The Hispanic/Latinx Community of Athens-Clarke County, Ga. in 2016

A Comprehensive Needs Assessment and Recommendations for Service Providers

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The Sapelo Foundation
La Vida Yoga/Work For America Foundation, Inc.
La Parrilla and Cali-N-Tito’s Restaurants
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EXECUTIVE SUMMARY

The Hispanic/Latinx community in Athens-Clarke County, Ga., has nearly doubled since 2000 and today makes up 10.6% of the county’s entire population (U.S. Census Bureau, 2015b) and 22.5% of the local school district (Clarke County School District, 2016). To increase our understanding of the challenges experienced by this growing community, particularly as they inform the scope and delivery of services, community advocacy, and policy initiatives, a comprehensive needs assessment was conducted in 2015-2016 by PORTAL, the University of Georgia’s Latin American & Caribbean Studies Institute’s U.S. Hispanic/Latinx research and outreach initiative.

In doing so, a convenience sample of 301 self-identified Hispanic/Latinx adults 18 years or older and residing in ACC, completed a confidential survey2. The questionnaire included 50 questions concerning their access to healthcare, education, public transportation, government-issued benefits (i.e., food stamps, Medicaid), employment, and legal/immigration services for themselves and their families. To supplement and explore these quantitative findings further, a series of five focus groups were conducted with a total of 26 community members.

Key Findings

Participants reported a variety of barriers when accessing basic social services, including: healthcare, adult education, public transportation, government-issued benefits (e.g., food stamps, Medicaid), employment, and legal/immigration services for themselves and their families.

Immigration status was repeatedly cited, particularly when discussing their ability to get a “good” job (i.e., well-paid, reliable employment), accessing healthcare and securing government benefits such as Medicaid. Focus group participants highlighted the complexities of living in a “mixed-immigration status household”, in which members have different citizenship or immigration statuses and thus different levels of access to certain services. For example, while one U.S.-born child may have Medicaid, her brother may be ineligible for insurance due to his status.

Language also poses challenges for community members. Sixty-one percent of respondents report feeling comfortable communicating only in Spanish, and nearly half of all participants (45%) reported a lack of often-federally mandated interpreter or translator services3 being offered while

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1 Hispanic and Latinx will be used interchangeably throughout this report. Latinx is the gender-neutral version of Latino or Latina, terms that are often used by individuals who self-identify as having Latin American roots (Reyes, 2016). The use of the term Hispanic is preferred by federal agencies, including the U.S. Census.
2 The study’s 301 survey respondents represent 3.6% of Hispanic/Latinx 18 years or older living in ACC (U.S. Census Bureau, 2015b). Thus, our data has a 5.5% margin of error, at a 95% confidence level.
3 Title VI of the Civil Rights Act of 1964 and regulations by the Department of Health and Human Services dictate that all organizations that receive direct or indirect federal funds must provide meaningful access to language services to those with a limited English proficiency (U.S. Department of Health & Human Services, 2003). These requirements do not apply to private organizations that do not receive federal funds.
interfacing with medical and social service providers in the last three months. Forty-three percent of parents report, therefore, a reliance on their children (under 18 years of age) to interpret and translate for them while seeking basic services. Unfortunately access to English as a Second or Other Language classes is sometimes limited by the same barriers community members face when seeking other services (e.g., transportation and cost).

Transportation presents another significant challenge within the community. Although the majority of participants drive (74.7%), many report doing so with trepidation and fear since their immigration status prevents them from obtaining a Georgia state driver’s license. Unfortunately, public transportation is not accessible to many Hispanic/Latinx community members who reside a considerable distance from a bus stop (e.g., greater than 1 mile) or are not familiar with the service. Lack of reliable transportation is a critical barrier for those looking for a better job, accessing healthcare, taking adult education classes, and seeking immigration or legal aid.

