000 to 52 percent in 2003, falling to 36 percent in 2006 (Maryland State Department of Education, 2008). The number of LEP students is again on the rise, reaching 57 percent in June 2008 (Maryland State Department of Education, 2008).

Language acquisition is a key component of assimilation into a foreign culture. Dustmann and Van Soest state that “immigrants’ ability to communicate with members of the [dominant culture] is probably the most important single *alterable* factor contributing to their social and economic integration” (Dustmann & Van Soest, 2002, p.473). Immigrants in the United States who lack strong English skills have a higher probability of living in poverty and their children are more likely to perform poorly in school (Carliner, 2000). English proficiency reduces the likelihood of Latino families receiving welfare benefits by 1 to 2 percent, as does each year of schooling completed by the head of a Latino family (Tienda et al., 1986).

Age at time of arrival is a significant determining factor in English proficiency (Veltman, 1988; Carliner, 2000; Rumbaut, 2006). Carliner found that immigrants entering the country at age 15 were 25 percent more likely to be fluent English speakers than those who arrive at age 30 (Carliner, 2000). In a study on English language acquisition among Spanish-speaking immigrants, Veltman found that immigrant children were much more likely to regularly speak English than those who came at an older age (Veltman, 1988). Among Spanish-speaking immigrants, almost everyone who arrives as a child and completes high school education in the United States is fluent in English (Rumbaut, 2006). That number falls drastically among high school-educated immigrants who arrive after the age of 35, who have only a 21

percent to 27 percent chance of reaching English proficiency (Rumbaut, 2006). Spanish-speaking immigrants who arrived before the age of 15 were immediately exposed to English at school, while older teenagers and adults often enter the workforce upon arrival, finding jobs that do not require English proficiency (Veltman, 1988).

While Veltman's study examined Census data collected from more than 150,000 households across the United States, Mesch studied immigrants' language proficiency and language use in a community in Haifa, Israel populated with immigrants from the former Soviet Union. He found that age at the time of migration and level of education were the two most important factors influencing language proficiency. Although geographically distant from Langley Park, Haifa's immigrant community includes some similarities to the Spanish-speaking enclave. In Israel, the 1990s brought a second wave of immigrants from the former Soviet Union, following an initial influx in the early 1970s. Russian-speaking immigrants "caused dramatic demographic change in the city [of Haifa] and some of its traditional neighborhoods," (Mesch, 2003, p.48). Similar to Langley Park, these immigrants were concentrated in a recognizable neighborhood (Mesch, 2003).

Mesch found that those who migrated at a younger age were more likely to be proficient in Hebrew, as were those who had more education. Language proficiency also increased when the immigrants felt comfortable in Israeli society and planned to live there long term. Language proficiency was not strongly connected to the prevalence of immigrants in the community or the respondents' motivations for migrating. As Hebrew proficiency increased, use of Russian in the home decreased.

But immigrants who were older, had been in Israel for less time and were less adjusted to Israeli culture were more likely to use their native Russian language at home, regardless of their level of Hebrew proficiency (Mesch, 2003).

Educational attainment is also an important determinant of language proficiency (Carliner, 2000; Rumbaut, 2006). Controlling for other variables, immigrants with a high school education are 20 percent more likely than those with only an elementary school education to be fluent in English (Carliner, 2000). College-educated immigrants are 24 percent more likely than those with high school degrees to be fluent (Carliner, 2000).

Compared to the general population, Latinos perform poorly at almost every level of the educational system, and those who speak Spanish at home are at even more of a disadvantage (Schneider et al., 2006). Language ability, low socioeconomic status, a lack of understanding of the educational system, inadequate resources and weak student-teacher relationships leave many Latinos feeling disconnected from school (Schneider et al., 2006). Hanna observed such obstacles in Langley Park's elementary, middle and high schools (Hanna, 1995).

Studies suggested that Latino families in general are less likely than white families to engage in literacy activities such as reading to their children. Latino families where both parents speak English are 15 percent less likely than white families to read to their children at least three times a week. In families where both parents speak Spanish, the gap widens to 50 percent (Schneider et al., 2006). Spanish-speaking parents "are more likely to be recent immigrants, live in disadvantaged communities, be unfamiliar with American cultural and educational practices, and

have lower levels of education and less income,” (Schneider et al., 2006, p.183). The combination of these factors make it more difficult for Spanish-speaking Latino parents to be involved in their child’s education, in turn reducing the child’s chance at academic success (Schneider et al., 2006).

Compared to whites and blacks, Latinos have the highest high school dropout rate, at 28 percent (Schnieder et al., 2006). The dropout rate among foreign-born Latinos is double that of U.S. born Latinos (Schnieder et al., 2006). Given the myriad barriers Latinos face when dealing with the United States’ primary, secondary and post-secondary educational systems, Latino “families would benefit from and are especially in need of strategies for helping their children achieve academic success” (Schneider et al., 2006, p.216).

According to the most recent Census data, 34.2 percent of Langley Park residents age 25 and older reported less than a ninth-grade education, 21.1 percent reported some high school achievement and 19.3 percent had a high school diploma or equivalent (U.S. Census Poverty in 1999, 2000). The ParkerRodriguez study noted that beyond minimal English proficiency, many Langley Park parents are also illiterate in Spanish and are consequently unable to help their children with schoolwork in either language (ParkerRodriguez, Inc., 2002). Hanna identified affordable and conveniently scheduled English as a Second Language (ESL) classes as a critical need in Langley Park (Hanna, 1995). In 2002, Langley Park residents ranked ESL classes “as the most critically needed service” in the community, putting it ahead of all other social, economic, health and cultural needs (ParkerRodriguez, Inc., 2002, p.25). Residents also wanted more vocational education, “attach[ing] more

value to learning English and gaining job skills than to standard academic courses,” (ParkerRodriguez, Inc., 2002, p.24).

Beyond educational benefits, learning the native language makes it easier for immigrants to find better paying jobs (Carliner, 2000), which reduces the income disparity between immigrants and native speakers (Stolzenberg, 1990). Immigrants are willing to invest the time, energy and money into learning English if they expect an economic return, particularly in the form of higher wages or a more stable job (Chiswick & Miller, 1995). It is important to include reading skills in English proficiency, which Chiswick found to be more important than speaking skills in understanding the labor market (Chiswick, 1991). Carnevale, however, found that the ability to comprehend spoken English is the most important determinant for success in the labor market and is a better predictor of wages than reading, writing or speaking (Carnevale et al., 2001).

### **C. Labor and Employment**

Immigrant labor has always comprised a significant part of the United States’ labor market, and as increased competition across all industries of the economy exacerbates cost pressures, reliance on immigrant workers is growing (Valenzuela et al, 2006). Immigration, both documented and undocumented, is “intrinsicly tied to the workforce;” as long as there are unemployed workers in Latin America and jobs in the United States, Latino immigration will continue (Ramos, 2004, p. 43).

While undocumented immigration will certainly continue, Duncan emphasizes that lack of English proficiency, low education levels and undocumented status are the main obstacles to success in the labor market (Duncan et al., 2006). Census data

from 2000 show that 86.8 percent of Latino men and 67 percent of Latino women between the ages of 25 and 59 are employed (Duncan et al., 2006). Foreign-born Latinos made 58.8 percent less money than whites, and U.S.-born Latinos made 30.7 percent less than their white counterparts (Duncan et al., 2006). After controlling for English proficiency and education levels, the earnings gap shrank dramatically to just 5 percent for foreign-born Latino males and 13 percent for U.S.-born Latino males (Duncan et al., 2006). Duncan also found that while Latinos lag behind whites (but not blacks) in their presence in higher-paying jobs, “comparably skilled [Latinos] are treated no differently from whites in the U.S. labor market” (Duncan et al., 2006, p.269). This illustrates that improved English proficiency and education directly impacts economic success and underscores the interrelated nature of education and employment in an immigrant community.

According to the 2000 Census, Langley Park’s unemployment rate was 8.4 percent (U.S. Census Poverty in 1999, 2000), as compared to the national rate of 5.8 percent at that time (Clark, 2003). A little more than half of residents who were employed had jobs in the service or construction, extraction and maintenance fields. The construction industry is Langley Park’s largest employer (U.S. Census Poverty in 1999, 2000). In the United States, immigrant Latino men disproportionately work in the agriculture and construction industries, and immigrant Latino women in manufacturing. Both are also overrepresented in service and labor jobs (Duncan et al., 2006).

Poverty appears to be greater in Langley Park than in the rest of the county or Maryland. Census data from 2000 show that 11.3 percent of Langley Park families

lived below the poverty level (U.S. Census Poverty in 1999, 2000) which is more than double that of Prince George's County (5.3 percent) and almost double that of the state of Maryland (6.1 percent) (U.S. Census Poverty in 1999, 2000).

In his study, Hanna stated Langley Park's greatest need may be more accessible jobs (Hanna, 1995). He estimated that of the 2,500 jobs in Langley Park, residents held only 600 of them (Hanna, 1995). In order to remedy what Hanna called an underrepresentation of residents in area jobs, Hanna recommended that the public, private and nonprofit sector work together to expand job training, micro-entrepreneurship programs and educational and ESL services (Hanna, 1995).

ParkerRodriguez made a similar recommendation in its study, deeming employment opportunities and job training a critical need (ParkerRodriguez, Inc., 2002).

Continuing with its theme of using the multicultural center as a clearinghouse for information, it recommended that the center provide referral information for available jobs or job training opportunities. It also recommended that the center hold vocational skills workshops which would make residents more marketable employees (ParkerRodriguez, Inc., 2002).

The labor market in Langley Park is divided into two sectors – formal and informal. The formal economic sector consists of legally established businesses with leases and permits that pay taxes on their profits. Informal sector businesses operate outside government regulation, but nonetheless contribute to the local economy. The unlicensed papusa trucks that line Langley Park's residential streets and the crowds of day laborers that congregate around major intersections provide the best visual evidence of the informal sector (Hanna, 1995). These informal activities would

normally be deemed legal if the papusa sellers and the day laborers followed government regulations. Hanna found that Langley Park's informal sector has an underground economy as well, with people earning a living selling drugs or sex (Hanna, 1995). Though his study cited no statistics, Hanna suggested that "hundreds" of people may be earning income from illicit drug sales, and "dozens" may be involved in prostitution (Hanna, 1995, p.10-9).

Both legal and illegal aspects of the informal sector are difficult to track because of their hidden and transient nature. Workers are often paid in cash and do not pay taxes on the income. Many residents with jobs in the formal sector also participate in the informal sector to supplement their income, but their level of participation may vary from a few days one week to only a few hours the next (Hanna, 1995).

Day laborers are perhaps the most commonly recognized participants in the informal economic sector. Every day throughout the country, about 117,600 people, all but two percent of them male, go to one of 264 hiring sites across the country looking for work as day laborers (Valenzuela et al., 2006). In the first major study of day labor in the United States, Valenzuela et al. found that Langley Park is home to the country's largest day labor hiring site, where the study recorded a peak of 349 job seekers (Valenzuela et al., 2006). The combination of increased demand in the United States for contingent workers, job loss throughout Latin America and increased immigration from that region to the United States means the day labor market has increased dramatically and shows no signs of slowing (Valenzuela et al., 2006).

The vast majority of day laborers across the country are Latino, with 59 percent from Mexico and 28 percent from Central America. Three-quarters are in the country illegally (Valenzuela et al., 2006). Most are recent arrivals: 19 percent have spent less than one year in the United States and 40 percent have been in the country between one and five years (Valenzuela et al., 2006). Ninety percent of day laborers were employed in their country of origin and 42 percent had at least nine years or more of formal education (Valenzuela et al., 2006). Most day laborers (83 percent) rely on day labor as their sole source of income (Valenzuela et al., 2006). One-third of day laborers are married, two-thirds have children and 29 percent of day laborers' children were born in the United States (Valenzuela et al., 2006).

The demographics of day laborers in the Washington D.C. metropolitan region differ slightly from the nationwide population of day laborers. Two-thirds are from Central America and their mean age is 35. One in six day laborers has been in the United States for less than a year, and 68 percent, a higher share than the national average, have been here between one and five years (Valenzuela et al., 2005). Day laborers in the Washington D.C. region have less education than those across the country. About half have either no formal education or between one and six years (Valenzuela et al., 2005); that number is 28 percent nationally (Valenzuela et al., 2006). Marital status and presence of children is relatively similar among day laborers in Washington D.C. and the rest of the country. For the most part, day laborers in the area stay close to home when they search for work; 87 percent live within 30 minutes of a hiring site (Valenzuela et al., 2005).

Reasons for participating in the day labor market vary. Some immigrants use it as a foothold to gain work experience and contacts that will help them transition into a permanent, stable job. Others alternate between formal employment and day labor jobs, finding informal work when formal positions are unavailable. More than half of day laborers have had a permanent job in the United States. One in six day laborers had a second job and presumably used money made through day labor to supplement their income (Valenzuela et al., 2006). This suggests that formal employment may not provide enough income on which to live. In the Washington D.C. region, 80 percent of day laborers remit money to their countries of origin (Valenzuela et al, 2005). This presents a unique difference between day laborers and the rest of the workforce, suggesting that day laborers, and perhaps other immigrant workers, are not only providing for themselves and their families in the United States, but are also at least partially responsible for a second household in their country of origin.

Similar to the informal economic sector, the day labor market is defined by its fluidity. The number of day laborers looking for work at hiring sites fluctuates hourly, daily and seasonally. Workers start arriving at hiring sites before 6:00 a.m., their numbers peaking between 7:30 a.m. and 8:30 a.m. By late morning, most have already left with jobs; those who don't find employment one morning will most likely return the next day. Day labor activity increases in spring and summer, when more construction jobs are available (Valenzuela et al., 2006). Reduced construction work in the winter particularly impacts day laborers ability to find employment. (CASA de Maryland Multicultural Center, n.d).

Day labor work is tedious and physically demanding. Almost all day laborers are hired either by homeowners or contractors and the most common jobs include construction, moving and hauling, gardening, landscaping and painting (Valenzuela et al., 2006). Workers in the Washington D.C. region are hired by contractors at a higher pay rate than in the rest of the country (Valenzuela et al., 2005). The median hourly wage is \$10, though wages vary and can be lower than the federal minimum wage or more than \$12 an hour for skilled work (Valenzuela et al., 2006). The instability of wages and uncertainty of jobs mean that day laborers' annual earnings are unlikely to exceed \$15,000, putting them below the federal poverty threshold (Valenzuela et al., 2006).

The day labor segment of the workforce is rife with abuse in the form of wage theft, hostility and injury on the job. Although wage theft is a problem for all low-wage workers, it is particularly acute for day laborers (del Carmen Fani, 2005). Nationwide, 49 percent of day laborers interviewed for Valenzuela's study had been denied payment and 48 percent reported being underpaid at least once in the previous two months (Valenzuela et al., 2006). These numbers are higher in the Washington D.C. region: 58.3 percent of day laborers interviewed reported being denied wages or given a bad check at least once and 56.6 reported being underpaid at least once (Valenzuela et al., 2005). The most common forms of wage theft include failure to pay overtime, improper pay deductions, failure to pay for total hours worked, failure to pay minimum wage, payment with bad checks and improper classification of workers as independent contractors instead of employees (Keyes et al., 2007).

Other reported abuses include being denied food, water and breaks, working more hours than agreed, being abandoned at the worksite, suffering insults and threats or even violence from the employer (Valenzuela et al., 2006). Three-quarters of day laborers consider their work to be dangerous (Valenzuela et al., 2006); in the Washington D.C. region, that number increases slightly to 79 percent (Valenzuela et al., 2006). Nationwide, 20 percent of day laborers have suffered a workplace injury, two-thirds have missed work after an injury and more than two-thirds have worked while in pain. More than half of day laborers (54 percent) did not receive medical care after an injury, primarily because health care was too expensive or the employer did not cover the expense (Valenzuela et al., 2006). Given the low income that day laborers typically earn, missing days of work due to injury can have a significant impact on a family's income.

Such practices prevail because “workers believe that they do not have an effective means of seeking recourse against abusive employers,” (Valenzuela et al., 2006, p.22). Two-thirds of day laborers reported not knowing their rights as workers or as immigrants, and 70 percent said they did not know where they could even report a violation (Valenzuela et al., 2006). Workers remain in such jobs because they fear retribution in the form of wage theft or job loss if they speak up, and are desperate for work (Valenzuela et al., 2006).

Valenzuela concluded that the day labor market represents a paradoxical sector of the greater American workforce:

“On the one hand, it is characterized by routine violations of basic labor standards, the workforce endures the hardships associated with low earnings levels and public opinion in some parts of the country has turned against day laborers. On the other hand,

employer demand for the services of day laborers is strong and growing, and a substantial share of the day-labor workforce has made the transition to other areas of the economy.” (Valenzuela, 2006, p.21)

In order to help workers get the most out of their day labor experience, Valenzuela suggests that stakeholders within the public and private sector work together to give day laborers job training services and legal services to educate them regarding their rights as employees. Day labor worker centers “have emerged as the most comprehensive response to the challenges associated with the growth of day labor” (Smith, 2008, p.206).

Hiring sites for day laborers are typically informal, with job seekers congregating outside businesses, hardware stores, gas stations or on street corners. But in an effort to formalize transactions in the highly unregulated day labor market, community and faith-based organizations, local government and law-enforcement agencies have opened worker centers. By 2006, worker centers comprised almost one out of every five hiring sites, and more are being planned (Valenzuela et al., 2006). In addition to organizing the day labor hiring process, worker centers help make workers aware of their rights. CASA offers legal advice to day laborers at its centers and has helped individuals suffering from wage theft successfully bring cases against employers (Smith, 2008).