According to the 2016 Federal Poverty Guidelines (U.S. Department of Health and Human Services, 2016), an estimated 89% of participating households with children under 18 years old are likely living at or below the poverty line (N=137, 45.5% of total sample). With 63.4% of all study participants earning $24,000 or less per year, their ability to cover fees for services is severely impacted. This is particularly true when seeking medical care, child or family care (e.g. babysitters or at-home senior care), immigration/legal aid, or opportunities to continue their education.

Currently there exist no local Spanish-language media outlets in Athens-Clarke County, limiting sources of information to service providers and word-of-mouth. As such, there exists a considerable lack of information or misinformation regarding the availability and eligibility requirements for social services.

The study also finds that these complex barriers are typically interrelated. For example, limited English proficiency impacts the ability to access accurate information to secure Medicaid for US-born children, which then impedes the attainment of health insurance. The lack of health insurance is the most common barrier associated with accessing healthcare services.

**Recommendations for Service Providers**

For those service providers interested in reducing these barriers and enhancing access to and quality of basic health and social services for the ACC Hispanic/Latinx community, the following recommendations are provided.

**Immigration Status**

1. Hold information sessions and develop in-language materials with the assistance of certified translators outlining services provided/available without a U.S. ID
2. Modify current policies to accept non-U.S. IDs when possible (e.g., foreign passport)
3. Make immigration/legal services available on a sliding scale basis
4. Host educational workshops on the most common immigration/legal topics among community members

**Language**

1. Provide services, informational and promotional materials in-language
2. Ensure materials are interpreted correctly and that the language used is familiar and colloquial to community members by calling upon the services of a trained translator
3. Hire proven bilingual and bicultural staff when possible
4. Provide Spanish-language workshops and training sessions for English-speaking staff to help support community members
5. Offer access to live interpreters or a language line to community members who need it. If possible, ensure that interpreters are certified to work in your field (i.e., medical or legal) and that your staff is trained to work with them

**Transportation**

1. Explore mobile service delivery mechanisms or satellite services within majority Hispanic/Latinx communities
2. Hold workshops and develop in-language materials to educate community members on how to use public transportation, and/or basic driver’s education
3. Enlist dedicated volunteers to drive those who need help getting to you
4. Support campaigns to improve/expand local public transportation

**Cost of Services**

1. Offer services on a sliding scale
2. Work with local businesses and other sponsors to provide financial aid to clients who need it
3. Make payment plans available
4. Promote free and low-cost services available to the Hispanic/Latinx community

**Lack of Information about Available Services**

1. Hold informational sessions at locations well-known to community members, such as churches or schools
2. Distribute in-language materials about your services where the community is, including flea markets, libraries or parks
3. Partner with local Latinx businesses to set up multi-agency information bulletin boards
4. Go social – leverage existing Facebook pages used by the community to promote your services in Spanish

**For Adult Education Providers**

1. If it’s necessary to charge for classes to sustain the organization, offer them on a sliding scale
2. Work with local businesses, individual donors or foundations to set up scholarships for those who are unable to cover regular tuition and/or face financial strains mid-way through the program
3. Leverage volunteers to regularly offer free onsite childcare during adult class hours; consider educational activities or tutoring for kids vs. a free-play structure
4. Coordinate a ride-sharing network with students and/or volunteers to address transportation issues
5. Offer distance or online learning options for students who are unable to get to your location
6. Offer a weekday evening and a weekend section of the same class. This way, students with unpredictable work schedules may be able to attend one or the other

For Healthcare Providers

1. Create in-language materials to promote free, low-cost or sliding-scale healthcare services to community members
2. Conduct workshops on how to apply for low-cost health insurance and Medicaid/Medicare
3. Offer certified interpreters or a language line to patients who might need one to access your services

INTRODUCTION

Though the Southeastern states were not the traditional destination for Latin American immigrants prior to the 1990s, the Hispanic/Latinx population in the region has become one of the fastest-growing in the country since 2000. According to reports from the Pew Research Center, 58% of the fastest-growing Hispanic counties in the country between 2000-2007 were in the South, with North Carolina and Georgia tying for the largest number of fastest-growing counties (51 each) (Fry, 2008). Between 2000 and 2010, the Southeast saw a 68% overall increase in its Hispanic population and Georgia saw its population spike 96% during the same time period (Somoza, 2015).

Though the average national growth rate of the Latinx population slowed down from 4.4% in 2000-2007 to 2.8% in 2007-2014 due to shifts in immigration patterns and birth rates after the Great Recession, counties in the South still contribute 43% of the country’s Hispanic/Latinx population growth. They account for the largest share of Hispanic growth nation-wide (Stepler & Lopez, 2016).

Today, Georgia has the 10th largest Latinx population in the United States, which represented 9% of the state’s entire population (U.S. Census Bureau, 2015a) and 7% of its labor force in 2014 (Somoza, 2015). Though there are Hispanic communities throughout the state, Figure 1 shows that there are clear concentrations in the southeast (e.g., Atkinson County with a 24.3% Latinx population) as well as around and north of Atlanta (e.g., Whitfield County with a 31.6% Hispanic population) (U.S. Census Bureau, 2010).

Figure 1: According to 2010 U.S. Census data, Georgia’s Latinx communities are largely concentrated around Atlanta and in the southeastern part of the state. ACC’s Latinx community comprises 10.6% of its entire population, according to the 2011-2015 ACS 5-Year Estimates.
Athens-Clarke County (ACC), the state’s smallest geographic area (125 mi²) and location of the University of Georgia’s flagship campus, is located within the northern concentration of Georgia Latinxs (marked by an asterisk in Fig. 1). It is home to 12,770 Latinxs who make up 10.6% of the entire county’s population (U.S. Census Bureau, 2015b) and 22.5% of the students in the Clarke County School District (Clarke County School District, 2016).

Though this is already a stark contrast to the 1,491 living in the county in 1990 (U.S. Census Bureau, 1990), many local community leaders believe the size of the Hispanic/Latinx population in Athens-Clarke County is much larger, perhaps closer to 20,000. This is based on immigrant communities’ general distrust of federal government activities, including the Census (The Leadership Conference, 2010), and the U.S. Census Department’s own admission that it undercounted the U.S. Latinx population by 1.5% in 2010 (U.S. Census Bureau, 2012).

This tremendous demographic shift has created a more vibrant and diverse Athens-Clarke County community. At the same time, it has put pressure on private, governmental and non-profit organizations that seek to address the healthcare, educational and social needs of all of ACC’s residents.

Part of that pressure comes from not truly understanding what the Hispanic/Latinx community actually needs, as well as the barriers they face when trying to access existing services offered by the Clarke County School District (e.g., Spanish-speaking family liaisons); by non-profits like the Athens Latino Center for Education & Services (ALCES), Casa de Amistad and churches (e.g., English as a Second or Other Language-ESOL and GED-preparation classes); by organizations like OASIS Católico, the Pinewoods Library and the Awesome Clubhouse @ La Escuelita (e.g., after-school youth programs); and by others.

Over the years, the ACC Hispanic/Latinx community has been included in various UGA faculty and student research, though these projects have typically focused on small sample populations and on specific topics (Harman, Johnson, & Escutia Chagoya, 2016; Rivera-González, 2011). While larger studies such as the 2016 St. Mary’s Health Care System’s Community Health Needs Assessment (Broyard III & Hui, 2016) and the currently-ongoing Athens Wellbeing Project (Athens Wellbeing Project, n.d.) have included Hispanic/Latinx participants, these efforts have focused on the entire county and not on the specific needs of this community.

Similarly, as of the release of this publication, few comprehensive needs assessments have been completed on Hispanic/Latinx communities across the state of Georgia. Those conducted have focused specifically on healthcare (National Council of La Raza, 2008) or in the metro Atlanta population such as the 2015 Latino community assessment by the Latin American Association (Dalton, 2016), which fail to provide a complete picture of the needs and resources available to suburban and rural communities, like Athens-Clarke County.
In 2015, PORTAL, the U.S. Hispanic research and outreach initiative of the University of Georgia’s Latin American & Caribbean Studies Institute, launched a comprehensive needs assessment of the ACC Hispanic/Latinx community to address this gap of knowledge and better inform relevant stakeholders, policy makers and community advocates.