#### **D. Health Care**

The World Health Organization defines health in its constitution as, “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2006, p.1). Hanna noted that Langley Park residents may not be meeting this definition of health saying that

residents need better access to health care facilities and health care providers must aggressively reach out to the community (Hanna, 1995). Immigrants' access to basic health care services is compounded by financial, linguistic and cultural factors (Martinez et al., 2006; Yu et al., 2005), which again reinforces the interrelatedness of the issues facing an immigrant community. Recent immigrants are much less likely to seek medical care (Leclere et al., 1994), but when they do, medical professionals often must go beyond simply diagnosing a disease. In some cases, as the first point of contact for a newly arrived immigrant, a doctor's advice can prevent vulnerable immigrants from walking down the wrong path in their new, unfamiliar home. As Fitzhugh Mullan, a pediatrician in inner-city Washington D.C, wrote of a 15-year-old boy who was beginning to get involved with gangs:

“The importance of a pediatrician in the life of this young man was my ability to refer him – much as I might have done if he had a heart murmur. The ‘prescription’ I used was the Latin American Youth Center (LAYC), a nearby street-smart, multipurpose, safe haven for teens.” (Mullan, 2005, p.1622)

Thus, not only is the availability of health care in an immigrant community important, but also the level of cooperation that exists between health care providers and other community services. This doctor's “prescription” to attend the LAYC underscores the importance that community centers can play in predominantly immigrant neighborhoods and suggests that doctors can function as a source of information and counsel in addition to preserving the health of the body and mind.

Latinos are not only the fastest-growing population segment in America, but they also tend to be younger in age. In 2006, the median age of the United States population was 35.2 years; for Latinos it was 27. Latino women also have higher

fertility rates and lower infant mortality rates than their non-Latino counterparts (Escarce et al., 2006). Because Latinos are a young, fast-growing population, their health behaviors have long-term implications for the American health care system.

Health characteristics vary within the Latino population due to differences in country of origin, nativity and level of acculturation. Despite low socioeconomic status, most foreign-born Latinos in the United States have “lower mortality, better birth outcomes, healthier diets, [and] lower rates of overweight and obesity” compared to their U.S.-born Latino counterparts (Escarce et al., 2006, p.397). This is known as the epidemiological paradox and is attributed to selective migration, where only the healthiest people leave their home countries for the United States (Escarce et al., 2006). Though their study did not focus on Latinos, Leclare et al. also found that the newest immigrants to the United States tended to be younger than the rest of the United States’ population and also much less likely to be disabled, have a chronic medical condition or have fair or poor health (Leclare et al., 1994).

Recent studies suggest that Latino youth and adolescents may be less healthy than their non-Latino counterparts, foreshadowing the “possibility of a marked deterioration in the health of the [Latino] population of the United States over the next several decades,” (Escarce, et al., 2006, p.398). The dietary habits of Latinos tend to worsen as they assimilate into American culture, explaining why the number of overweight and obese Latino youth is rapidly increasing (Escarce et al., 2006). Already the prevalence of type II diabetes among this group is “unprecedented,” (Escarce et al., 2006, p.398) and obesity is the most pressing health concern for Latino youth.

Other issues such as poor oral health, higher rates of smoking and drug use in youth and relatively high rates of depression and teenage pregnancy among Latino girls are also worth noting (Escarce et al., 2006). Mental health is a significant issue for Latino youth, as they are more likely than Caucasians to drop out of school and consider suicide (U.S. Department of Health and Human Services, 2001). Such issues impact educational performance which in turn has implications for Latinos' future economic success (Escarce et al., 2006). On a positive note, these problems "may be amenable to public health and community-based interventions," (Escarce et al., 2006, p.400).

In a 2006 study of a Latino community in Baltimore, researchers held focus groups with residents and health care providers to assess each group's respective perceptions on health concerns and barriers to care. Providers stressed the need for preventative care, something the residents did not mention as a primary concern (Martinez et al., 2006). Researchers recommended that "improved access to preventative and ancillary services (including dental, hearing, vision, mental health), screening and follow-up" appointments for those with chronic illnesses was key in reducing health disparities within the community (Martinez et al., 2006, p.907).

While programs such as CASA's Salud es Vida and Action Langley Park's community health fairs attempt to publicize the need for preventative care, Hanna found that these outreach efforts needed to be strengthened and improved to reach more residents (Hanna, 1995).

Hanna found that the health of Langley Park residents is "comparatively poor" (Hanna, 1995, p.8-1) in relation to neighboring communities. While there are

community clinics in place, affordability, accessibility and the language barrier often prevent residents from utilizing them. Hanna's study found that many residents avoid costly medical tests and rely on self-diagnosis, typically going to the emergency room only when a disease or condition has entered advanced stages. An underground prescription drug market with street corner sales is "a component of the informal economy," using cheap prices to lure residents away from legitimate pharmacies (Hanna, 1995, p.8-7). Hanna noted that alcohol and drug abuse are "a serious problem" in Langley Park (Hanna, 1995, p.8-4) and the ParkerRodriguez study mentions that services addressing substance abuse are "very critically needed" (ParkerRodriguez, Inc., 2002, p.39).

In a similar Latino ethnic enclave in Newark, New Jersey, Elliot found that "on an individual health status level, the problems of asthma, diabetes, hypertension, drug and alcohol addiction, and HIV/AIDS are commonplace. Women's and children's issues surfaced in relation to violence and mental health" (Elliot et al., 2000, p.219). While previous studies did not specifically research these issues in the Langley Park community, Hanna and ParkerRodriguez emphasize health care as an area of concern.

It is especially difficult for recent immigrants to obtain health care services since they are more likely to live in poverty (Leclere et al., 1994). Immigrant parents are also more likely to be left out of health care services due to the combination of eligibility restrictions, language barriers and acculturation issues (Yu et al., 2005). The inability to afford health insurance is the biggest barrier to proper medical care in any community, since "in the United States, income and health insurance are critical

to entry into the formal medical care system” (Leclere et al., 1994, p.372). Of the 45.7 million uninsured people in the United States, representing 15.3 percent of the total population, 27.1 percent are immigrants and 32.1 percent of that group is Latino (DeNavas-Walt, 2008). In Maryland, 64 percent of low-income Latinos lack health insurance, the highest percentage of any population subgroup (Martinez et al., 2006). In 2008, Prince George’s County had the state’s highest number of uninsured residents (Valentine, 2008).

As a whole, Latinos’ low average income levels make it difficult for them to obtain adequate health care. Escarce and Kapur found that Latinos have less access to health care than whites and are far less likely to have health insurance or a regular source of care, including prenatal or preventative care (Escarce & Kapur, 2006). Notwithstanding insurance status, “prohibitive costs [such as co-payments]...lead to not seeking preventative services” (Martinez et al., 2006, p.905). Although publicly funded programs such as Medicare and Medicaid offer the uninsured a path to health care, undocumented residents do not qualify. While Langley Park community needs a full-service medical clinic the, “lack of public funding for a large portion of patients (coupled with nonpaying patients) would mean no private, or public hospital could afford to operate a medical clinic in Langley Park” (ParkerRodriguez, Inc., 2002, p.36).

Beyond financial difficulties, lack of education makes it difficult for Latinos to “navigate the complex health care delivery system, communicate with health care providers, and understand providers’ instructions” (Escarce & Kapur, 2006, p.410). Issues regarding accessibility to health care services include lack knowledge of

services as well as the language barrier. Latinos who arrived in the United States less than five years ago had less access to health care than those who had been in the country longer, suggesting that knowledge of services increases as residents adjust to their American communities (Escarce & Kapur, 2006). Residents who know what health care services are available are more likely to utilize them than those who are unaware (Yu et al., 2005). Especially in an immigrant community, a well-organized community center can remedy the issue of unawareness. For this reason, the ParkerRodriguez study recommended that at minimum, the multicultural center must have personnel and written material that can fulfill the critical need of providing health care information:

“This health referral service should offer multilingual descriptions of specific agencies, organizations, telephone numbers and locations. Ideally there should be handbills or brochures that have a simple explanation of the available health facility locations, methods of payment, public transit routes, telephone numbers and alternative numbers.” (ParkerRodriguez, Inc., 2002, p.36)

However, the study qualifies this recommendation by adding that the center must not rely solely on brochures and other printed material, considering the community’s high level of illiteracy. This study also assumes that available health care services can serve patients referred from the multicultural center in addition to their current patients.

The language barrier is also a significant factor limiting access to adequate health care services. Escarce and Kapur found that Latinos who speak only Spanish or prefer services in Spanish had a harder time accessing health care (Escarce & Kapur, 2006). Latino residents studied in Martinez and Carter-Pokras’ assessment specifically cited six linguistic barriers:

- Lack of Spanish-speaking personnel at health care centers
- Lack of written information in Spanish
- Inability to speak English
- Poorly translated materials
- Untrained interpreters
- Inability to fill out information forms (Martinez et al., 2006).

Even when health care providers used interpreters, Escarce and Kapur found that the quality of care for Spanish-speaking Latinos still lagged behind the care English-speaking Latinos received (Escarce & Kapur, 2006). These differences illustrate the interconnected nature of immigrant community needs and emphasize the importance of adequate language and education services (described earlier) and the impact they can have on the appropriate use of medical care.

The language barrier reflects a broader obstacle of cultural differences that restrict immigrants, especially recent arrivals, from seeking health care. Family plays a central role in Latino community health care, where “strong ties with extended family members and networks of friends facilitate social support” (Torres, 1998, p.225). Such networks can be beneficial; along with churches and the Spanish media, family members spread knowledge of community programs, which increases the chances that residents take advantage of them (Torres, 1998, Leclere et al., 1994). However, such networks may also be detrimental, with relatives continuing to push homeopathic remedies and reinforce traditional practices that may dissuade an individual from seeking professional care (Leclere et al., 1994). The key to being a successful community health care provider lies in understanding the influence such

social networks have on how residents perceive their own health care needs, identify individual and community health problems, learn about available health programs and use the formal health care system (Torres, 1998).

Beyond family influences, cultural perception of disease is a major deterrent to an immigrant seeking medical care for a condition (Leclere et al., 1994). For example, when asked in the ParkerRodriguez study, Langley Park residents ranked the need for mental health services very low, including those for depression and spousal abuse (ParkerRodriguez, Inc., 2002). Yet when asked about the need for “family counseling” or “family crisis services,” residents listed those needs as critical (ParkerRodriguez, Inc., 2002, p.38). Compared to other groups, immigrant Latinos are the least likely to use mental health services, but when they do, Latinos do so in a primary care setting (U.S. Department of Health and Human Services, 2001, p.146). Some data suggest that Central American Latinos are more likely than other sub-groups to suffer from mental health issues, especially with post-traumatic stress disorder (U.S. Department of Health and Human Services, 2001, p.146). This is worth noting considering that the majority of Langley Park’s Latino population is from Central America. Ultimately, the literature suggests it is important to educate the immigrant Latino population about mental health in addition to providing mental health services in alternative settings such as family counseling and related programs.

Lack of familiarity with the American health care system fosters low expectations on the part of residents and frustration on the part of providers, who may not understand how best to work with a patient. Latino residents in the Martinez and Carter-Porkas study expected poor service and long wait times, as well as health care

providers who were either unfamiliar with cultural difference or unable to help them understand how to adapt to a new system. Providers noted the community's lack of understanding of the system, especially in the area of insurance, but also expressed a desire to understand Latino health beliefs and home remedies, underscoring the importance of family and tradition when it comes to Latino health care (Martinez & Carter-Pokras, 2006). Finally, residents cited practical accessibility issues such as lack of transportation or an inability to take time off from work to see a doctor as additional barriers to obtaining health care services (Martinez & Carter-Pokras, 2006).

Martinez and Carter-Pokras recommended that providers “learn about the community they serve, and establish networks to provide services for their patient populations,” echoing the sentiment that, especially in an immigrant community, health care needs to be a two-way street, with providers actively seeking residents to help (Martinez & Carter-Pokras, 2006, p.907). Cultural competence in community health involves “an understanding of the communities being served as well as the socio-cultural influences on individual patients’ health beliefs and behaviors,” (Betancourt, 2002, p.14). The key to successfully bringing health care services to an immigrant community involves partnerships with community and government organizations as well as a broader, more holistic approach to health care (Betancourt, 2002). Elliot found that collaborating with the Newark Department of Health and the University of Medicine and Dentistry of New Jersey’s School of Nursing addressed the need for increased primary health care services. He noted the most meaningful outcome of his research in an immigrant neighborhood was the discovery “that health

and community concerns are virtually inseparable, quite different from the worldview of those who design and implement health care services in the United States” (Elliot, 2000, p.220). This is significant as it may require health care providers in these types of communities to rethink the way they deliver services.

## **E. Conclusion**

Although two previous studies have examined community services in the Langley Park area, neither was based on a significant body of quantitative data reflecting the resident’s own opinions. Hanna’s study was the first to comprehensively study the community’s needs, and it did so through conducting interviews and focus groups with community groups, leaders and residents and analyzing secondary data. Hanna found that Langley Park’s diverse population is its greatest asset, but the language barrier, poverty, fear and a lack of knowledge are holding it back. Though the study offered a number of specific recommendations for each of the topic areas, its overarching theme was that existing community organizations must work together to improve conditions in Langley Park.

In 2002, the Maryland-National Capital Park and Planning Commission coordinated a second needs assessment, this one organized specifically around the idea of opening a multicultural center in Langley Park. For four months, consultants from the firm ParkerRodriguez held meetings with residents and area public and nonprofit organizations. This study found that while residents struggled to express specific needs, they were most vocal about wanting English language classes, job training, health care and assistance with immigration issues. It concluded that, at a

minimum, the multicultural center had to be a clearinghouse where residents could locate information about available services.

Though Langley Park stands out in the Washington D.C. metropolitan region as particularly diverse, immigrant communities across the United States must grapple with limited access to education, employment and health care services. The language barrier, which the literature suggests is key to an immigrant's success in his or her new country, presents an additional obstacle to obtaining services. Latinos in the United States are less likely to know English than immigrants from other regions of the world, and Census data as well as anecdotal evidence show that this is the case in Langley Park. Literature shows that low education levels among Latinos prevent parents from becoming involved in their children's after school activities and restrict an immigrant's chances for upward mobility in the labor market.

The day labor market in the United States mostly employs Latinos, many of whom are in the United States illegally. It also comprises a significant portion of Langley Park's informal economic sector. For some, day labor is their only source of income. For others, it supplements their income, which is important considering the high percentage of laborers who remit money to family in other countries. Day labor is not a well-regulated field, and laborers are at increased risk for abuses such as wage theft, labor law violations or workplace injury.

The literature shows that health care in immigrant communities must go beyond diagnosing a problem to focus on preventative care. Issues such as overweight and obesity, diabetes and mental health are of particular concern in a Latino community. Health care in the United States is expensive, especially without

health insurance. The inability to afford insurance is an issue that typically affects immigrant communities more than others. The lack of bilingual and bicultural service providers further complicates health care in an immigrant Latino community.

Existing research on community services in the Langley Park area does not include a broad-based survey incorporating resident input on the accessibility, utilization and satisfaction levels regarding community services. The present study seeks to fill this gap.

## Chapter 3: Methodology

### **A. Mixed Methods**

This study used a mixed method approach to conduct a comprehensive needs assessment of Langley Park to answer the research question: How can the CASA de Maryland Multicultural Center at the Harry and Jeanette Weinberg Building best be utilized to meet the needs of the community? According to Neuber, “the primary goal of a community-oriented needs assessments is to facilitate community input into human service delivery” (Neuber et al., 1980, p.19). To determine service utilization, satisfaction with available services and any unmet needs in the community, the team surveyed community residents and people who spend a lot of time in Langley Park. Interviews with community leaders and officials were also conducted to gain perspective from those who are involved with providing services. Obtaining community input let the team assess which services community members felt were important and how community leaders and service providers wanted to address the community's needs. Initially, the team planned to conduct topic-specific focus groups with residents. Due to time and logistical constraints, however, this third method was eliminated.

The literature review provided support for a mixed methods approach to data collection. Hanna and ParkerRodriguez both used mixed methods to collect their data in Langley Park and Elliot’s study of Newark, New Jersey also utilized multiple methods for data collection. The team recognized that in order to determine how to best improve services, it would need input from service users as well as service providers. To obtain this input, different data collection methods were used for each

group. Broad-based quantitative data, collected in a survey, was used to represent resident ideas; qualitative data was gathered from six community service providers in interviews.

## **B. Surveys**

The purpose of the survey was to gather both quantitative and qualitative data regarding the community's utilization of, and satisfaction with, existing services and to determine what additional services are needed. The survey consisted of forced choice and open-ended questions, including a space for respondents to record additional comments or feedback. Survey questions were intended to measure the utilization and satisfaction of essential services in the community. Based on previous studies, including assessment studies on immigrant communities, survey questions encompassing a range of community issues were developed (Seibert et al., n.d.; Hanna, 1995; Sharma et al., 2000). The literature review, recommendations by CASA de Maryland, discussions with community leaders and organizations as well as team observations of the community guided the choice of specific areas of focus for a pilot survey, and provided a demographic breakdown of Langley Park by age, sex and ethnicity. Local government officials and researchers from the University of Maryland advised the team on ways to gain access to residents.

Once initial survey questions were developed, the team conducted a pilot survey at Langley Park Day in April 2007. That annual event provides entertainment as well as information about community services for residents. The pilot survey was used to gain preliminary feedback both on the questions and format of the survey. Included in

this draft was a space for respondents to comment on the survey. Respondents indicated that the survey was long and the charts and tables were confusing.

As a result, the focus of the survey was narrowed to satisfaction levels and utilization of services in 10 areas that were determined to be needs that the multicultural center could address while providing necessary background information on other services. The 10 service areas were:

- Child care
- Education and ESL classes
- Employment
- Finance
- Health care
- Housing
- Legal
- Recreation
- Safety
- Transportation

The survey's format was changed to reduce the number of pages, streamline the questions to facilitate quicker responses and simplify the presentation of the questions. These changes significantly reduced the time needed to complete the survey to about 10 minutes.

The team determined that financial, personnel, community and time constraints meant a random sample would not be feasible. Instead, a convenience sample was used in survey administration. The team aimed for a sample size of 500,

in order to increase the probability of including certain key subgroups. Periodic checks during data collection of demographic frequencies ensured that the results were as proportionally representative of the community as possible when compared to 2000 Census data.