This study’s specific goals include:

1. Document the needs of the Latinx community in ACC
2. Identify barriers that the Latinx community faces when trying to access existing services in ACC
3. Provide recommendations to relevant service providers to enhance service provision to the ACC Latinx community
4. Inform policymakers and advocates in their efforts to support this community

A digital version of this report is available at [www.laciportaluga.org](http://www.laciportaluga.org).

**ACKNOWLEDGEMENTS**

This project was possible due to the financial contributions of the University of Georgia’s Office of the Vice President of Research and the Latin American & Caribbean Studies Institute (LACSI), the Title VI Department of Education Grant held by LACSI⁴, and La Vida Yoga/Work For America Foundation, Inc. The Sapelo Foundation provided funding for the execution of focus groups and dissemination of this report.

Cali-N-Tito’s and La Parrilla, two Latinx-owned businesses in Athens, donated coupons that were used as incentives for survey participants.

Deep gratitude is also extended to the dozens of faculty and students at the University of Georgia and other community members who offered their time, expertise and general support to make this study a reality.


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⁴ The contents of this report were developed under grant #P015A140046 from the U.S. Department of Education. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.
Montenegro, Melissa Perez Rhym, Beth Perlman, Sebastian Puerta, Aida Quiñones, Patricia Ramirez, Brooke Rappaport, Kathleen Schmaltz, Anna-Marie Smith, Matthew Lee Smith, Selena Soviravong, Kerry Steinberg, Katy Tedford, Maria Fernanda Terraza, Rachel Ward, Lisa Sophia Wegscheider, Melissa Whatley, and many others.

We thank the leadership of organizations like the Athens Latino Center for Education & Services (ALCES), the Pinewoods Library and Education Center, Casa de Amistad, Catedral de Fe, St. Joseph’s Catholic Church, ULead Athens, Awesome Clubhouse @ La Escuelita, Community Support Group for Families in Crisis due to Detentions/Deportations, the Athens Immigrant Rights Coalition, Oasis Católico, Oglethorpe Avenue Elementary School and W.R. Coile Middle School, among others, for allowing us to interview their staff and/or clients.

We’d also like to thank the owners and managers of local businesses like AthensLatin, La Parrilla, Cali-N-Tito’s, La Cabaña del Tío Juan, La Pasadita and Taziki’s Mediterranean Café, among others for allowing us to survey their employees and clients.

Last but certainly not least, muchísimas gracias to all of the community members who participated in this study and made their voices count.

Alejandra Calva
Lead Investigator and Author

RESEARCH DESIGN

This study employs a mixed-methods research design, calling upon qualitative and quantitative primary data supplemented with quantitative secondary data. Secondary data included in this report was collected from the U.S. Census Department, the American Community Survey, the Clarke County School District, past research on U.S. Latinx communities, and anecdotal stories provided by community members and stakeholders.

Community Survey Design

The bulk of primary quantitative data was collected between May 2015 and July 2016, via a 50-question bilingual survey administered to a convenience sample of the ACC Latinx population (see Appendix C for tool).

The questionnaire was designed using a framework based on determinants of wellbeing that were previously identified by local Latinx community informants, and in similar validated projects conducted in Latinx communities living in “non-traditional” Hispanic states (Corona, Gonzalez, Cohen, Edwards, & Edmonds, 2006; Fuger, 2013; Darla Moore School of Business, 2001; Harrison, Friend, Furuseth, & Smith, 2006).

Our survey focused on: (i) access to physical and mental healthcare, education, employment, government resources, public transportation, immigration/legal, and language services, (ii) perceptions of neighborhood safety, community inclusion
and discrimination, and (iii) general socio-demographic information.