The language barrier was a major issue that needed to be addressed. According to the 2000 Census, 64 percent of the community is Latino and 72 percent of residents speak a language other than English at home (U.S. Census Bureau, 2000). In order to obtain an accurate evaluation of residents' needs, the survey had to be available in Spanish and English. After finalizing the English version of the survey, one team member with intermediate Spanish fluency translated the survey. This draft was then given to two fluent speakers for feedback and potential corrections. An instructor in the University of Maryland's Department of Spanish and Portuguese Languages also reviewed the survey, consent form and survey script for accuracy. After incorporating the recommended changes, both Spanish and English versions of the survey and consent form were sent to the University of Maryland Institutional Review Board (IRB) for approval.

Early in the survey administration process, it became apparent that the language barrier would hamper data collection. Although the survey was available in Spanish, team members still found it difficult to explain the project or answer respondent questions. This led the team to recruit interpreters from the campus community. Presentations were made in two university Spanish classes intended for heritage speakers. The team believed survey respondents would feel more comfortable interacting with a native speaker who had cultural familiarity than with

team members who had varying levels of Spanish language ability. Four bilingual students partnered with the team, earning academic credit for their participation. The students administered surveys, translated open-ended survey responses and translated the team's Web site. The interpreters also recorded their own observations on the project and the community in journals, providing the team with additional insight and perspective on Langley Park.

To avoid miscommunication or misleading exchanges between respondents and the survey administrators, interpreters were trained in survey administration and provided with background information on the project and community, including Hanna's *Preliminary Needs Assessment of Langley Park*, the team's research proposal and the team's anecdotal observations of the community. During the early stages of data collection, team members accompanied interpreters to supervise survey administration and address any issues or questions. The team also conducted a short briefing and de-briefing session before and after each survey administration to maintain consistency and address potential concerns.

A convenience sample was collected and measures were taken to obtain as representative a sample as possible, including both sexes and a range of ages. Surveys were administered at various locations over a 15-month period, from September 2007 through December 2008, and during different times and days of the week. Survey sites included CASA de Maryland's day labor center, ESL classes, health fairs, Langley Park Day, the Langley Park Community Center, grocery stores, local shopping centers and church services held at the Langley Park-McCormick Elementary School.

Administering surveys in conjunction with community programs or in busy locations ensured that a number of people would be present. For the most part, respondents completed the survey when asked. The team collected data throughout the year to account for seasonal fluctuations in use of employment and child care services.

Team members made an effort to familiarize themselves with the community by spending time in the area and attending local events. Team members volunteered at ESL classes and after-school programs and attended Langley Park Day and other events. Team members also regularly attended Action Langley Park meetings, which served as a way to network with community leaders and to keep up with current events. The team's efforts seemed to be successful; by the end of the survey collection period, many of the residents that team members approached had either already completed a survey or had heard about the study.

In the early stages of the data collection, the majority of respondents were young males. In order to ensure a sample with demographic characteristics similar to 2000 Census data, efforts were made in to include more females and older citizens in the sample. Increased data collection at church functions and community events let the team balance these subgroups' representation in the sample.

At each data collection site, the team set up a table with surveys and occasional incentives, such as candy, muffins or bottled water, to gain the attention of community members. The respondents were given the option to complete the survey themselves or have the survey read to them and their responses recorded by the surveyor. Most respondents chose to have the survey read to them. If respondents had

questions about the survey or the study's purpose, a team member or the interpreter would answer. By the end of the data collection period, the interpreters could survey without supervision by a team member.

Once a survey was completed, it was separated from the initialed consent form to ensure confidentiality. Each survey was coded by time and location of where the survey was completed. Consent forms and coded surveys were kept in a locked location at all times.

A codebook was created where responses and missing data to forced choice questions were assigned a number. Codes were also established for open-ended questions. The data was entered into Microsoft Excel. The team collected 553 surveys and removed surveys which met one or more of the following criteria:

- Participants who did not live in Langley Park and did not spend a lot of time in the community
- Participants who were under the age of 18
- Surveys with a significant portion of unanswered questions

This resulted in a final sample of 516. Sample size slightly exceeded the team's initial goal of 500 valid surveys. Survey data was analyzed using the computerized statistical analysis program Statistical Package for the Social Sciences (SPSS).

### **C. Interviews**

Interviews were the second phase of data collection. Individual interviews were conducted in English with community leaders and service providers deemed knowledgeable about Langley Park. The goal of the interviews was to ascertain what community leaders and service providers perceived to be the major issues in Langley

Park, and how they believed these issues should be addressed. The individuals chosen for interviews have a working relationship with the community and offer viewpoints based on years of interaction with the Langley Park population. To prevent potential bias, interviews were not conducted with members of CASA de Maryland as the information from this study is primarily to be used by CASA. Interviews were conducted with an individual from each of the following:

- Community leader
- Community service provider
- Educator
- Government official
- Health care service provider
- Legal advisor

These areas were chosen based on initial frequencies from the survey that suggested underutilization or low satisfaction with various services as well as team observations.

Questions were tailored to each of these areas to collect information based on the interviewee's expertise. Interviewees were also given the opportunity to provide additional comments about the community through an open-ended question. An addendum was submitted to the IRB for approval before conducting the interviews.

Interview subjects were assured anonymity. Each interview lasted approximately half an hour and took place in the interviewee's office. With permission, interviews were recorded, letting the team accurately transcribe the interview and refer to points when needed for analysis. At least two team members

attended each interview, with one member asking both the IRB-approved questions as well as any follow-up questions. The other team member took notes on key points, vocal inflection, facial expressions and other nonverbal aspects of the interview that would not be apparent on an audio recording. Consent forms and recordings were kept in separate locations and locked at all times.

The transcripts and notes were analyzed and key points from each interview were listed with supporting quotes.

## Chapter 4: Results

### **A. Demographics**

The team surveyed 553 individuals. Surveys were eliminated from the sample if the participant did not live in Langley Park or did not spend a lot of time in the community, was under the age of 18, or did not answer a significant portion of the questions, which resulted in a final sample size of 516. Demographic data from the sample was compared to the 2000 Census. Potential demographic shifts, over the last nine years, illustrated in Tables 1A through 1G, may mean that this study's sample is more representative of the current population than comparison to the 2000 Census data suggests.

The sample was predominantly young male Latinos. Census data reflects this pattern. The 2000 Census showed 63.5 percent of Langley Park's population was Latino; this study's sample was 93.2 percent Latino. Langley Park's population was 55.9 percent male in 2000; this study's sample was 73.7 percent male. In 2000, 23.8 percent of Langley Park's population was between the ages of 25 and 34, while 38.4 percent of current survey respondents were in that age group.

In the 2000 Census, 19.3 percent of Langley Park residents had a high school education; 27.3 percent of the present study's respondents have a high school education. Employment figures in 2000 show that 63.8 percent held jobs compared to 73.9 percent of respondents in the present study. In 2000, 55.4 percent of residents had lived in the community for one to nine years, while 73.7 percent of this survey's respondents had lived in Langley Park for less than 10 years, suggesting that the majority of this survey's respondents were not included in the 2000 Census.

Additionally, 77.5 percent of residents were renters in 2000 compared to 86.3 percent of this survey's respondents. Average household size in 2000 was 3.51 people; average household size in the survey sample is 4.5 people.

**Table 1A**

*Race*

	Census (2000)	CARE
Latino	63.5%	93.2%

**Table 1B**

*Sex*

	Census (2000)	CARE
Female	44.1%	26.3%
Male	55.9%	73.7%

**Table 1C**

*Length of Stay*

	Census (2000)	CARE
Less than 1 year	24%	14.9%
1-9 years	55.4%	73.7%
10+ years	20.6%	11.4%

**Table 1D**

*Education Attainment*

	Census (2000)	CARE
Less than high school	55.3%	55.4%
High school graduate	19.3%	27.3%

**Table 1E**

*Employment*

	Census (2000)	CARE
Employed	63.8%	73.9%
Unemployed	36.2%	26.1%

**Table 1F**

*Housing*

	Census (2000)	CARE
Renter	77.5%	86.3%
Owner	22.5%	12.9%

**Table 1G**

*Average Household*

	Census (2000)	CARE
Average number of people	3.5	4.5

Other non-comparable characteristics of the survey sample include: 85 percent of respondents remit money to family in another country. Of the 25.5 percent of unemployed respondents, two-thirds remit money.

## **B. Overview of Service Utilization and Satisfaction**

An overwhelming majority, 93.2 percent of respondents, identified themselves as “Hispanic/Latino,” and 91.9 percent of surveys were given in Spanish. Almost 90 percent of respondents preferred to receive services in Spanish or a combination of Spanish and English (Table 2).

**Table 2**  
**Language Preference in Receiving Services**

<b>Language</b>	<b>Frequency</b>	<b>Percent</b>
Spanish	424	83.3
English	42	8.2
Spanish + English	33	6.5
Other	10	2.0
<b>Total</b>	<b>509</b>	<b>100.0</b>

Service utilization and satisfaction were assessed through the question: are you satisfied with [employment, legal, public transportation, health care, ESL, after-school programs and child care] services in Langley Park? Respondents were given the following five choices:

- Yes
- Somewhat
- No
- This service is not available to me
- I do not use this service

Only respondents who answered yes, somewhat or no were included when analyzing service satisfaction.

Use of employment services is high, at 91 percent. Public transportation was also highly utilized, with 88.5 percent of respondents reporting usage. Almost 82 percent of respondents use legal services, followed by health care and ESL services at just over 70 percent each. The least used services are after-school programs (42.6 percent) and child care services (35.7 percent). Less than two percent of respondents indicated that any service was unavailable to them (Table 3).

**Table 3**  
**Service Utilization**

<b>Service</b>	<b>Frequency</b>	<b>Percent</b>
Employment	463	91.0
Public transportation	448	88.5
Legal	413	81.5
Health care	357	70.4
ESL	358	70.2
After-school programs	215	42.6
Child care	180	35.7

Responses of “yes” and “somewhat” were collapsed into the “satisfied” category when analyzing satisfaction among service users. Most respondents were satisfied with services in Langley Park (Table 4). In addition to its high utilization, respondents indicated a high rate of satisfaction for public transportation (91.7 percent). Almost 81 percent of after-school program users were satisfied. Of those who use ESL services, 85.2 percent were satisfied. Among those using child care services, 63.9 of users reported being satisfied with these services.

Seventy percent of respondents who reported using health care services reported being satisfied with these services. A subset of health care users provided

additional information on their source of primary health care. Within this subset 42 percent indicated that they did not use health care services. Of those who did use health care services, 32.2 percent indicated that a doctor's office was their primary source of health care, followed by 28.7 percent whose primary source of health care was a walk-in clinic, and 21.8 percent who used the emergency room as their primary source of health care (Table 5). When asked whether they had insurance; 14.7 percent indicated they had medical insurance and 9.6 percent had dental insurance.

**Table 4**  
**Satisfaction among Service Users**

<b>Service</b>	<b>Frequency</b>	<b>Percent</b>
Public transportation	411	91.7
After-school programs	174	80.9
ESL	305	85.2
Child care	115	63.9
Health care	239	66.9
Employment	287	62.0
Legal	244	59.1

**Table 5**  
**Source of Primary Health Care among Service Users**

<b>Source of Care</b>	<b>Frequency</b>	<b>Percent</b>
Doctor's office	93	32.2
Walk-in clinic	83	28.7
Emergency room	63	21.8
Other	30	10.4
Urgent care center	12	4.2
Emergency room and walk-in clinic	3	1.0
Emergency room and doctor's office	3	1.0
Walk-in clinic and doctor's office	1	0.3
Walk-in clinic and other	1	0.3
<b>Total</b>	<b>289</b>	<b>100.0</b>

Sixty-two percent of respondents who use employment services were satisfied. Respondents were least satisfied with legal services, with 59.1 percent respondents expressing satisfaction.

When asked about safety in Langley Park, the number of respondents who reported feeling unsafe during the evening (58.8 percent) was more than twice the number reporting feeling unsafe during the day (24.5 percent).

The survey included an open-ended section asking respondents to indicate any additional services they used (Table 6). Among those who responded to the question, 24.7 percent (23) indicated “CASA de Maryland,” followed by 15 percent (14) who indicated religious services.

**Table 6**  
**Are There Any Other Services You Use in the Community?**

<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
CASA	23	24.7
Religious	14	15.1
Education	10	10.8
Employment	8	8.6
Recreation	6	6.5
Health	6	6.5
Transportation	3	3.2
Financial	3	3.2
Authority/safety	3	3.2
Immigration	1	1.1
Other	16	17.2
<b>Total</b>	<b>93</b>	<b>100.0</b>

Among those who responded to the question “are there any other services you would like to see in the community?,” 16 percent (40 respondents) indicated

education. Of those respondents requesting education improvements, half specified that they wanted more ESL classes. Other requested education-related improvements include computer courses, music classes, and overall better education for children and adults (Table 7).

Sixteen percent (40 respondents) of those requesting additional services mentioned safety-related improvements. Of those who chose to comment on safety, 41.5 percent expressed concerns about authority or safety issues, mentioning gang activity and feeling discrimination from police.

Thirty-eight respondents, 15 percent of the sub-sample, who chose to comment, requested more affordable health care services.

**Table 7**  
**Are There Any Other Services You Would Like to See in the Community?**

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Education	40	16.2
Authority	40	16.2
Health	38	15.4
Recreation/technology	32	13.0
Employment	26	10.5
Immigration	17	6.9
Social	16	6.5
Not specified	14	5.7
Apt./housing	9	3.6
Transportation	5	2.0
Financial	4	1.6
Religious	4	1.6
Clean-up	2	0.8
<b>Total</b>	<b>247</b>	<b>100.0</b>

At the end of the survey, respondents were given the option to provide any additional comments. The most frequent responses included comments on authority, immigration/discrimination and employment (Table 8). Under authority, 41 percent of those choosing to comment expressed concern over high rates of crime and unsatisfactory police community relations. Employment issues were mainly about the lack of available jobs.

**Table 8**  
**Do You Have Any Other Comments?**

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Authority	71	41.5
Immigration/discrimination	20	11.7
Employment	18	10.5
General comments	17	9.9
Education	10	5.8
Community	10	5.8
Health	9	5.3
Clean-up	7	4.1
Transportation	3	1.8
Religious	2	1.2
Apt./housing	2	1.2
Financial	1	0.6
Recreation/technology	1	0.6
<b>Total</b>	<b>171</b>	<b>100.0</b>

### **C. Chi square tests**

Bi-variate data analysis was used to determine whether service utilization and satisfaction with services were independent of sex, age (less than 35, 35 and older), and length of stay of the respondents in the community (less than 5 years, 5 years or more).

Chi square tests for statistical independence between two variables were conducted in the following manner. Observed cell frequencies were compared to expected cell frequencies under the null hypothesis to determine if the differences were significant enough to reject the null hypothesis (that the variables were statistically independent). The bigger the difference between what is observed and what is expected, the larger the chi square; the larger the chi square, the less likely the variables are to be statistically independent. Significance levels of .05, .01, and .001 were reported. The null hypothesis, that the two variables were independent, was rejected for significance levels above .05.

Chi square tests indicate service utilization of after school programs, child care, employment, and legal services were not independent of sex (Table 9) and the null hypothesis was rejected in each case.

**Table 9**  
**Chi Square for Service Utilization by Sex**

English as a Second Language	0.013
After school programs	8.874**
Child care	4.547*
Employment	30.237***
Legal services	11.720***
Health care	3.600
Public transportation	1.115

Significance level    \*.05    \*\*.01    \*\*\*.001

Male respondents are less likely to use after school programs and child care services (Tables 10A and 10B). However, male respondents are more likely to use employment and legal services (Tables 10C and 10D).

**Table 10A**  
**Sex and After School Programs Utilization**

	Sex		Total
	Female	Male	
Do not use	62 (76.6)	225 (210.4)	287
Use service	72 (57.4)	143 (157.6)	215
<b>Total</b>	<b>134</b>	<b>368</b>	<b>502</b>

**Table 10B**  
**Sex and Child Care Utilization**

	Sex		Total
	Female	Male	
Do not use	76 (86.1)	246 (235.9)	322
Use service	58 (47.9)	121 (131.1)	179
<b>Total</b>	<b>134</b>	<b>367</b>	<b>501</b>

**Table 10C**  
**Sex and Employment Services Utilization**

	Sex		Total
	Female	Male	
Do not use	28 (12.3)	18 (33.7)	46
Use service	107 (122.7)	353 (337.3)	460
<b>Total</b>	<b>135</b>	<b>371</b>	<b>506</b>

**Table 10D**  
**Sex and Legal Services Utilization**

	Sex		Total
	Female	Male	
Do not use	38 (24.8)	56 (69.2)	94
Use service	95 (108.2)	315 (301.8)	410
<b>Total</b>	<b>133</b>	<b>371</b>	<b>504</b>

Chi square test on satisfaction with services by sex indicate statistical independence for all services, therefore the null hypothesis was not rejected (Appendix G Table 1).

Chi square tests show that after school programs, child care services, employment and legal service utilization were found to be statistically dependent on age, therefore the null hypothesis was rejected (Table 11).

**Table 11**  
**Chi Square for Service Utilization by Age**

English as a Second Language	0.011
After school programs	16.189***
Child care	4.35*
Employment	20.182***
Legal	15.599***
Health care	0.255
Public transportation	0.000

Significance level    \*.05    \*\*.01    \*\*\*.001

Respondents under the age of 35 are less likely to use after school programs and child care services compared to those that were over 35 years of age (Tables 12A and 12B). Respondents under 35 are more likely to use employment and legal services compared to those that were over 35 (Tables 12C and 12D).

**Table 12A**  
**Age and After School Program Utilization**

	Age		Total
	Under 35	35 and up	
Do not use	194 (172.1)	95 (116.9)	289
Use service	105 (126.9)	108 (86.1)	213
<b>Total</b>	<b>299</b>	<b>203</b>	<b>502</b>

**Table 12B**  
**Age and Child Care Services Utilization**

	Age		Total
	Under 35	35 and up	
Do not use	205 (194.1)	118 (128.9)	323
Use service	96 (106.9)	82 (71.1)	178
<b>Total</b>	<b>301</b>	<b>200</b>	<b>501</b>

**Table 12C**  
**Age and Employment Services Utilization**

	Age		Total
	Under 35	35 and up	
Do not use	13 (27.3)	33 (18.7)	46
Use service	287 (272.7)	173 (187.3)	460
<b>Total</b>	<b>300</b>	<b>206</b>	<b>506</b>

**Table 12D**  
**Age and Legal Services Utilization**

	Age		Total
	Under 35	35 and up	
Do not use	39 (56.0)	55 (38.0)	94
Use service	261 (244.0)	149 (166.0)	410
<b>Total</b>	<b>300</b>	<b>204</b>	<b>504</b>

Chi square tests show that age and service satisfaction for all services are statistically independent (Appendix G Table 2). The null hypothesis was not rejected.