The instrument – developed in English and Spanish using a back-and-forth translation method – was pilot-tested by more than 40 members of the target community and subsequently reviewed by service providers and key informants familiar with the population. UGA faculty members with relevant research experience were also consulted. The final selection and wording of the 50 questions in the final survey reflects their feedback.

To protect participants, we did not collect any identifying information such as name, address, phone number, or date of birth. We also chose not to ask about their individual immigration statuses, as this had been proven a successful tactic to build trust with Latinx immigrants participating in similar studies (Cavazos-Regh, Zayas, & Spitznagel, 2007).

**Eligibility/Inclusion Criteria**

To be eligible to participate, individuals had to (i) self-identify as Hispanic/Latinx, (ii) be at least 18 years old, and (iii) live within the boundaries of Athens-Clarke County, Ga., at the time of data collection. Individuals could complete the survey only once, though multiple people living in the same household were encouraged to participate.

**Sampling and Recruitment**

Participants had the option to (i) complete the survey online on their own or assisted, via Qualtrics, (i) self-administer a paper version, or (iii) be interviewed by a bilingual research team member/volunteer who had completed relevant training.

Survey administrators were recruited via relevant UGA ListSers and through the research team’s personal networks. They were all bilingual and completed a 30-60 minute training session that included sections on cultural competency, survey administration, tips to avoid biases, bilingual role play, frequently asked questions, etc. In some cases, they received field supervision by a member of the research team (see Appendix F for sample training materials).

Regardless of the medium selected by participants, survey completion took between 20 and 60 minutes. The exact length depended on whether the respondents chose to share anecdotes or additional concerns related to the study’s focus.

All data collection efforts were confidential (online survey was also anonymous), and respondents could skip any questions they wanted and/or stop participation at any time.

The majority of survey respondents were selected using a convenience sampling method, though in some cases researchers focused outreach on specific sub-segments of the community (e.g., based on gender, age or zip code). For example, we visited soccer fields to increase male participation and sent surveys to parents of Latinx students of one public elementary school to target individuals living in a specific zip code.

Calling upon several successful outreach tactics reported in prior research (Corona et al., 2006), trained survey administrators approached potential participants at: (i)
community events, (ii) local businesses and recreational spaces frequented by the target community, and (iii) Latinx-serving organizations, including schools. The research team also worked closely with non-profit directors and local business owners to encourage their employees and clients to participate (see Appendix E for list of outreach locations). Finally, a link to the online version of the survey was shared and promoted on UGA and community ListServes, newsletters and social media.

Other than highlighting how their responses might help address their community’s needs, incentives for survey participation were limited. Some participants were offered a coupon for a free dessert or a smoothie drink at two local Latinx-owned restaurants (timing and amounts were determined by corporate donors), while others were invited to a free community cookout at a non-profit center located in a predominantly-Latinx neighborhood.

Paper survey data was inputted into Qualtrics by trained volunteers under supervision of research team members (see Appendix F for sample training materials), and analyzed using IBM SPSS Statistics software.

Focus Groups

Thanks to a grant from The Sapelo Foundation, in-depth focus groups with 26 community members were held in September and October 2016 to complement survey results. Focus group questions were based on the survey results (see Appendix D for question guide). Eligibility requirements, participant selection and their general rights were the same as survey participants.

A total of five, 60-90 minute focus groups were conducted at a local flea market, a library and a park. Participants received a $20 Wal-Mart gift certificate for their participation. Each of the focus groups was recorded and transcribed for analysis.

IRB Human Subjects Determination

The protocol for this project was submitted to the University of Georgia’s Institutional Review Board (IRB) for approval in March 2015. However, given the stated goals of the project, it was determined our project did not meet the definition of “human subjects research” by the U.S. Department of Health and Human Services and the Food and Drug Administration (see Appendix G for letter).

PARTICIPANTS

Community Survey

A total of 370 self-identified Latinxs completed the community survey, with 301 cases (81.4%) included in the final analysis. The exclusion of sixty-nine (18.6%) surveys resulted from: (i) the participation in one of two pilot surveys, (ii) ineligibility based on inclusion requirements (e.g., most often not residing within ACC), or (iii) a failure to complete a majority of questions.