Chi square tests show that length of stay and after school programs, child care and health care service utilization are statistically dependent. The null hypothesis for each of those services was rejected (Table 13).

**Table 13**  
**Chi Square Test for Service Utilization by Length of Stay**

English as Second Language	1.459
After school programs	17.572***
Child care	13.572***
Employment	3.811
Legal	0.080
Health care	12.56***
Public transportation	0.412

Significance level    \*.05    \*\*.01    \*\*\*.001

Respondents who have lived in Langley Park for less than five years and have children in the household are less likely to use after school programs and child care services (Tables 14A and 14B). Respondents who have lived in Langley Park for five years more are more likely to use health care services (Table 14C).

**Table 14A**  
**Length of Stay and After School Programs Utilization**

	Length of Stay		Total
	Less than 5 years	5 years or more	
Do not use	172 (151.7)	69 (89.3)	241
Use service	88 (108.3)	84 (63.7)	172
<b>Total</b>	<b>260</b>	<b>153</b>	<b>413</b>

**Table 14B**  
**Length of Stay and Child Care Services Utilization**

	Length of Stay		Total
	Less than 5 years	5 years or more	
Do not use	184 (166.8)	80 (97.2)	264
Use service	75 (92.2)	71 (53.8)	146
<b>Total</b>	<b>259</b>	<b>151</b>	<b>410</b>

**Table 14C**  
**Length of Stay and Health Care Services Utilization**

	Length of Stay		Total
	Less than 5 years	5 years or more	
Do not use	94 (78.1)	29 (44.9)	123
Use service	169 (184.9)	122 (106.1)	291
<b>Total</b>	<b>263</b>	<b>151</b>	<b>414</b>

Chi square tests show that length of stay and ESL classes, child care and health care service satisfaction are statistically dependent, suggesting a relationship exists between the two variables (Table 15).

**Table 15**  
**Chi Square Test for Service Satisfaction by Length of Stay**

English as a Second Language	14.717***
After school programs	9.370**
Child care	6.662**
Employment	1.817
Legal	0.000
Health care	0.031
Public transportation	3.652

Significance level    \*.05    \*\*.01    \*\*\*.001

Respondents who have lived in Langley Park for less than five years were more likely to be satisfied with ESL classes and child care services (Tables 16A and 16B). Respondents who have lived in Langley Park for five years or more are more likely to be satisfied with after school programs (Table 16C). Satisfaction was determined from those who use the service.

**Table 16A**  
**Length of Stay and ESL Satisfaction**

Satisfaction	Length of Stay		Total
	Less than 5 years	5 years or more	
Dissatisfied	23 (26.4)	20 (16.6)	43
Satisfied	159 (155.6)	94 (97.4)	253
<b>Total</b>	<b>182</b>	<b>114</b>	<b>296</b>

**Table 16B**  
**Length of Stay and Child Care Services Satisfaction**

Satisfaction	Length of Stay		Total
	Less than 5 years	5 years or more	
Dissatisfied	18 (17.4)	16 (16.6)	34
Satisfied	70 (70.6)	68 (67.4)	138
<b>Total</b>	<b>88</b>	<b>84</b>	<b>172</b>

**Table 16C**  
**Length of Stay and After School Programs Satisfaction**

Satisfaction	Length of Stay		Total
	Less than 5 years	5 years or more	
Dissatisfied	25 (26.2)	26 (24.8)	51
Satisfied	50 (48.8)	45 (46.2)	95
<b>Total</b>	<b>75</b>	<b>71</b>	<b>146</b>

### **C. Interviews**

Key thematic points were taken from the interview transcripts and coded for comparison to survey data.

Community leader:

- Most needed services: ESL classes, health care and recreation
- Social services are not a Latino cultural norm
- Bilingual services and printed materials needed
- Coordination amongst community groups and service providers

Community service provider:

- Most needed services: Preventative health care, mental health care and ESL classes
- Social services are not a Latino cultural norm

Government official:

- Most needed services: Safety and public transportation
- Social services are not a Latino cultural norm
- Bilingual services needed
- Alcoholism is a problem

Health care service provider:

- Most needed services: Insurance and affordable health care
- Bilingual services needed
- Patients use public transportation and seek primary care
- Must serve those in need regardless of immigration status

Educator:

- Most needed services: Food and shelter, ESL classes, adult education, parent training classes to foster children's academic success
- Bilingual services needed
- Coordination amongst community groups and service providers

Legal advisor:

- Most needed service: Education on American legal system
- Increased opportunities for legal advising
- Must serve those in need regardless of immigration status

## Chapter 5: Discussion

Immigrant communities add character and vibrancy to the social fabric of a region, but language and cultural barriers make it particularly challenging to assess and meet the needs of residents. The present needs assessment is the third to study community services in Langley Park. It builds on University of Maryland Professor William Hanna's 1995 *Preliminary Needs Assessment* and consulting firm ParkerRodriguez's 2002 *Needs Assessment for a Multi-Cultural Center in Langley Park, Maryland*. Hanna was the first to ascertain the state of community services in Langley Park, but without broad-based, quantitative resident input. ParkerRodriguez looked at community services in the context of a multicultural center, but did not investigate service utilization. Additionally, its methodology was unclear. Team CARE's needs assessment collected quantitative and qualitative data regarding the community's utilization and satisfaction with existing community services in Langley Park.

The present study builds upon the foundation of the previous two studies while taking into account the community's shifting demographics. When considered together, the three studies illustrate how community service providers can best reach this traditionally underserved constituency. According to a community service provider, "They don't really have a social service network [in Latin America], so one's not used to being able to going to the county office or a nonprofit agency and to receive comprehensive services." A community leader added, "If you're undocumented, presumably your expectations are relatively low because you think that you might not get much out of the system." These observations highlight both the

cultural barriers and low expectations residents have for services. They also reinforce the need for provider outreach.

### **A. Demographic Information**

According to Census data, the percentage of men in Langley Park increased from 52.1 percent in 1990 to 55.9 percent in 2000, showing that the community had a growing proportion of males. Seventy-four percent of this study's sample was male, which may mean that this trend has continued. Data from the 2010 Census will confirm or reject the existence of a population shift. Anecdotally, the team noticed a stronger male presence on the streets and in the community, although families were present at community events and church services. When surveying at these community events and church services, females were approached and would occasionally take the survey. But when a male partner was present, the women would often defer the survey to the male.

### **B. Language/ESL**

Previous research underscores the importance of English language proficiency in every aspect of adjusting to life in the United States. But if the Spanish street signs and roadside chatter is any indicator, residents in Langley Park are so immersed in Spanish it seems the reverse may also be true in this community. Every interviewee mentioned language as an issue in accessing services, and four of the six specifically requested more bilingual services. As the educator said, "If you do not have English in the community, you...lose the community because they can't interact with you...[but] if you are reaching out to them in their language, it in effect bridges that same gap. And if you don't bridge the gap, the gap is fatal."

The high demand and utilization of ESL classes found in this study suggests the residents themselves understand the importance of English proficiency to success in the United States. But while English proficiency is key for success in the long term, basic needs such as those addressed by community services are immediate. For example, lack of English proficiency should not prevent a day laborer who has been cheated out of his wages or a woman whose child is critically ill from obtaining immediate assistance. In order to be effective, assistance must come in the language in which residents are comfortable speaking. The 2000 Census established Spanish as the dominant language in Langley Park, and the high number of this study's surveys administered in Spanish corroborate that fact. The vast majority of respondents, 83.3 percent, preferred to receive services in Spanish and 6.5 percent preferred a combination of both Spanish and English services. Only 8.2 percent preferred services in English.

The overwhelming presence of Spanish language speakers led the team to focus its efforts in that language. However, this meant other immigrant groups were likely underrepresented. The team encountered French speakers in the course of surveying. Although these individuals took the survey in English, survey administrators noted they did not all seem to be proficient in English. This may have prevented those respondents from understanding the questions properly, which may have affected the results.

Half of those interviewed cited ESL classes as among the most-needed services. While Prince George's Community College operates ESL classes at Langley

Park-McCormick Elementary School, ESL educators at an Action Langley Park meeting stated that overbooked classes and wait lists indicate high demand for these classes. According to survey data, more than 70 percent of respondents use ESL classes. In the open-ended portion of the survey, half of the 40 respondents who provided comments on educational needs also requested expanded ESL opportunities.

Of the respondents who attend ESL classes, more than 85 percent reported being at least somewhat satisfied with the service. One of the team's interpreters said the respondents found ESL classes an "efficient" way to learn English. The study's findings suggest that available ESL opportunities are functioning well, but they are not sufficient to meet the community's demand for these services. Although it seems the community is making an effort to learn English, English proficiency in the area still remains low.

Twenty additional respondents requested other types of education. ParkerRodriguez mentioned vocational classes as an additional need. The educator stated that while ESL classes give residents exposure to the English, "they don't know how to study, they don't know how to memorize." The educator explained that in order to truly engage the community, service providers must understand these cultural differences. Furthermore, the potential of bilingualism is a tremendous community asset. The educator emphasized that the push for English proficiency should not come at the expense of maintaining Spanish fluency.

## **C. Employment**

Ninety-one percent of survey respondents reported using employment services and, among those providing comments, 27 specifically requested more of this type of service in the open-ended questions. It is important to note that the team collected survey data at CASA de Maryland's day labor center on multiple occasions; this means the data includes people who were familiar with available employment services. Males were slightly more likely than females to utilize employment services and to be satisfied with them. CASA's employment services focus primarily on day labor, a male-dominated profession. Anecdotally, team members encountered few women when administering surveys at the day laborer center. This may help explain the lower utilization levels among females and suggests that additional employment services may need to be targeted towards female vocations and employment opportunities.

Sixty-two percent of respondents who used employment services reported satisfaction. Residents who lived in the community for less than five years were more likely to be satisfied with employment services than those who had lived in the community longer than five years. This may suggest that expectations for employment services change over time. According to Valenzuela's research, day labor is often seen as a stepping stone to more stable employment. An immigrant may become dissatisfied if that transition does not happen and day labor becomes a permanent job.

Language proficiency plays a significant role in making the transition from day labor to more skilled work. Carnevale found the ability to comprehend spoken English is the most important determinant for success in the labor market. As day

labor requires limited English proficiency, it does not offer participants a chance to build the language skills they need to advance to more stable employment. Chiswick found that the promise of economic gain motivates immigrants to achieve English proficiency. As the high ESL utilization levels suggest, the motivation and drive to learn English exists; but the resources and opportunities must be expanded.

It is important to note that 84.9 percent of respondents remit money to family in other countries. Among those sending money to family, 19.6 percent reported not being employed. The constant stress of supporting families in the United States and abroad, coupled with the frustration of not finding stable employment, heightens the economic pressures many of these individuals and families are facing. This may account for some of the dissatisfaction with employment services.

#### **D. Legal Services**

Respondents were least satisfied with legal services. Most of CASA's legal services involve employment issues such as wage theft and other workplace abuse and landlord/tenant issues. A community legal advisor reports their clinic most frequently handles family law issues such as divorce, custody and child support, and landlord/tenant issues such as bad living conditions. Recently the clinic has seen an increase in the number of foreclosure cases. The advisor also noted that last year, the clinic saw 20 percent more women than men. The advisor also noted seasonal variation in clinic usage, with the clinic seeing more clients in August and from November through January.

Language again plays a role in legal services. The legal advisor noted that the county provides classes in Langley Park in Spanish on how to get a divorce without

an attorney. Courses such as these allow greater accessibility to legal services in the community. The legal advisor cited educating residents about the complex legal system as a pressing need. Almost all clients are Spanish-speakers, and because of the time it takes to explain legal procedures and translate documents, the clinic must limit the number of residents it sees. Otherwise, the clinic would be “overwhelmed.” The complexity of the legal system coupled with the language barrier and the need for more services makes it no surprise that satisfaction with legal services is low.

### **E. Health Care**

Respondents frequently requested affordable health care and half of the interviewees said health care was among the most needed services. According to a health professional, the Langley Park area has two clinics that operate on a sliding fee scale and treat all patients regardless of income level and documentation status. The health professional emphasized health services and government benefits such as Medicare, Medicaid and Prince George’s County’s Children’s Health Insurance Program (CHIP) as significant ways for low-income residents to receive care. This is particularly important given the low rates of insurance in the community: only 14.7 percent report having health insurance and 9.6 percent report having dental insurance. The low level of insured residents alludes to the need for multiple clinics in the area as well as increased efforts to insure residents. The health professional also stated that clinics should accept patients regardless of their immigration status.

Adjusting to a foreign culture brings additional stress, which affects immigrants’ health and wellbeing. According to a community service provider, “The American dream is mostly an illusion. And so, people are divided from their families.

There's a lot of hardship involved." The health care professional said hypertension is one of the most frequently treated chronic conditions at their clinic. A government official mentioned that alcoholism is also a significant problem in the community. A few survey respondents specifically mentioned alcohol and beer-drinking as a concern and requested Alcoholics Anonymous meetings. The government official cited one liquor store in particular as being a trigger for the alcoholism in the community, calling it "one of the most irresponsible corporate neighbors in this area."

The community service provider said preventative health care is a pressing need. The two low-cost health clinics in the Langley Park area, which are funded through state and county grants as well as private donations, focus on primary care and do not offer specialized care, such as pregnancy care. Additionally, cultural norms may mean residents turn to family members for care and support instead of consulting a medical professional.

The language barrier also has a pronounced affect on health care. According to a health professional, medical terms are more difficult to translate and sometimes even English-speaking patients struggle to explain symptoms to a doctor. Inevitably information is lost when translating between Spanish and English. The use of an interpreter between a Spanish-speaking patient and an English-speaking physician introduces the chance that a patient will withhold health information from the interpreter to avoid embarrassment. This emphasizes the importance of bilingual physicians.

## **F. Safety and Security**

Almost one-quarter of respondents felt at least somewhat unsafe in Langley Park during the day, and 58.8 percent indicated that they felt at least somewhat unsafe in the evening. Respondents requested increased safety and security measures more than any other service. One of the team's interpreters noted, "Many respondents I surveyed were concerned with delinquency, gang violence and drug problems on the streets." Respondents' concerns with high crime rates may explain why they feel unsafe, especially at night.

Though respondents requested greater security and police presence, they also reported problems with the police department. In some cases, respondents reported waiting almost an hour for police response. Forty respondents stated that they would like to see safety-related improvements in the community. Respondents also felt the police treated them poorly. One survey respondent wrote in, "The police need to treat us better. They act like they don't care about our safety because we are Hispanic." One of the team's interpreters mentioned respondents told her the police were inactive in Langley Park. Another survey respondent wrote, "I think in this community there needs to be more police that speak Spanish so they understand us." The government official mentioned that, "A lot of people come from different regions where they either feared government figures like the police or the government in general." These difficulties suggest that language and cultural barriers may be impeding community relations with the police.

It is imperative that residents feel safe in the area surrounding the multicultural center, particularly when services are offered during evening hours.

## **G. Transportation**

Almost all respondents utilized public transportation. This is not surprising given the population density of Langley Park and the low income levels that might make it difficult to afford a car. The vast majority of respondents reported being satisfied with public transportation. Dependence on public transportation leads to increased familiarity with the system, which may account for the high satisfaction levels. The ParkerRodriguez study as well as a government official mentioned public transportation as an area of concern, this study's utilization and satisfaction findings suggest that community organizations may be better off focusing on other, more critical service areas.

## **H. Limitations of this Study**

While this study provides the most up-to-date data on Langley Park residents and their utilization of and satisfaction with community services, it has notable limitations. The team surveyed residents at community events where service providers were often present. The mere presence of these respondents at such events suggests that they already had at least some knowledge of available community services. This may explain why this study's utilization rates were so high. Residents with little or no knowledge of services are harder to locate and the most difficult to survey.

The survey also had limitations. It was first written in English and then a team member translated it into Spanish. Although fluent Spanish speakers checked the translation, it would have been more accurate if completed by an official translating service. The Spanish version was written in formal Spanish, which may have sounded awkward to community residents. The survey may have been easier for residents to

understand had it been in colloquial Spanish. Most of the surveys were read aloud, however, so respondents were able to clarify with an interpreter or team member if they did not understand a question.

Translating the survey from English to Spanish introduced consistency issues. There were some in the translation itself, which caused some minor differences between the surveys. Question 3 asked for the sex of the respondent. The English version asks for “gender,” while the Spanish version asked for “sex.” Both surveys should have listed sex; gender is a socially constructed term and not a biological descriptor. But 91 percent of respondents took the Spanish version of the survey, which was correct. On the English version, female is listed first and male is listed second. On the Spanish version, this is reversed.

Question 7 which asked for the respondent’s educational level. The English version offers seven choices, while the Spanish version combined the master’s degree and doctorate into one option. Since most respondents had less than a high school education and only a few had some graduate schooling, this should not significantly impact the data.

In the service satisfaction section of the survey, formatting and translation changes should be made if the survey is used again. The answer choice “this service is not available to me” should be the first choice instead of the last. This would make it clear that the remaining choices are for those to whom the service is available. The team believes that respondents may have answered “I do not use this service” or they were unaware of the service, when in fact it may not have been available. In this case having the surveys distributed orally may have caused a problem.

## Chapter 6: Recommendations

### **A. Recommendations for CASA de Maryland and Other Service Providers**

Based on both quantitative and qualitative data from community residents and service providers, Team CARE makes five recommendations in response to its research question: How can the CASA de Maryland Multicultural Center at the Harry and Jeanette Weinberg Building best be utilized to meet the needs of the community?

#### **1. Bridge the language and cultural barriers**

Survey and interview results illustrate the lack of English proficiency is a significant barrier to service utilization and satisfaction. The multicultural center staff and community service providers should be bilingual or provide interpreters. Printed materials must be available in multiple languages. Service providers must go beyond the language barrier and make an effort to understand the culture that shapes residents lives. Specifically, health clinics should offer more preventative care and the multicultural center should work with local police to bring more bilingual officers into the area.

The literature and the interviews mentioned that social services are not a cultural norm for Latino populations. Latinos are more likely to look to family and friends for help than they are to utilize outside services. Service providers should increase outreach to publicize the availability of community services and should make efforts to supplement family support networks. Schools should implement bilingual programs that would help students maintain and improve skills in English and Spanish.

In addition to increasing bilingual services, ESL classes should be expanded and offered at the multicultural center or a nearby location. Simply referring residents to existing ESL classes is not useful when resources are overburdened. Holding additional classes at various times of the day and different days of the week may ensure a resident's work schedule does not prevent him or her from attending class. The multicultural center would be a good venue for these classes, since the elementary school is not available during the day. Speaking partners should be available at the multicultural center to give residents opportunities to practice English.

## **2. Expand Existing Services**

The previous recommendation mentioned that ESL services are overbooked. Other services, including legal and health care, are also strained. The legal advisor stated that their clinic only has enough resources to operate three days per week and to serve 14 people per day. The health care provider mentioned that the clinic is overburdened and 38 survey respondents requested additional health care services, the third most frequent request. Demand for ESL classes, legal services and health care services already exceeds supply. Service providers must expand existing services. If the multicultural center refers residents to services that are already overburdened, residents' needs will still go unmet.

## **3. Coordinate community organizations**

The multicultural center is poised to serve as a hub where residents can learn about services and community organizations can reach residents. The center should

have a community calendar listing information about events and programs offered by CASA de Maryland and other organizations in the community.

The center should also provide an exhaustive service directory in multiple languages. However, varying literacy levels mean that printed literature will not be enough to reach all residents.

The multicultural center should have at least one paid staffer who acts as a liaison between residents and community organizations, matching residents with the appropriate organizations to address their needs. This individual should be familiar with the various services available in Langley Park, and would be responsible for updating the community calendar and facilitating cooperation between Langley Park service organizations.

It is imperative that this position be permanent and paid. As a community leader said, “On several occasions I’ve ventured into trying to get some serious mentoring started but it’s very, very clear that if you don’t have a paid person coordinating it, it’s not worth doing because you need to have somebody who’s really committed, who will show up all the time.” While volunteers are a valuable resource, successful coordination requires permanent commitment that volunteers may not provide.

#### **4. Engage Residents**

Located in the middle of Langley Park, the multicultural center will be easily accessible to many residents. This offers CASA de Maryland a unique opportunity to engage residents in an ongoing dialogue on community improvement. The multicultural center should have a suggestion box where residents can give feedback

on services and programming. Community organizations should create an advisory board that actively seeks resident feedback on existing services and suggestions for new programs or services. Action Langley Park has given community stakeholders a forum for discussion, but the fact that its meetings are held in English has prevented Spanish-speaking residents from participating. Consequently, the proposed advisory committee's meetings must be multilingual. Residents should feel comfortable sharing their opinions on services and providers should take their input into account. Focus groups might provide an additional forum for resident input.

### **5. Partner with the University of Maryland**

The proximity of the University of Maryland – College Park to Langley Park creates multiple opportunities for partnerships. The Gemstone program could continue research efforts in the community. University groups, such as CARing, En Camino, and Honors Program, work with the local elementary school. The multicultural center can also serve as a base from which university students and faculty can work with residents. The center could provide valuable learning experiences to students and increase assistance for residents in a variety of areas, from education to public health and urban planning to language.

ESL providers can recruit from campus to give one-on-one attention to ESL students. This can be done through the Maryland English Institute's Speaking Partner Program. Residents would receive the added language practice they need without adding to the overburdened ESL system. This partnership should be formalized with a memo of understanding between CASA and the Provost at the University of Maryland.

Another university connection could be the creation of an internship program, where students will receive academic credit for working in the multicultural center. One internship opportunity could be working in what a community service provider called a catharsis room, or space for residents to voice their personal concerns without fear of judgment. Other opportunities could include educational after school programs or pre-law students working with residents to help them understand some of the legal issues they may face. The mansion offers an ideal setting where residents could get attention from willing and enthusiastic student volunteers and professionals.

This recommendation is consistent with the university's strategic plan, which states that the university should be a good citizen and improve its outreach to neighboring communities.

## **6. Improve outreach**

While this study's sample suggested the community has a high level of awareness of services, it is important to remember that the team generally administered surveys at community events. The fact that residents attended these events shows they have at least a basic knowledge of community events and available services.

These findings may not be representative of the community as a whole—there are residents in the area who are unaware of services. Bi-variate data analysis shows residents who have lived in Langley Park for less than five years are less likely to utilize certain services than those who have lived in the area longer. The multicultural center should be a resource for newly arrived immigrants to obtain information on community services. Community organizations must use a variety of outreach

techniques to reach this segment of the population. Focus groups and interviews from another study in a Latino community found that Latinos frequently listen to the radio, making public service announcements on local radio shows a promising option. The government official interviewed in this study echoed these sentiments, noting the popularity of programs on the local Spanish radio station Viva 900.

The other study also found that pairing radio presence with another strategy, such as Latino-oriented community/health fairs, door-to-door outreach, workshops or sending information home with elementary school youth is the most effective way to reach the Latino community (Vallejos et al., 2006). In Langley Park, other strategies might include working with churches and using printed fliers.

Anecdotally, a significant number of Langley Park community members attended church services, filling the elementary school's gymnasium. Community organizations should work with churches to both publicize services and coordinate programming. Organizations should also print fliers advertising their events, although a government official said that fliers are not as effective as one might hope. Nevertheless, service providers should continue to post fliers in high-traffic areas such as schools, apartment buildings, grocery stores, beauty shops and bus depots.

## **B. Recommendations for further research**

### **1. Compare to the 2010 Census**

Data from this study was compared to demographic data from the 2000 Census. Given the transience of the community and the nine-year gap in available demographic data, comparing this study's data to the 2010 Census will help

determine how well this study reflects demographic characteristics of the Langley Park community today.

## **2. Conduct focus groups**

This study's survey obtained data on residents' utilization and satisfaction with community services, and the interviews with service providers gave insight on specific areas of interest. By conducting focus groups, residents will be able to expand on why certain community services are needed and why some are adequate while others are not. Community organizations can use the information gathered in these sessions to take into account specific suggestions from community members on how to improve services.

Multiple topic-specific focus groups should be held and take no longer than an hour and a half. Groups should be small and include no more than 10 people, to keep the discussion comfortable. Confidential and/or public groups may be held. The focus groups should be held in Spanish. Translators should be present for participants who speak other languages. The sessions should be audio recorded. Lastly, focus groups should be held at established events and locations, or with sponsorship from existing organizations to obtain more participants.

## **3. Analyze services in-depth**

Each service area should be studied in-depth to best address and understand concerns regarding that service. Legal services, which yielded the lowest satisfaction level in our study, would be a good place to start. The inability to receive aid might explain this dissatisfaction; know for sure, multiple service users and providers

should be questioned. Since child care services were the least utilized, further research should be conducted to determine whether a link exists between lack of adequate child care and lower female employment.

## Chapter 7: Conclusion

A steady stream of immigrants is the key ingredient to the strength of a nation known as the melting pot of the world. As the number of Latino immigrants continues to climb, communities like Langley Park are dotting this country's landscape. The literature review identified the challenges of limited English proficiency and reduced access to basic employment and health services that this population faces.

Through the course of this needs assessment, residents and service providers personified some of these challenges. Respondents would often talk to survey administrators and team members about the need for services. One survey respondent was so impassioned by the team's work that she promised to write a letter detailing the community needs she saw unfulfilled. Another grew teary-eyed as she explained that she worked two jobs to support her three children, and wanted services that empowered her to build the best life she could for those children. When asked in an interview what additional services were needed, the community service provider gave the following answer:

“There's a lot of trauma....Many people come to the United States on foot. It's a traumatic experience. You have the trauma of their voyage, then you have the trauma of trying to suffer through our society, to stay afloat...There's a lot of hardship involved and I don't know if people have a space to kind of just express that. So that's kind of something intangible that you can't quantify...But...I know it runs deep. Many times throughout the course of the day, someone will come into the office and just start speaking, just, just, and it kind of just flows...I end up hearing a lot of stories. And that's without me even trying to provoke or probe. It just happens by me sitting here.”

This community is not looking for a handout. It also does not want to be overlooked. Langley Park residents have goals and dreams, for themselves, for their

children and for their families in their home countries. But they cannot achieve those goals alone. Numerous organizations have committed themselves to helping Langley Park residents meet their basic needs. When issues such as the language barrier prevent residents from knowing about or accessing those services, such efforts are wasted. CASA de Maryland has the unique opportunity to take a building standing in the center of Langley Park and transform it into a hub in the heart of Langley Park. The center should be a clearinghouse for information about area services, including multilingual literature and multilingual staff, as well as a venue for many of those services. This way, the multicultural center can act as a springboard from which Langley Park residents can move beyond worrying about basic needs and focus on achieving the dreams that carried them through their journey to this country.

## Works Cited

- Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2002, October). Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches. [http://www.commonwealthfund.org/usr\\_doc/betancourt\\_culturalcompetence\\_576.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/betancourt_culturalcompetence_576.pdf?section=4039)
- Branigin, W., & Weisman, J. (2007, June 28). Immigration measure appears imperiled again; Defeat of amendments briefly raised hopes. *The Washington Post*, p. A06.
- Carliner, G. (2000). The language ability of U.S. immigrants: Assimilation and cohort effects. *International Migration Review*, 34(1), 158-182.
- Carnevale, A. P., Fry, R. A., & Lowell, B. L. (2001). Understanding, speaking, reading, writing, and earnings in the immigrant labor market. *The American Economic Review*, 91(2), 159-163.
- CASA de Maryland Multicultural Center. (n.d.). Casa de Maryland. Silver Spring, Md.
- Chiswick, B. R. (1991). Speaking, reading, and earnings among low-skilled immigrants. *Journal of Labor Economics*, 9(2), 149-170.
- Chiswick, B. R., & Miller, P. W. (1995). The endogeneity between language and earnings: International analyses. *Journal of Labor Economics*, 13(2), 246-288.
- Clark, Sandra, L. & Weismantle, Mai. (August 2003). *Employment Status: 2000: Census 2000 Brief*. Retrieved April 26, 2009 from <http://www.census.gov/prod/2003pubs/c2kbr-18.pdf>.
- Comprehensive Immigration Reform Act. 110 U.S.C. S. 1348 (2007).
- del Carmen Fani, N. (2005). Equality works: Protecting low wage workers in the state of Maryland. Silver Spring, Md.: CASA de Maryland.
- DeNavas-Walt, C., Proctor, B. D. & Smith, J. C. (2008, August). Income, Poverty and Health Insurance Coverage in the United States: 2007. *Consumer Reports* <http://www.census.gov/prod/2008pubs/p60-235.pdf>
- Duncan, B., Hotz, V. J., & Trejo, S. J. (2006). Hispanics in the U.S. labor market. In M. Tienda, & F. Mitchell (Eds.), *Hispanics and the Future of America* (pp. 228-290). Washington D.C.: National Research Council of the National Academies.

- Dustmann, C., & Van Soest, A. (2002). Language and the earnings of immigrants. *Industrial and Labor Relations Review*, 55(3), 473-492.
- Elliot, N. L., Quinless, F. W., & Parietti, E. S. (2000). Assessment of a Newark neighborhood: Process and outcomes. *Journal of Community Health Nursing*, 17(4), 211-224.
- Escarce, J. J., & Kapur, K. (2006). Access to and quality of health care. In M. Tienda, & F. Mitchell (Eds.), *Hispanics and the Future of America* (pp. 410-446). Washington D.C.: National Research Council of the National Academies.
- Escarce, J. J., Morales, L. S., & Rumbaut, R. G. (2006). The health status and health behaviors of Hispanics. In M. Tienda, & F. Mitchell (Eds.), *Hispanics and the Future of America* (pp. 362-409). Washington D.C.: National Research Council of the National Academies.
- Hanna, W. J. (1995). Langley Park: A preliminary needs assessment. University of Maryland, Urban Studies and Planning Program, College Park, Md.
- Huang, Z. J., Yu, S. M., & Ledsky, R. (2006). Health status and health service access and use among children in U.S. immigrant families. *American Journal of Public Health*, 96(4), 634-640.
- Huntington, S. P. (2004, March/April). The hispanic challenge. *Foreign Policy*, pp. 30-45.
- Keyes, E., Leighton, E., Salsbury, J., & Propeack, K. (2007). Wage theft: How Maryland fails to protect low-wage workers. Silver Spring, Md.: CASA de Maryland.
- Inventory of Historical Sites*. (n.d.). Retrieved March 1, 2009 from [http://www.mncppc.org/county/Illustrated\\_Inventory906/21\\_73.pdf](http://www.mncppc.org/county/Illustrated_Inventory906/21_73.pdf)
- Leclere, F. B., Jensen, L., & Biddlecom, A. E. (1994). Health care utilization, family context, and adaptation among immigrants to the United States. *Journal of Health and Social Behavior*, 35(4), 370-384.
- Marimow, A. E. (2007, November 1). Aid group to move to Langley Park; CASA of Maryland office to open in spring 2009. *The Washington Post*, p. T3.
- Martinez, I. L., & Carter-Pokras, O. (2006). Assessing health concerns and barriers in a heterogeneous Latino community. *Journal of Health Care for the Poor and Underserved*, 17, 899-909.

- Maryland State Department of Education. (2008). *2008 Maryland Report Card*. Retrieved March 2, 2009 from <http://msp.msde.state.md.us/statDisplay.aspx?PV=36|E|16|1719|3|Y|6|3|1|2|1|1|1|1|3>
- Mesch, G. S. (2003). Language proficiency among new immigrants: The role of human capital and societal conditions: The case of immigrants from the FSU in Israel. *Sociological Perspectives*, 46(1), 41-58.
- Mullan, F. (2005). Immigration pediatrics. *Health Affairs*, 24(6), 1619-1623.
- Neuber, K. A., et al. (1980). *Needs assessment: A model for community planning*. Beverly Hills, CA: Sage Publications.
- Owens, A. A. (2006). *Hispanics in the United States*. [PowerPoint Slides]. Population Division, Ethnicity and Ancestry Branch. United States Census Bureau. Retrieved on March 1, 2009 from [http://www.census.gov/population/www/socdemo/hispanic/files/Internet\\_Hispanic\\_in\\_US\\_2006.pdf](http://www.census.gov/population/www/socdemo/hispanic/files/Internet_Hispanic_in_US_2006.pdf)
- ParkerRodriguez, Inc. (March 2002). *Needs assessment for a multi-cultural center in Langley Park, Maryland*. Maryland National Capital Park & Planning Commission, Prince George's County Planning Department.
- Ramos, J. (2004). *The Latino wave*. New York, NY: HarperCollins.
- Rumbaut, R. G. (2006). The making of a people. In M. Tienda, & F. Mitchell (Eds.), *Hispanics and the Future of America* (pp. 16-65). Washington D.C.: National Research Council of the National Academies.
- Schneider, B., Martinez, S., & Owens, A. (2006). Barriers to educational opportunities for Hispanics in the United States. In M. Tienda, & F. Mitchell (Eds.), *Hispanics and the Future of America* (pp. 179-2221). Washington DC: National Research Council of the National Academies.
- Seibert, T.M., & Johnson, K.R. (n.d.). *Report of the community needs assessment for the family council and Monadnock developmental services*. Retrieved February 23, 2009, from <http://www.mds-nh.org/mds/graphics/MDS%20Needs%20Assessment.pdf>
- Sharma, A., Lanum, M., & Suarez-Balcazar, Y. (2005). A community needs assessment guide: A brief guide on how to conduct a needs assessment. Retrieved February 23, 2009, from [http://www.luc.edu/curl/pdfs/A\\_Community\\_Needs\\_Assessment\\_Guide\\_.pdf](http://www.luc.edu/curl/pdfs/A_Community_Needs_Assessment_Guide_.pdf)

- Singer, A. (June 2003). *At home in the nation's capital: Immigrant trends in metropolitan Washington*. Brookings Greater Washington Research Program, Center on Urban and Metropolitan Policy. Washington D.C.: The Brookings Institution.
- Smith, R. (2008). Legal protections and advocacy for contingent or "casual" workers in the United States: A case study in day labor. *Social Indicators Research*, 88(1), 197-213.
- Stolzenberg, R. M. (1990). Ethnicity, geography, and occupational achievement of Hispanic men in the United States. *American Sociological Review*, 55(1), 143-154.
- Tienda, Marta & Leif, Jensen. (June 1985). *Immigration and Public Assistance Participation: Dispelling the Myth of Dependency*. University of Wisconsin – Madison, IRP Discussion Papers.
- Torres, M. I. (1998). Assessing health in an urban neighborhood: Community process, data results and implications for practice. *Journal of Community Health*, 23(3), 211-226.
- U.S. Census Bureau. (2000). *FBP-1: Profile of Selected Demographic and Social Characteristics for the Foreign-Born Population Who Entered the United States Before 1970*. Retrieved March 1, 2009 from <http://www.census.gov/population/cen2000/stp-159/before1970.pdf>
- U.S. Census Bureau. (2000). *FBP-1: Profile of Selected Demographic and Social Characteristics for the Foreign-Born Population Who Entered the United States 1990 to 2000*. Retrieved March 1, 2009 from <http://www.census.gov/population/cen2000/stp-159/1990-2000.pdf>
- U.S. Census Bureau. (2000). *GCT-P14: Income and Poverty in 1999*. Retrieved March 2, 2009 from [http://factfinder.census.gov/servlet/GCTTable?\\_geo\\_id=04000US24&-mt\\_name=DEC\\_2000\\_SF3\\_U\\_GCTP14\\_ST2&-ds\\_name=DEC\\_2000\\_SF3\\_U](http://factfinder.census.gov/servlet/GCTTable?_geo_id=04000US24&-mt_name=DEC_2000_SF3_U_GCTP14_ST2&-ds_name=DEC_2000_SF3_U)
- U.S. Census Bureau. (2000). *Foreign-Born Profiles*. Retrieved March 1, 2009 from <http://www.census.gov/population/www/socdemo/foreign/STP-159-2000tl.html>
- U.S. Census Bureau. (2005). *Cartographic Boundary Files*. Retrieved April 13, 2009 from [http://www.census.gov/geo/www/cob/pl\\_metadata.html#cdp](http://www.census.gov/geo/www/cob/pl_metadata.html#cdp)
- U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human

Services, Substance Abuse and Mental Health Services Administration,  
Center for Mental Health Services.