Of the 301 valid survey responses, 24.9% were completed online; 34.2% were self-completed on paper versions of the questionnaire; and 37.9% resulted from one-on-one interviews with survey
administrators. It was not recorded how the remaining 3% were completed.

More than half (51.2%) completed the survey in Spanish only; 12.3% in English only; 3.6% in both English and Spanish (i.e., “Spanglish” or jumping between both languages). An additional 32.9% chose not to disclose which language they used during data collection.

The demographics of our sample group is generally representative of the larger Hispanic/Latinx population in Athens-Clarke County (Fig. 2), with variances attributed to the nature of the convenience sample method employed during the study.

**Focus Groups**

Five focus groups were held in the fall of 2016 over the course of 6 weeks. A total of 20 women and 6 men participated in groups of an average size of 5.2 people. Because the community surveys were anonymous, it’s impossible to know how many, if any, focus group participants also completed the survey.

Throughout this report, we have included yellow text boxes with direct quotes from focus group participants using self-selected pseudonyms.

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<td>66%</td>
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<tr>
<td>Not in labor force</td>
<td>16%</td>
<td>34%</td>
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<tr>
<td>Unemployed</td>
<td>5%</td>
<td>6%</td>
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*Figure 2: Demographics of the study sample are generally representative of the ACC Hispanic/Latinx population according to the 2011-2015 American Communities Survey. Data points refer to the Latinx population 18 years and older, unless otherwise noted.*
FINDINGS

Survey participants were asked a series of mostly multiple-choice questions focused on their access to basic services like healthcare, adult education, public transportation, interpreters and/or translators, and immigration/legal aid. They were given the opportunity to voice additional concerns related to each topic presented, and others they deemed important.

Though specific questions regarding the well-being of the ACC Hispanic/Latinx community were not included, safety and residency data do shed some light in this area. For example, only 14% of respondents reported feeling isolated from their own community in the last three months, and 19.6% felt similarly regarding Athens-Clarke County more generally. Furthermore, 77.7% feel “very safe” or “safe” in their neighborhoods (87.3% are concentrated in just four zip codes: 30601, 30605, 30606, and 30607).

Their general satisfaction with the ACC community is further highlighted by the length of residency in the county, with 72.7% of participants having lived here for at least six years.

Overall contentment with the community notwithstanding, the current study finds several significant barriers to basic social and health services among the Hispanic/Latinx community.

The most-cited obstacles include: i) immigration status; ii) lack of English language proficiency and/or translation services; iii) transportation; iv) cost of services; v) and a lack of information regarding available services and how to navigate the application processes. A lack of health insurance, childcare and distrust of strangers were also mentioned in some circumstances.

These obstacles are often interrelated and compound on each other. For example, immigration status is the most-cited barrier that community members face when looking for new or better employment opportunities. This often means that they are limited to jobs that are not well-paid and have inflexible hours. Work schedules and low income are frequently cited as critical limitations when trying to gain access to adult education programs and healthcare, for example.

“Greek es un pueblo muy tranquilo…Y [hay] bastante trabajo. O sea eso es lo que nosotras venimos siguiendo, y si lo encuentras en un lugar en donde estás a gusto con tu trabajo y tu familia está creciendo bien, no necesitas moverte para otro lado. Sabes que movertre es incierto. Pero si, este pueblo es un buen lugar, y aquí estamos.”—Santi

(Athens is a calm town… [There’s also] a lot of work. That’s what we’re looking for, and if you find it in a place where you’re comfortable with your work and your family is growing well, there’s no need to move. There’s uncertainty in moving. This is a good place, so we are here.)
We also found that 39.5% of respondents reported at least one experience of any form of discrimination in the last three months, with race or ethnicity being the most prominent (22.6% of total sample), followed by immigration status (17.6% of total sample), national origin (10.6% of total sample), and others such as gender, age, sexual preference, religion or language (9.3%). These rates are similar to those found in a nation-wide “Survey of Americans on Race” by the Kaiser Family Foundation/CNN in 2015 in which 36% of Hispanics said they have been treated unfairly in the last month due to their race (DiJulio, Norton, Jackson, & Brodie, 2015).