- Valentine, Daniel. (2008, October 30). *County has highest percentage of uninsured residents in Maryland*. Gazette: Maryland Community Newspapers Online. [http://www.gazette.net/stories/10302008/prinnew171042\\_32470.shtml](http://www.gazette.net/stories/10302008/prinnew171042_32470.shtml)
- Valenzuela, A., Gonzalez, A. L., Theodore, N., & Melendez, E. (2005). *In pursuit of the American dream: Day labor in the greater Washington D.C. region*. Institute for Social Science Research, Center for the Study of Urban Poverty. Los Angeles, CA: UCLA.
- Valenzuela, A., Theodore, N., Melendez, E., & Gonzalez, A. L. (2006). *On the corner: Day labor in the United States*. Institute for Social Science Research, Center for the Study of Urban Poverty. Los Angeles, CA: UCLA.
- Vallejos, Quirina, et al. "Identifying Culturally Appropriate Strategies for Educating a Mexican Immigrant Community About Lead Poisoning Prevention." *Family & Community Health* 29.2 (2006):143-152.
- Veltman, C. (1988). Modelling the language shift process of Hispanic immigrants. *International Migration Review*, 22(4), 545-562.
- Weisman, J. (2007, June 29). Immigration bill dies in Senate; Bipartisan compromise fails to satisfy the right or the left. *The Washington Post*, p. A01.
- Weisman, J. (2007, May 10). Reid forces new Senate debate on immigration; He would revisit 2006, but GOP is warier now. *The Washington Post*, p. A04.
- Williams, Krissah. "Burgeoning Market Exerts Its Force." *The Washington Post* 7 June 2004: E01.
- World Health Organization. (2006). Constitution of the world health organization. In *Basic Documents* (55 ed., pp. 1-18). World Health Organization.
- (W. J. Hanna, personal communication, December 17, 2008)
- Yu, S. M., Huang, Z. J., Schwalberg, R. H., & Kogan, M. D. (2005). Parental awareness of health and community resources among immigrant families. *Maternal and Child Health Journal*, 9(1), 27-34.

## Appendices

### **Appendix A: Recommendations for CASA on Historic Preservation and Green Housing**

### **Analysis of Green Building and Historic Preservation in the CASA de Maryland Mansion Project**

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Presented to Representative of CASA de Maryland on 6 December 2006

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## **I. Abstract**

In helping CASA de Maryland in their renovation of the McCormick-Goodhart Mansion into the Langley Park Cultural Center, Gemstone Team CARE has compiled information on green architecture and historic preservation. Given the information we have found, Team CARE recommends the renovation of the mansion with as much compliance as possible with the principles of green architecture and historic preservation. There may be some funding advantage to both of these avenues as well. Other buildings have been renovated in such a manner and these examples follow our recommendations.

## **II. Introduction**

In the CASA de Maryland renovation of the McCormick-Goodhart Mansion into the Langley Park Cultural Center, there are a number of architectural considerations that should be taken into account. At the present time, environmentally friendly architecture, commonly referred to as green building, is at the forefront of architectural interests. Given that the McCormick-Goodhart Mansion was originally erected 1924, the renovation process should also be considered from a historic preservation perspective.

Green architecture and historic preservation do not happen without cost, however, and it is important to analyze the costs and benefits of working these issues into the renovation of the McCormick-Goodhart Mansion. It is important to recognize that CASA de Maryland is a non-profit organization and therefore must work within a clearly defined budget. Green architecture and historic preservation both offer renovation considerations that could lead to immediate funding as well as tax breaks throughout the usage of the mansion. These issues are being taken into consideration, and will be discussed in detail later.

Please note that all material is cited by section. The internet links are provided if more information is wanted, and printed articles are cited in appropriate MLA format.

## **III. LEED Certification**

### **1. What is the U.S. Green Building Council and what is LEED?**

The U.S. Green Building Council is a non-profit organization whose main purpose is to promote sustainability in design and building practice to support building that is environmentally sensitive and that creates a healthy, productive environment for those who utilize the space. From planning, to building, to operation and management, green principles intend to enhance the quality of life. It includes organizations from all

sectors of the building industry from architects and planners to engineers to non profit organizations.

The U.S. Green Building Council developed the Leadership in Energy and Environmental Design (LEED) Green Building Rating System. It provides planners and builders with guidelines for green building that measure the impact of green design on building performance, i.e. in terms of energy use. A checklist and point system approach evaluates the “greenness” of the building, focusing on five main areas of human and environmental health: sustainable site development, water savings, energy efficiency, materials selection, and indoor environmental quality. A building must meet certain requirements, thereby earning points for each green principle used. Some points are required of all buildings while others are optional. Buildings can achieve basic, silver, gold, and platinum levels of certification depending on the number of points earned. Also, there are different guidelines for different types of buildings and construction.

<http://www.usgbc.org/DisplayPage.aspx?CategoryID=1>  
<http://www.usgbc.org/DisplayPage.aspx?CategoryID=19>

## **2. What are the requirements?**

The McCormick-Goodhart Mansion should fall under the LEED New Construction and Major Renovation checklist and guidelines. Covering areas of sustainable site development, water efficiency, energy and atmosphere issues, materials and resources management, as well as indoor environmental quality, this checklist has a maximum of 69 points (basic certification: 26-32 points, silver 33-38 points, gold 39-51 points, platinum 52-69 points).

Sustainable site development includes green options like development within a densely populated area and community connectivity as well as access to public transportation and bicycle storage to encourage alternatives to automobile use. Even landscaping with native plant species and planting trees to shade the building, thereby reducing cooling costs, earns points under the LEED rating system.

Water efficiency covers matters regarding irrigation and wastewater issues in addition to ways to reduce water usage. Possibilities include installing high efficiency, dry fixtures.

Energy and Atmosphere concerns are addressed by requiring all certified buildings to have an independent commissioning authority to oversee the energy systems in place and verify the efficiency. Minimum energy efficiency is also established. Options to eliminate use of CFCs which are harmful to the environment by updating HVAC systems and also using

onsite renewable energy sources like solar and wind power are included as well.

Materials and Resources cover a wide range of green design principles. Incorporating recycling facilities, maximum usage of existing walls, floors, and other structures, material reuse, using only regional (within 500 miles of the site) and rapidly renewable materials, as well as construction waste management all earn points for LEED certification.

The last section covers Indoor Environmental Quality. From meeting minimum indoor air quality levels, to using materials with low levels of unhealthy emissions (i.e. paints, sealants, carpet), to restricting smoking within/around the building, to maximizing the harnessing of natural daylight, indoor environmental quality's main goal is to improve the health and productivity of those interacting with the building.

<https://www.usgbc.org/ShowFile.aspx?DocumentID=1095>

### **3. Costs and Benefits of LEED building**

A 2003 report evaluates the costs and benefits of green building and concludes that benefits generally outweigh the costs within 20 years and that costs are actually significantly less than most expect. Based on a survey of green buildings, LEED certified buildings on average cost about 2% more than conventional buildings, or about \$3-5 more per square foot. Higher levels of certification tend to cost more than lower levels. Most additional costs are incurred through the increased architectural and engineering design time required, modeling costs, and time to integrate the new systems. These costs can be minimized by incorporating green design principles as early as possible in the development process.

Financial benefits include an average of 30% in energy savings for LEED certified structures, which in the long run will exceed the extra initial costs of green design. There are also tax credits in some states for green building. On average, there is \$50-70 per square foot in benefits. Also, green design principles that result in lower emissions, better lighting, more natural light, better ventilation systems, and CO<sub>2</sub> monitoring and regulation all contribute positively to quality of life. There is a correlation between these factors and increased productivity.

While there may be additional costs initially to build green structures, in the savings will outweigh the costs. Also many of the items on the LEED rating system checklist are not extremely costly, complicated new systems. For example, bike racks, recycling facilities, and landscaping are all easily incorporated and are often times already included in conventional design.

<http://www.cap-e.com/ewebeditpro/items/O59F3481.pdf>  
<http://www.buildings.com/Articles/detailBuildings.asp?ArticleID=3029>

#### **4. Tax Credits in Maryland**

Tax credits for green building are available in the state of Maryland and require formal application. The building must be greater than 20,000 square feet. Total credits are not to exceed \$120 per square foot of building space and \$60 per square foot of tenant space. Figures are based on covering up to 8% of costs to make the building green, up to 30% of costs to purchase the fuel cell, up to 25% of costs for the photovoltaic module, and up to 25% of the costs for a wind turbine.

<http://business.marylandtaxes.com/taxinfo/taxcredit/greenbldg/default.asp>

#### **5. Recommendation**

The McCormick Goodhart Mansion may not qualify for Maryland Tax credits because it is 17,000 square feet and therefore does not meet the minimum square footage requirement. However there are of course exceptions to some of the guidelines so it may be worth it to further inquire about the possibility of a tax credits for green building, especially given the nature of the project and the possibility of historic preservation aspects. There may also be other local, state, or federal incentives aside from tax incentives.

In terms of other costs and benefits, it appears that it is feasible to renovate the Mansion with LEED certification even if it is at a lower level. The point of green design is to improve the quality of life via the employment of less environmentally destructive development as well as healthier indoor environments. As a community center that will hopefully interact with many people from the community, it may be a good idea to incorporate these principles to improve life for the community members. While green design can be very expensive it does not have to be. Also, over time the additional costs of green design will pay for itself. In another way, as listed on the USGBC website, green design is a growing field and the certification of this project may draw extra media attention to it which could possibly further its cause and goals.

### **IV. Historic Preservation Guidelines**

#### **1. What is Historic Preservation?**

Historic preservation is the conservation of historically significant buildings. The Advisory Council on Historic Preservation has a broad definition of historic preservation to include buildings with “significance at the local level.” In addition, “properties are now understood and appreciated as part of—not isolated from—the landscape to which they belong.” In this way, the mansion is a historic part of the culture of

Langley Park – a common thread linked through 80 years of history in the area.

<http://www.achp.gov/overview.html>

## **2. What are the Requirements?**

Congress passed the National Historic Preservation Act in 1966 including a set of standards for the preservation of historic buildings. These standards are not specific, but were written with the intent to generate responsible preservation practices. Essential decisions are not dictated by the standard, but a certain philosophy in the work is suggested.

There are four ways to approach historic preservation based on how much of this historic nature of a building is preserved. These four levels are: Preservation, Rehabilitation, Restoration, and Reconstruction. Depending on what is done with the building, there will be different ways to classify the mansion. Preservation seeks the highest level of historic accuracy and reflects a building's continuity over time. Rehabilitation is more concentrated on repair of historic material in a building, but recognizes that this is mostly a salvage effort because of other uses a building may have gone through. This seems somewhat applicable to the mansion, given that it has had other uses during its history. Restoration focuses on preserving a building in a given time period with the exclusion of other times that the building has stood through. Reconstruction attempts to recreate a non-existent site to a previous state. This last is not applicable for the mansion given that it is still standing. The building is most probably a rehabilitation effort instead of a strict historic preservation effort.

Other considerations that need to be taken into account with historic preservation include the relative importance of the building on a national or local level. While it may be difficult to prove the building's national importance, it may be easier to show its significance on a more local level. The physical condition of the building also needs to be addressed to assess the integrity of the materials as well as how salvageable other aspects of the construction are. CASA de Maryland also needs to look carefully at how the building will be used. Given that the mansion was previously a residence and will no longer serve that function, it can not be strictly historically preserved because the inherent character of the building will be changing through the renovation. Modern federal codes must still be met including accessibility requirements as listed under the Americans with Disabilities Act of 1990.

[http://www.cr.nps.gov/hps/tps/standguide/overview/choose\\_treat.htm](http://www.cr.nps.gov/hps/tps/standguide/overview/choose_treat.htm)  
<http://www.achp.gov/nhpa.html>

### 3. Grant and Tax Credits

#### a. National Preservation Endowment:

- The **Preservation Funds**- matching grants awarded annually, may be used to obtain professional expertise in architecture, engineering, preservation planning, fundraising, as well as preservation activities to educate the public. Grants range from \$500-\$5000
- **Johanna Favrot Fund for Historic Preservation**- matching grants for projects that “contribute to preservation or recapture an authentic sense of place.” Has to be for an official National Historic Landmark. Grants from \$2500-\$10,000.
- **Cynthia Woods Mitchell Fund for Historic Interiors**- matching grants to assist in the preservation, restoration, and interpretation of historic interiors. May be used for professional expertise, communications, materials, and education programs. Grants from \$2500-\$10,000.
- **National Trust Community Investment Fund**- Makes equity investments in the rehabilitation of historic properties eligible for the 20% federal historic rehabilitation tax, state historic tax credits, and the New Markets Tax Credit. For projects with at least \$3.5 million in total development costs and that generate at least \$650,000 in historic tax credit equity. Average equity investment is \$2 million.
- **National Trust Small Deal Fund**: same as above, except for projects that that generate less than \$650,000 in historic tax credit equity.

<http://www.nationaltrust.org>

#### b. Preservation Easement Tax Incentives:

- A preservation easement is a legal right granted by the owner of a property to an organization qualified under state law to accept such an easement.
- May provide the most effective legal tool for the protection of privately-owned historic properties while offering a tax benefit to the owner.

<http://www.nationaltrust.org>

#### c. Federal Rehabilitation Tax Credit:

- Federal law provides a federal income tax credit equal to 20% of the cost of rehabilitating a historic building for commercial use.
- To qualify for the credit, the property must be a certified historic structure (on the National Register of Historic Places or contributing to a registered historic district)
- Non-historic buildings built before 1936 qualify for a 10% tax credit.
- A substantial rehabilitation is necessary, and the work must meet the Secretary of the Interior's Standards for Rehabilitation.

- Applications for the credit are available through your state historic preservation office, and the final decisions are made by the National Park Service.

<http://www.nationaltrust.org>

#### **d. Preservation Maryland (National Trust Statewide Partner):**

- Founded in 1931, is a statewide 501(c)(3) nonprofit dedicated to preserving Maryland's rich and diverse heritage of buildings, landscapes, and archeological sites
- Preservation Maryland assists individuals and communities with efforts to protect and utilize their historic resources, advocates for legislative agendas that support preservation initiatives, provides funding to local preservation projects, and organizes an Annual Preservation & Revitalization Conference.

<http://www.nationaltrust.org>

### **4. Recommendation**

Because the McCormick-Goodhart Mansion has been used since it was constructed in a variety of different capacities, it may be difficult to completely preserve the historic aspects of the structure. Because the building will be used in a public capacity, certain considerations that must be made for service features of the building make perfect historic preservation of the building impossible.

Because there is so much interest and so much money available for this type of renovation, however, it would be in CASA de Maryland's best interest to continue looking into how to incorporate elements of historic preservation into the renovation process. It is unfeasible to historically preserve the building under the given definition of preservation, but it may be possible and beneficial to historically renovate the structure.

## **V. Precedent Studies**

### **1. The Cambridge City Hall Annex**

The Cambridge City Hall Annex was originally opened in 1871 as the Harvard School, but in 1942 it was converted into a municipal office building. There were several renovations done, including the removal of the parapet and chimneys to implement a flat roof. The building was evacuated in February 1999 due to the mold infestation.

The 33-000-square-foot building was renovated with a cost of approximately \$7.1 million. The plans for renovation had to gain approval

from the Mid-Cambridge Neighborhood Historic District Commission, who were concerned with the changing of the historic aspects of the annex. Old photographs of the interior and exterior of the building helped the artisans keep the historic details as accurate as possible. The interior was not changed drastically but energy efficient renovations were implemented such as insulated windows and walls, high-efficiency integrated indirect lighting systems, a ground-source heat pump, and photovoltaic solar panels on the roof to supply 10% of the building's energy needs. The state's development agency for renewable energy, Massachusetts Technology Collaborative, gave a \$337,500 grant for the implementation of panels.

“Cambridge City Hall Goes for the Gold” American Institute of Architects, 03/2004

The Cambridge City Hall Annex reopened in February 2004 and became the first municipal building in Massachusetts and the oldest building worldwide to receive a Leadership in Energy and Environmental Design Gold Certificate from the U.S. Green Building Council, based in Washington, D.C. The project received several awards for innovation and preservation including the Massachusetts Historic Commission's 2005 Preservation Award.

“While energy-efficient design can pay for itself in reduced energy costs alone, it may also produce vastly greater benefits in higher worker productivity, lower absenteeism, fewer errors, and better quality,” said Alexis Karolides of the Rocky Mountain Institute. Many other view points emphasize increase in productivity and creating a more comfortable space for employees. All the responses seem very positive, but the article may just be biased and optimistic about this green and historic preservation project.

“Best Practices in Sustainability: Historic Preservation Meets Energy-Efficient Green Design in Cambridge, MA” Buildings 02/2006

## **2. The Presidio**

The Presidio of San Francisco, California presents a fine example of the use of sustainable design in conjunction with historic preservation principles. The Letterman Hospital, comprised of 4 buildings, was rehabilitated in accordance with the NPS Guiding Principles for Sustainable Design and also met the Secretary of the Interior's Standards for the Treatment of Historic Properties. Besides being able to claim stewardship and sensitivity to the historic aspects of the site, the investors an investment tax credit of 20% of the multimillion dollar project. Following green and historic preservation principles, the renovations kept many of the original parts of the buildings while carefully adding and

changing select parts to be up to date. The building is not centrally air conditioned; rather it uses natural ventilation and climate controls. Air conditioning is integrated only where necessary, for example in the computer labs. Boiler and radiator systems were upgraded and modernized. The use of light fixtures is kept to a minimum through the reliance on natural day light and sensors that automatically turn off the lights when there is no activity. Most materials used were either from renewable resources, from recycled sources, or biodegradable. The paint selected is particularly reflective, thereby reducing the need to artificial light or at least minimizing the amount of artificial light needed. Even 75% of the unusable deteriorated materials from the original building were able to be recycled into new products. This project is a testament to the fact that historic preservation and sustainable design do not have to be pitted against each other since new, innovative technologies can be integrated in historically sensitive ways to both preserve history and secure a healthy future.

Park, Sharon C.. "Sustainable Design and Historic Preservation." CRM  
21998 13-16. 04 December 2006  
<<http://www.smartplaces.com/sp/general/21-2-4.pdf>>.

### **3. S.T. Dana Building**

William McDonough and Partners and Quinn Evans Architects jointly renovated the 95-year-old S.T. Dana Building at the University of Michigan in Ann Arbor in 2002. The renovation implemented the latest innovations in green design. The flooring is made of recycled truck tires and bamboo; newsprint-and soybean-composite countertops, sunflower-hull shelving, and recycled glass tiling. The building's chilled-ceiling uses about 10 percent less energy than even the most efficient air systems. The renovation also preserves the building's historic integrity: scraping layers of paint off old doors revealed beautiful ash wood. It was estimated that 350 tanker truckloads of fuel were saved by salvaging the building's brick façade rather than firing new bricks.

## Appendix B: Survey Consent Form – English

Page 1 of 2

Initials \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT FORM

Project Title

**Why is this research being done?**

***Community Advancement through Revitalization Efforts***

*This is a research project being conducted by the Gemstone Program at the University of Maryland, College Park. We are inviting you to participate in this research project because you may be a resident of or spend a significant amount of time in Langley Park. The purpose of this research project is to find out what services are most needed by Langley Park residents and how to best provide those services.*

**What will I be asked to do?**

*You will be asked to mark the attached survey as directed in response to a number of questions regarding services in Langley Park. The survey should take approximately 20 minutes. If requested, we may read the survey to you and record your answers on the survey.*

**What about confidentiality?**

*We will do our best to keep your personal information confidential. To help protect your confidentiality: (1) this consent form will be detached from your survey after you sign it. (2), the surveys are anonymous and will not contain information that may personally identify you, and (3) completed surveys and consent forms will be kept in a secure location. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.*

*In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.*

**What are the risks of this research?**

*Some survey questions may make you feel uncomfortable, but there are no other risks associated with participation in the study.*

**What are the benefits of this research?**

*Although this research may not help you personally, it may indirectly benefit you by informing community organizations that will be able to serve you with a better understanding of your needs. We hope that, in the future, other people might benefit from this study through improved understanding of the needs of Langley Park residents.*

Initials \_\_\_\_\_ Date \_\_\_\_\_

**Project Title**  
**Do I have to be in this research?**  
**May I stop participating at any time?**

***Community Advancement through Revitalization Efforts***

*Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. If you do not live or spend a significant amount of time in Langley Park, we may stop the survey because you are not a part of the target population.*

**What if I have questions?**

*This research is being conducted by Linda Moghadam and the Gemstone Program at the University of Maryland, College Park. If you have any questions about the research study itself, please contact Linda Moghadam at: 2108 Art-Sociology Building, University of Maryland, College Park, MD 20742; (e-mail) moghadam@umd.edu; (telephone) 301-405-6389]*

*If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742;*

*(e-mail) irb@deans.umd.edu; (telephone) 301-405-0678*

*This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.*

**Statement of Age of Subject and Consent**

*Your signature indicates that:*

*you are at least 18 years of age,;*

*the research has been explained to you;*

*your questions have been fully answered; and*

*you freely and voluntarily choose to participate in this research project.*

**Signature and Date**

**NAME OF SUBJECT**

***[Please add name, signature, and date lines to the final page of your consent form]***

**SIGNATURE OF SUBJECT**

**DATE**

## Appendix C: Survey Consent Form – Spanish

Página 1 de 2

Iniciales \_\_\_\_\_ Fecha \_\_\_\_\_

### Firma de Consentimiento

**El título del proyecto  
Por qué es este  
proyecto llevado a  
cabo?**

***Community Advancement through Revitalization Efforts***  
*Este es un proyecto de investigación llevado a cabo por Team CARE, un grupo de investigación compuesto de estudiantes de la Universidad de Maryland, College Park. Te invitamos a participar en este proyecto porque eres mayor de 18 años y residente de la comunidad de Langley Park. El propósito de este proyecto de investigación es determinar que servicios públicos están disponibles para los residentes y si son efectivos a la hora de satisfacer las necesidades de la comunidad de Langley Park.*

**Qué se me pedirá  
hacer?**

*Pedimos que los participantes rellenen una corta encuesta acerca de información general y servicios públicos en el área de Langley Park. La encuesta incluye preguntas sobre el entorno cultural y monetario de los participantes y acerca de los servicios públicos y sobre si estos son disponibles y satisfactorios.*

**Cuales son las  
condiciones de  
confidencialidad?**

*Intentaremos mantener su información personal confidencial. Para proteger su confidencialidad: (1) su nombre no será incluido en la encuesta u otra información colectada; (2) su consentimiento firmado y cualquier información sobre su identidad permanecerán siempre separados de la encuesta; (3) encuestas rellenas y los documentos de consentimiento se guardarán en un lugar cerrado y seguro. Si escribimos un artículo sobre nuestro proyecto de investigación, su identidad será protegida al máximo.*

*Su información puede ser compartida con representantes de la Universidad de Maryland, College Park o con las autoridades gubernamentales si usted o alguien está en peligro o si nos es requerido por ley. De acuerdo con los requisitos legales y/o estándares profesionales, proveeremos información a los individuos y/o autoridades competentes si se detecta una situación de abuso o maltrato a menores o posibilidad de dano a usted u otros.*

**Cuales son los  
riesgos del  
proyecto?  
Cuales son los  
beneficios del  
proyecto?**

*No se conocen riesgos asociados con su participación en este proyecto de investigación.*

*Este proyecto de investigación no está diseñado para ayudarle personalmente, pero sus resultados pueden ayudar al investigador a aprender sobre información demográfica en la comunidad de Langley y los servicios disponibles en la zona. Esperamos que, en el futuro, otra gente pueda beneficiarse de*

*este estudio a través de una mayor comprensión de la comunidad y sus necesidades.*

Página 2 de 2

Initiales \_\_\_\_\_ Fecha \_\_\_\_\_

**El título del proyecto  
Es obligatoria la participación en este proyecto?  
Puedo dejar de participar en cualquier momento?  
Qué sí tengo preguntas?**

***Mejoras a la comunidad a través de esfuerzos de revitalización***

*Su participación en este proyecto es absolutamente voluntaria. Si lo desea, puede decidir no participar. Si desea ser parte de este proyecto, puede dejar de participar en cualquier momento. Si decide no participar o dejar de participar en cualquier momento, no será penalizado ni perderá beneficios para los que califica.*

*Este proyecto está dirigido por Linda Moghadam y el programa Gemstone en la Universidad de Maryland, College Park. Si tiene preguntas sobre el proyecto por favor pongase en contacto con el Team CARE en: [teamCARE@googlegroups.com](mailto:teamCARE@googlegroups.com). Si tiene preguntas sobre sus derechos como sujeto de la investigación o desea denunciar daños debidos a el proyecto por favor contacte: **Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742;** (e-mail) [irb@deans.umd.edu](mailto:irb@deans.umd.edu); (telephone) 301-405-0678  
Este proyecto ha sido revisado de acuerdo con los procedimientos de la Universidad de Maryland, College Park, para estudios que incluyen personas humanas.*

**Declaración de edad, de sujeto y de consentimiento  
[Atención: consentimiento de los padres se necesita para menores]**

Su firma indica que:  
tiene por lo menos 18 años de edad;  
el proyecto le ha sido explicado;  
sus preguntas han sido respondidas; y  
usted desea participar de libre albedrío y voluntariamente en este proyecto de investigación.

**Firma y Fecha  
[Por favor incluye su firma y la fecha, en el final página de su firma de consentimiento]**

**NOMBRE DE SUJETO  
FIRMA DE SUJETO  
FECHA**

## **Appendix D: Approach Dialogue**

### *Dialogue – Approaching Participants*

Hi! Do you live in Langley Park?

*(If no):* Do you spend a lot of time in the area?

*(If yes to either question):* I'm a member of a research group from the University of Maryland that is conducting a survey of the area. Would you mind helping us by filling out a short survey about services in the community? Your answers are completely confidential.

Would you prefer to take the survey in English or Spanish?

*(If the participant seems hesitant, or seems to be having difficulty taking the survey):*  
Would you prefer to have the survey read to you?

Once the participant has been handed the survey:

Please read and sign the consent form and hand it to me. We will keep this form separate from your survey. Feel free to ask me any questions you might have.

## Appendix E: Survey – English

*These questions ask for background information. Please mark your answer with an X.*

**1. Do you live in Langley Park?**  Yes  No

**1a. If yes, how long have you lived in Langley Park?**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 5-9 years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> 10+ years |
| <input type="checkbox"/> 1-4 years          |                                    |

**2. Do you spend a lot of time in Langley Park?**  Yes  No

**3. What is your gender?**  Female  Male

**4. What is your age?**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 18    | <input type="checkbox"/> 35-54 years |
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 55+ years   |
| <input type="checkbox"/> 25-34 years |                                      |

**5. What is your race or ethnicity?**

- |  |   |
|--|---|
| <input type="checkbox"/> White                     | <input type="checkbox"/> Asian or Pacific Islander  |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Latino                     |
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Other (please list): _____ |

*These questions are about language. Please mark your answers with an X.*

**6. What language would you like to receive services in?**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese                 |
| <input type="checkbox"/> English | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> French  |   |

**7. What is the highest education level you have reached?**

- |  |  |
|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school           | <input type="checkbox"/> Master's degree   |
| <input type="checkbox"/> Trade school          | <input type="checkbox"/> Doctorate         |
| <input type="checkbox"/> Some college          |  |

*The next four questions are about housing. Please fill in the blank or mark your answers with an X.*

**8. How many people live in your house?** \_\_\_\_\_

**8 a. Please list the ages of the people who live in your house.**

---

**9. Are you a renter?**       Yes       No

**10. Are you a homeowner?**       Yes       No

*Please continue to the next page. →*

**11. In your opinion, is there affordable housing in Langley Park?**  
 Yes       No

*These questions are about services available in Langley Park. Please mark your answers with an X.*

**12. Are you satisfied with employment services in Langley Park?**  
 Yes       This service is not available to me  
 Somewhat       I do not use this service  
 No

**13. Are you satisfied with legal services in Langley Park?**  
 Yes       This service is not available to me  
 Somewhat       I do not use this service  
 No

**14. Are you satisfied with public transportation in Langley Park?**  
 Yes       This service is not available to me  
 Somewhat       I do not use this service  
 No

**15. Are you satisfied with health care services in Langley Park?**  
 Yes       This service is not available to me  
 Somewhat       I do not use this service  
 No

**16. Are you satisfied with English as Second Language (ESL) classes in Langley Park?**  
 Yes       This service is not available to me  
 Somewhat       I do not use this service  
 No

**17. Are you satisfied with after school programs in Langley Park?**  
 Yes       This service is not available to me  
 Somewhat       I do not use this service  
 No

**18. Are you satisfied with child care services in Langley Park?**

- Yes                       This service is not available to me  
 Somewhat                 I do not use this service  
 No

**19. Are there any other services you use in the community?** Please list:

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**20. Are there any other services you would like to see in the community?** Please list:

---



---

**Please continue to the next page. →**

*These questions are about health and safety. Please mark your answers with an X.*

**21. Do you have dental insurance?**                       Yes                       No

**22. Do you have health insurance?**                       Yes                       No

**23. Where do you get your primary healthcare?**

- Emergency room                       Urgent care center  
 Walk-in clinic                       Other (please list):

---

- Doctor's office                       Do not use health care

**24. How safe do you feel in your neighborhood during the day?**

- Very safe                       Safe                       Unsafe                       Very

unsafe

**25. How safe do you feel in your neighborhood during the night?**

- Very safe                       Safe                       Unsafe                       Very

unsafe

**26. Are the community police officers responsive?**

- Yes                       No                       Don't Know

*These questions are about employment. Please mark your answers with an X.*

**27. Do you have a job?**                       Yes                       No

**27 a. Do you work during the day?**                       Yes                       No                       Sometimes

**27 b. Do you work at night?**  Yes  No   
Sometimes

**27 c. In an average week, how many hours do you work?**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-10 hours  | <input type="checkbox"/> 40-50 hours |
| <input type="checkbox"/> 10-20 hours | <input type="checkbox"/> 50+ hours   |
| <input type="checkbox"/> 20-40 hours |                                      |

**28. Do you use any of the following financial services?** *Please check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Checking account | <input type="checkbox"/> Check cashing |
| <input type="checkbox"/> Savings account  | <input type="checkbox"/> Payday loans  |

**29. Do you send money to family members in another country?**

- Yes  No

**30. Do you have any other comments?**

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**Thank you very much for taking our survey!**

## Appendix F: Survey –Spanish

Estas preguntas son para información general. Por favor, marque su respuesta con un X.

1. ¿Vive Ud. en Langley Park?  Sí  No

1a. Si la respuesta es sí, por cuanto tiempo ha vivido en Langley Park?

- Menos de 6 meses  5-9 años  
 6 meses a 1 año  10+ años  
 1-4 años

2. ¿Pasa mucho tiempo en Langley Park?  Sí  No

3. ¿Cuál es su sexo?  Masculino  Femenina

4. ¿Cuántos años tiene Ud.?

- Menos de 18 años  35-54 años  
 18-24 años  55+ años  
 25-34 años

5. ¿Cuál es su raza o etnicidad?

- anglosajón  asiático-americano  
 negro o afroamericano  Latino  
 indio americano  Otro (por favor escriba

aquí): \_\_\_\_\_

Estas preguntas se tratan de la idioma. Por favor, marque su respuesta con un X.

6. ¿En cuál idioma prefiere Ud. recibir servicios?

- español  vietnamita  
 ingles  Otro (por favor escriba

aquí): \_\_\_\_\_

- frances

7. ¿Qué nivel de educación ha posee?

- menos de escuela secundaria  un poco en la  
universidad  licenciatura  
 escuela secundaria  título universitario  
 escuela comercial  
posterior  bachillerato

Estas cuatro preguntas se tratan de la vivienda. Por favor, escriba su respuesta o marquelo con un X.

8. ¿Cuántas personas viven en su casa? \_\_\_\_\_

8 a. Por favor, escriba las edades de los que viven en su casa.

\_\_\_\_\_

9. ¿Es Ud. un inquilino?  Sí  No

10. ¿Es Ud. el dueño de la casa en que Ud. vive?  Sí  No

*Por favor, sigue a la próximo página. →*

11. En su opinion, hay vivienda que se puede comprar en Langley Park?

Sí  No

*Estas preguntas se tratan de los servicios que son obtenible en Langley Park. Por favor, marque su respuesta con un X.*

12. ¿Esta satisfecho con los servicios de empleo en Langley Park?

Sí  Este servicio no es obtenible a mi.  
 Poco  Yo no uso este servicio.  
 No

13. ¿Esta satisfecho con los servicios legales en Langley Park?

Sí  Este servicio no es obtenible a mi.  
 Poco  Yo no uso este servicio.  
 No

14. ¿Esta satisfecho con la transportación pública en Langley Park?

Sí  Este servicio no es obtenible a mi.  
 Poco  Yo no uso este servicio.  
 No

15. ¿Esta satisfecho con los servicios de la salud en Langley Park?

Sí  Este servicio no es obtenible a mi.  
 Poco  Yo no uso este servicio.  
 No

16. ¿Esta satisfecho con las clases de English as Second Language (ESL) en Langley Park?