The following sections will focus on how these specific barriers limit the ACC Hispanic/Latinx community’s ability to access basic services.

IMMIGRATION AND RELATED SERVICES

Immigration Status

Eighty-five percent of participants are foreign-born and migrated to the U.S. at a median age of 20 (32.5% of them crossed the border before their 18th birthday). The majority of them were born in Mexico (52.8%), primarily in the central and southwestern states of Michoacán, Guerrero, Guanajuato and Mexico, and in the country’s capital Mexico City (Fig. 3). The rest of the foreign-born community hails from Peru, El Salvador, Colombia, Guatemala, Venezuela, Honduras, the Dominican Republic, Chile, Brazil, Uruguay, Nicaragua, Cuba, Spain, Argentina, Ecuador and other countries.

Of those born in the continental U.S. and territories (N=35), only 17.1% (2% of entire sample) are native to Georgia and 20% (2.3% of entire sample) were born in Spanish-speaking Puerto Rico.

Though each person’s immigration story is unique, the current study finds that decisions regarding residency within Athens-Clarke County mirror those found within prior nation-wide studies on immigrant communities (Berk, Schur, Chavez, & Frankel, 2000; Weeks, Weeks, & Weeks, 2006-2007). That is, approximately 37.9% of all study participants were driven by employment opportunities; 32.9% decided to come to ACC because they already knew somebody living here; and another 18.3% were attracted to education opportunities for themselves or family members (Fig. 4). It’s worth noting that 13.6% of respondents didn’t necessarily make the decision to live here; they were either born in ACC (1%) or their parents brought them to the county (12.6%).
Regardless of the reason why they chose to live in Athens-Clarke County, Hispanic/Latinx community members typically stay for a long time. Almost 53% of participants have called ACC their home for at least 11 years; only 24.3% have lived here for less than 5 years.

Latinx community members in ACC hold a variety of citizenship and immigration statuses. Forty-one percent of study participants live in a “mixed-immigration status” household, or one in which members hold different immigration or citizenship statuses.

The widely-accepted definition of a “mixed-immigration status household” does not make a distinction as to whether these statuses are lawful or unlawful (National Immigration Law Center, 2014). For example, 16.6% of study participants live in a mixed-immigration status household where only individuals with a lawful presence reside (e.g., U.S. citizenship, permanent residency, a visa, or a temporary protection status like Deferred Action for Childhood Arrivals5); while 24.6% of households include both documented and undocumented immigrants.

Only 31 participants (10.3%) reported living in a household with only undocumented immigrants.

Each type of status opens the door to different opportunities, particularly those that are tied to federal regulations. This can explain why immigration status, when coupled with lack of U.S.-issued ID (not available to undocumented persons in the state of Georgia), is the number one barrier community members face when seeking employment, health insurance and government benefit programs like Medicaid or food stamps.

This is reflective of other studies that show that Hispanic/Latinx immigrants may be hesitant to access healthcare services for fear of being identified as undocumented and/or ultimately being deported (Cavazos-Regh et al., 2007).

Furthermore, research shows that parents in a mixed-immigration status household

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5 Deferred Action for Childhood Arrivals (DACA) is a temporary two-year protection, subject to renewal, against deportation for persons who arrived to the U.S. as children and meet other strict requirements. Since it was passed as an Executive Action by President Obama in 2012, almost 1.3 million undocumented youth have been approved to receive temporary work permits, access to higher education, driver’s licenses and other limited benefits (U.S. Citizenship and Immigration Services, 2016). As of the publication of this report, President-elect Trump has promised to repeal every executive action issued by President Obama, including DACA, within his first 100 days of office. His action would mean these young immigrants would be eligible for deportation (NPR Staff, 2016).
may find it difficult to determine to which services or programs each member of a mixed-immigration status household is eligible, or may choose not to apply for their U.S.-born children for fear of showing “favoritism” for one child (Pereira et al., 2012).