Sí  Este servicio no es obtenible a mi.  
 Poco  Yo no uso este servicio.  
 No

**17. ¿Esta satisfecho con los programas después de educa en Langley Park?**

- Sí                       Este servicio no es obtenible a mi.  
 Poco                       Yo no uso este servicio.  
 No

**18. ¿Esta satisfecho con los servicios de la guardería en Langley Park?**

- Sí                       Este servicio no es obtenible a mi.  
 Poco                       Yo no uso este servicio.  
 No

**19. ¿Hay otros servicios en la comunidad que Ud. usa?** Por favor, escribalas aquí

---

---

**20. ¿Hay otros servicios que quiere en la comunidad?** Por favor, escribalas aquí:

---

---

*Por favor, sigue a la próximo página. →*

*Estas preguntas se tratan de la salud y la seguridad. Por favor, marque su respuesta con un X.*

**21. ¿Tiene Ud. seguro dental?**                       Sí                       No

**22. ¿Tiene Ud. seguro de salud?**                       Sí                       No

**23. ¿Dónde recibe Ud, principalmente, servicios de salud?**

- Sala de emergencia                       Centro de cuidado urgente  
 Una clínica donde no requiere cita previa                       Otro (por favor escriba aquí): \_\_\_\_\_  
 La oficina del doctor                       Yo no usa servicios de salud

**24. ¿Se siente Ud. seguro en su vecindad durante el día?**

- Muy seguro                       Seguro                       En peligro                       En mucho peligro

**25. ¿Se siente Ud. seguro en su vecindad durante la noche?**

Muy seguro       Seguro       En peligro       En mucho peligro

**26. ¿Considera que el cuerpo de policia es activo en su comunidad?**

Sí       No       Yo no se

*Estas preguntas se tratan del empleo. Por favor, marque su respuesta con un X.*

**27. ¿Tiene Ud. empleo?**       Sí       No

**27 a. ¿Trabaja Ud. durante el día?**       Sí       No       De vez en cuando

**27 b. ¿Trabaja Ud. durante la noche?**       Sí       No       De vez en cuando

**27 c. ¿En una semana normal, cuantas horas trabaja Ud.?**

0-10 horas       40-50 horas  
 0-20 horas       50+ horas  
 20-40 horas

**28. ¿Usa Ud. algunos de los siguientes servicios?** *Por favor, marque a todos que Ud. usa.*

Cuenta de comprobación       Compruebe el cobro  
 Cuenta de ahorros       Préstamos del día de paga

**29. ¿Manda Ud. dinero a parientes en un otro país?**       Sí       No

**30. ¿Tiene Ud. algunos otros observaciones?**

---

---

---

---

---

**¡Muchas gracias por rellenar nuestra encuesta!**

## Appendix G: Additional Results Tables

**Table 1: Crosstab: Sex and Employment**

		Do you have a job?		Total
		No	Yes	
Sex	Female	48	83	131
	Male	83	289	372
Total		131	372	503

p-value: 0.001

**Table 2: Crosstab: Age and Employment**

		Do you have a job?		Total
		No	Yes	
Age	Under 35	67	236	303
	35 and up	64	136	200
Total		131	372	503

p-value: 0.013

**Table 3: Crosstab: Sex and Remitting money**

		Do you send money to family members in another country?		Total
		No	Yes	
Sex	Female	36	91	127
	Male	39	327	366
Total		75	418	493

p-value: 0.000

**Table 4: Crosstab: Sex and Safety**

		How safe do you feel in your neighborhood during the night?		Total
		Unsafe	Safe	
Sex	Female	94	38	132
	Male	204	168	372
Total		298	206	504

p-value: 0.001

Table 5  
*Chi Square for Service Satisfaction by Sex*

English as Second Language	1.644
After School Programs	0.010
Child Care	0.060
Employment Services	0.330
Legal Services	0.775
Health Care	0.367
Public Transportation	0.224

Table 6  
*Chi Square for Service Satisfaction by Age*

English as Second Language	1.229
After School Programs	0.591
Child Care	0.109
Employment Services	0.188
Legal Services	0.000
Health Care	0.919
Public Transportation	1.053

## Appendix H: Interview consent form

Page 1 of 2

Initials \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT FORM

**Project Title**

**Why is this research being done?**

***Community Advancement through Revitalization Efforts***

*This is a research project being conducted by the Gemstone Program at the University of Maryland, College Park. We are inviting you to participate in this research project because you may be a leader, service provider in the Langley Park community. The purpose of this research project is to find out what services are most needed by Langley Park residents and how to best provide those services.*

**What will I be asked to do?**

*You will be asked to answer a number of questions regarding services in Langley Park. The interview should take approximately 30 minutes. Your answers may be recorded by hand or by voice recorder.*

**What about confidentiality?**

*We will do our best to keep your personal information confidential. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Team members will be the only individuals with access to your voice recordings. The recordings will be saved for the duration of our research project. They will be locked in a secure location and will be destroyed after we have written and presented our thesis.*

**What are the risks of this research?**

*Some interview questions may make you feel uncomfortable, but there are no other known risks associated with participation in the study.*

**What are the benefits of this research?**

*Although this research may not help you personally, it may indirectly benefit you by helping community organizations learn what community services are needed. We hope that in the future other people might benefit from this study through improved understanding of the needs of Langley Park residents.*

Page 2 of 2

**Project Title**  
**Do I have to be in this research?**

***Community Advancement through Revitalization Efforts***

*Your participation in this research is completely voluntary. You may choose not to take part at all. You may choose to stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.*

**May I stop participating at any time?**

**What if I have questions?**

*This research is being conducted by Linda Moghadam and the Gemstone Program at the University of Maryland, College Park. If you have any questions about the research study itself, please email Team CARE at [TeamCARE@googlegroups.com](mailto:TeamCARE@googlegroups.com).*

*If you have questions about your rights as a research subject or wish to report a research-related injury, please contact:*

***Institutional Review Board Office,***

***University of Maryland, College Park, Maryland, 20742;***

***(e-mail) [irb@deans.umd.edu](mailto:irb@deans.umd.edu); (telephone) 301-405-0678***

*This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.*

- I give permission for my answers to be voice recorded.

## **Appendix I: Interview Questions – Community Organization Leader**

### **Standard Questions:**

1. Please state your name.
2. Please state your profession or title.
3. How long have you worked in Langley Park?
4. Are you a Langley Park resident?
  - a. If so, how long have you lived in the community?

### **Community Services Questions:**

1. What do you think about services that are already available in Langley Park?
2. Do you think that residents are satisfied with available services?
3. What services do you think the community needs? Why?
4. How accessible do you think currently available services are?
5. How do you advertise for your events? Why these methods?
6. Do you get the attendance that is desired for your events?  
Why or why not?
7. Which days have you found are best to hold events?  
Is there a specific time?
8. Do you target certain populations for your events?  
If so, which ones?
9. Do you see similar people at multiple events?
10. What is your most successful event?  
Why do you think this particular event is so successful?
11. Do you work in partnership with other organizations or the government?  
Which ones? What does this partnership entail?
12. What services are you planning to include in future programming?
13. Why did your organization choose these particular services?
14. May we contact you in the future if we need anything else?

## Appendix J: Interview Questions – Government Official

### Standard Questions:

1. Please state your name
2. Please state your title or profession.
3. How long have you worked in Langley Park?
4. Are you a Langley Park resident?
  - a. If so, how long have you lived in the community?

### Government Official Questions:

1. Does anyone in your office speak another language?
  - a. If so, which one(s)
  - b. If not, do you hire interpreters for special events?
  - c. How often is there a need for someone who speaks another language?
2. How often do you or someone from your office visit Langley Park?
  - a. What are the reasons for visiting Langley Park
3. How often do Langley Park residents come to or call your office?
  - a. What specific questions or concerns do Langley Park residents typically have when they call or contact your office?
  - b. Do more residents call or personally come to your office?
4. What role to Langley Park residents play in government; how often do they participate?
  - a. If not, how are you trying to encourage civil participation in Langley Park?
5. How often do you work on issues specifically related to Langley Park?
  - a. What kinds of issues have you worked on that are related to Langley Park?
6. In your Fall 2007 newsletter you mentioned a Dec. 6 seminar titled, “Government 101,” designed to explain the basics of local government. Did a lot of Langley Park residents attend?
  - a. How successful was the event?
  - b. What feedback did you receive from Langley Park residents?
7. Also in your newsletter you mentioned your commitment to tackling the gang problem. What impact are gangs having on Langley Park?
  - a. Have you taken any specific measures to combat gangs’ influence? What are the results?
  - b. What impact has the Gang Task Force had on the problem?
8. You also discuss your Good Neighbor Campaign in the newsletter. How much of an issue is the code infractions in Langley Park?
  - a. What are you doing to reduce the number of code infractions?
  - b. How effective has this been?
9. What sorts of county government-funded services exist for the Langley Park community? Have state and county budget problems impacted the funding for these services?

- a. Have there been any additional grant proposals for the Langley Park community? What were they?
- 10. When was the last time Prince George's County conducted a survey of the Langley Park community?
  - a. Do you have any literature or statistics that may be helpful to our research?
- 11. May we contact you again in the future if we need anything else?

## Appendix K: Interview Questions – Health Care Provider

### Standard Questions:

1. Please state your name
2. Please state your profession or title
3. How long have you worked in Langley Park?
4. Are you a Langley Park resident?
  - a. If so, how long have you lived in the community?

### Medical Questions

1. What types of medical services are available at the clinic? Do you offer preventative care?
2. What are the most common health problems that you treat here?
3. Do a lot of people come in for emergency care?
  - a. What kinds of problems do they have?
4. What percentage of your patients have insurance? If they don't, how do they pay for services?
5. Do you accept Medicare or Medicaid? What percentage of your patients are part of these services?
6. Do your patients have trouble paying for prescriptions?
7. What role does the language barrier play in giving medical care?
8. How do your patients know about the clinic? Do you advertise?
9. How do patients get to the clinic? Public transportation, own car etc.
10. Do you feel the health care needs of Langley Park residents are currently being met?
  - a. Why or why not? What more can be done
11. May we contact you in the future if we need anything else?

## Appendix L: Interview Questions – Educator

### Standard Questions:

1. Please state your name.
2. Please state your profession or title.
3. How long have you worked in Langley Park?
4. Are you a Langley Park resident?
  - a. If so, how long have you lived in the community?
  
1. What grade do you teach (if applicable)
  - a. Have you taught any other grades?
  - b. Do you teach any special programs?
2. What is the average class size?
  - a. If there is no average, why do you think that is?
3. Do students typically do their homework?
  - a. What seems to affect this?
4. Are after school programs available?
  - a. What sort of programs?
  - b. Which ones are the most popular?
  - c. Can everyone get into the programs?
  - d. How late do they run?
5. What sorts of ESL opportunities are available for students?
6. What means of recourse does the school have for problem students?
  - a. What type of problems do you most often see (academic, emotional, behavioral?)
  - b. How do you help students cope with such problems?
7. Do parents attend parent/teacher conferences?
  - a. How do you encourage parental attendance?
  - b. Why do you think parents do not attend?
8. How are you able to accommodate working parents?
  - a. Are you able to keep flexible hours?
  - b. If yes, what are normal hours for you?
9. How do you deal with parents who may not be fluent English speakers?
  - a. Are most teachers bilingual?
10. How is attendance? Is truancy a problem?
  - a. What do you think contributes to this?
11. How do you handle gifted and talented students?
  - a. Are there a lot? Are you able to provide resources to challenge them?
12. What is the classroom environment like? Are there adequate supplies?
13. What percentage of students continues to high school? College?
14. What more can the community do help students succeed?
15. Is there anything else you want to mention?
16. May we contact you in the future if we need anything else?

## Appendix M: Interview Questions – Legal Advisor

### Standard Questions:

1. Please state your name.
2. Please state your profession or title.
3. How long have you worked in Langley Park?
4. Are you a Langley Park resident?
  - a. If so, how long have you lived in the community?
  
17. Can you give a brief overview of what services CLS offers, especially the Langley Park Family Law Clinic and the Workers' Rights Clinic?
  - a. What are the hours of operation?
  - b. How many people come in for services in an average week?
  - c. Are there times of the year when more people seek assistance?
  - d. What are the overall demographics of your clients? Male/female, age, documentation status, etc.
  - e. Do you offer clients a home or cell phone number to call in emergencies?
18. Where do residents hear about your services?
  
19. What are the most common legal concerns clients have?
20. Are there any legal issues they should be aware of?
21. Do you think residents are getting the legal services they need?
  
22. How do you translate legal jargon into something residents can understand?
23. Is the language barrier an issue? I saw that CLS takes volunteer translators; do you have anyone on staff who speaks another language or a permanent translator?
  - a. What languages?
24. Have recent state and local budget issues impacted your funding at all?
25. Do many of your clients have to go to court in Upper Marlboro? Is transportation an issue?
26. May we contact you in the future if we have any further questions?

## Appendix N: Team CARE Community Experiences

- This happened multiple times. We were surveying and I would go up to a woman sitting next to a man taking our survey. I'd ask her if she would be willing to fill out the survey too and she would just gesture to the man and say that she didn't want to because he was already answering. It was interesting to me because it seemed like the woman did not think she would be able to add a new perspective or new ideas to our survey.
- There was one man I was surveying at the Mall. He spoke Spanish and a little bit of broken English. With my Spanish skills and a translator nearby that I could interrupt and ask for help, we were getting through the survey. For many of the questions on our survey he would volunteer additional information. He honestly wanted to talk and express all of his ideas about his community. Towards the end of the survey he stopped, looked at me and asked me if we'd actually use this information. I promised I'd do my best to make his voice be heard. From then on the study wasn't about getting data and finishing up a project. It was about representing the people.
- We went to survey at a health fair. There were only three women there. There was one woman with her three kids. While the women were being surveyed another team member and I were playing with the kids. They had so much energy and were running us all over the place, but they were really good kids. I hope our research helps those children and kids like them have a better future.
- When we went to the groundbreaking ceremony for the mansion and decided to take the tour. The tour guide was giving a history of the building and then mentioned that it had just received gold LEED certification and the historic standing. It was the first time that I saw something that we had done applied and made it feel that we were really doing something and possibly benefiting the community, which for me is what the project is really about.
- Though not directly related to the project, my time volunteering with CARing is one of the most cherished memories that I will take from this project. I started volunteering with the elementary school children as a way to be more involved with the community and develop a better understanding of the area that we were trying to make recommendations for. Spending the time with the children from Langley Park, I was able to learn more about their lives and what their interests were. It really humanized the project.
- Last week in CARing the activity that we did with the children was for them to build the city of Langley Park. It reminded me of our research and I thought that it was interesting and informative to see what the future generation wants to see as part of their environment.
- We went into the community many times to survey and after a while you started to recognize some of the people. I remember surveying a man – the first that I was able to do on my own – at the grocery store. He talked a little about his life and what he used to do (he was a doctor in his native country). A few weeks later I saw him again, this time at the Day Labours Center. He didn't take the survey again since he had already taken it, but I felt that this

showed how many of the people are taking jobs that are far beneath what their job skills are and how they are willing to do that in order to have a life in America.

- While volunteering at an English as a Second Language class, I came across people from all different walks of life. There was one student in particular that touched me. Every week he would come back and seem physically and emotionally drained from his day. I would ask him what he did that day and he said he was at work at 6 A.M. until 5:30 P.M. and he came straight to ESL class to learn English. Some weeks, his eyes would be bloodshot from his stressful day and other days he would have paint on his face. His commitment to coming to ESL class day after day motivated me to come every week. The amount of effort some of people put into assimilating into the country amazed me and he is one of the reasons why I am proud of the research that we did.
- This research began because I took class with Professor Bill Hanna that was on Langley Park and its socio-economic situation. The class was largely about understanding a community that was neighboring but different from the university campus and included several experiential learning excursions including shadowing an ESL class, attending an Action Langley Park meeting, being a part of Langley Park Day, and other field trips to the community. On one such field trip, we walked past the Goodhart McCormick mansion and I was captivated. As an architecture major, I was discovering my love for architecture in other classes and all of a sudden in an unrelated elective I found a building that drew me to it.
- Before I knew it, a team was formed around the idea of researching the program that was to be placed in the building and we were off and running with a partnership with CASA de Maryland and a myriad of contacts both at the university and at other organizations. I thought our research was going to go very smoothly, right up until we delivered our pilot survey at Langley Park Day 2007. We went in knowing that the community was largely Latino and Spanish-speaking, but I don't think it really hit home until we went to Langley Park Day, armed with our surveys and high school Spanish and found out that we could not effectively communicate with those people that we most wanted to talk to.
- Our mentor, Linda Moghadam, and I recruited heritage Spanish speakers from campus who were absolutely essential to the success of this research. With their help we continued to survey the population and started getting data from which we could actually draw conclusions. It was exciting to see that we were going to have a product from our efforts. I continued as our team's CASA de Maryland liaison, taking meetings and phone calls as they were necessary and organizing many of our survey dates and interpreters.
- It was in the capacity of CASA de Maryland liaison that I learned my next critical lesson about the language barrier. I had a meeting with representatives of CASA to discuss the progress of our work, and upon walking into the room, discovered I was the only member of the room that could not speak Spanish fluently. Every other member of the meeting either spoke only Spanish or was bilingual between Spanish and English. In order for our

meeting to proceed, every word I said had to be interpreted by one of the bilingual people at the meeting. I had never felt more isolated. I come from a major where self-expression is key, both graphically and verbally, and here I was in a meeting with the profound frustration of not being able to make myself understood. All of a sudden it became very clear what Spanish-speaking residents of Langley Park go through on a day-to-day basis and the inherent difficulty that the language barrier creates in being able to make oneself understood.

- In our survey and interview experiences, I learned how interested people are in telling their stories to other people. Even in situations where other activities were happening, most people were happy to stop and tell us about their lives. People are inherently interested in people that are interested in them. While the survey and interview questions were directed and largely had specific answers, we frequently got into long conversations about experiences with services that made our research so much richer than simple yes or no answers.
- In the end for me, the research came back to the building. While simultaneously conducting this research, I had gotten closer and closer to graduating with a degree in architecture, and it was becoming readily apparent to me that buildings can change lives. While the mansion now lies in disrepair at the center of a large complex of low-income housing units, it has the potential to be so much more. Once CASA completes their renovation, the derelict building will be a center for improvement. Programmed with appropriate services, what was just a building will be a community center encouraging positive advances in an area riddled with crime, low-income workers fighting to make ends meet, and new immigrants struggling to place themselves between their native cultures and the American culture that surrounds them.
- Even without the myriad other lessons I learned from this research, about language and cultural barriers, about academic human subject research, about working in a team, about self-paced research, that lesson about what a building can mean for a community is enough to have made the entire experience worthwhile. What I buildings I choose to design, and how I choose to design them can have long-lasting impacts on the communities of which they are part. A building has the potential to change the way someone sees the world or interacts in it, and as a result of this research I will be unable to forget that as I move forward I must always consider the social and cultural implications of the buildings I intend to put on this planet.
- It was astounding to go to the day laborers' center at around 6 a.m., when it was still dark outside, and see people already walking to the center to line-up for the lottery. When we went inside to survey at 7 a.m., when jobs had already been given out, it became apparent that some of these men show up to the day laborers' center multiple times during the week or month, as they replied that they had already filled out the survey. These were the people that had not been picked in the work lottery and stay around in case any work opportunities arose. As we got to the question about whether or not they had

other comments, they replied that they just wanted a job and if we could help them.

- Volunteering at CARing was a really educational experience. The students from Langley Park Elementary School were smart and well-behaved. My buddy was especially happy to read every week and took several books home. You could tell that this was something the children looked forward to at the end of the week from the minute they walked into the church: smiles on their faces as they ran to their buddies, student volunteers from the university. All of the buddies had a good relationship with their students from Langley Park Elementary. This became apparent at the end of the session in May. A couple of the students were leaving the program, because the program was only for elementary school students. There were tears shed and it was a very emotional day.
- I never really thought too much about the other ethnicities in Langley Park except for the Hispanic population, but one day we were surveying at the CASA Worker Center and some West African French speakers were there. I took French in high school and was able to communicate with them (albeit poorly). They asked me a lot of questions about the University of Maryland and what I was studying – this made me not only realize the greater diversity of the area, but also that the population of Langley Park is as interested in us as we are in them.