**Immigration/Legal Services**

An immigration attorney might be able to inform community members about what services they’re eligible for, based on their individual status. Unfortunately, only 27.2% of respondents reported having access to a lawyer or an organization who could help them with immigration-related issues. Barriers among those who have needed legal aid (N=110; 36.5% of total sample) include cost of services (37.3%, 41/110), lack of information regarding where/how to secure a lawyer (17.3%, 19/110), language (10.0%, 11/110) and transportation (7.3%, 8/110). Approximately 37% did not face any barriers when seeking this type of aid.

**Recommendations for Service Providers**

1. Hold information sessions and develop in-language materials with the assistance of certified translators outlining services provided/available without a U.S. ID
2. Modify current policies to accept non-U.S. IDs when possible (i.e., foreign passport)
3. Make immigration/legal services available on a sliding scale basis
4. Host educational workshops on the most common immigration/legal topics among community members

**LANGUAGE & EDUCATION**

**Language Preferences and Related Services**

Spanish was the first language for 96% of study participants. It is also the language that the majority feel most comfortable utilizing when speaking (58.5%), writing (62.5%) or reading (58.8%).

Language is one of the most common barriers cited by respondents when describing their access to basic services like healthcare, legal aid and employment seeking. Forty-five percent stated they rely on others to interpret or translate for them when seeking these types of services.

Unfortunately, they cannot always rely on providers to offer language services. According to our study, 40.5% have not been offered an interpreter or translator anywhere in the last three months. Only 29.2% of participants have been offered access to language services when seeking healthcare, and rates fall to less than 7% at the police station and/or courthouse, government agencies or public utilities.

> “Yo les pregunto si me pueden pasar a alguien que hable español. Me dicen que sí. Al final de cuenta, ahí me tienen en espera buscando a alguien y al último me cuelgan. A mí no me importa que me tengan en espera pero ni lo buscan. Al último nomás le cuelgan.” – Amy

(I ask if they can connect me with someone who speaks Spanish. They say yes. They put me on hold while they look for someone, but they hang up on me at the end. I don’t mind being put on hold, but they don’t even try to find someone.)
The local schools have done a better job at addressing this language barrier, likely because they are federally mandated to provide reasonable language services to individuals with low English proficiency (see footnote 2 on page 3). Fifty-one percent of parents of children under 18 years old said they have been offered an interpreter or translator at their children’s schools (90/177, 29.9% of total sample). However, the public school district’s reliance on Spanish-speaking volunteers to staff semi-annual parent-teacher conferences raises concerns regarding the interpreters’ level of training and experience in this setting.

Thus, 43.9% of all participants currently depend on their children under 18 years of age (19.3%), other family members (17.3%) or friends (7.3%) to translate or interpret. However, this is not an adequate solution. Most notably, it raises concerns regarding the accuracy of translations and potential serious outcomes, particularly in medical and legal settings.

Past research has also shown that Latinx patients feel uncomfortable when the healthcare provider does not speak their primary language (Pearson, Ahluwalia, Ford, & Mokdad, 2008) while others also feel uncomfortable relying on their family and friends for healthcare visits they deem “too intimate” (Broyard III & Hui, 2016).

Even when that’s their only option, the 2016 St. Mary’s Community Health Needs Assessment conducted in Athens-Clarke County and 16 surrounding counties in Georgia found that members of the Hispanic/Latinx community reported having been denied the opportunity to bring an ad-hoc interpreter (e.g., family members) into doctor’s visits (Broyard III & Hui, 2016). This study does not clarify whether the patients were then offered access to a professional interpreter.

### Recommendations for Service Providers

1. Provide services, informational and promotional materials in-language
2. Ensure materials are interpreted correctly and that the language used is familiar and colloquial to community members by calling upon the services of a trained translator
3. Hire bilingual and bicultural staff when possible
4. Provide Spanish-language workshops and training sessions for English-speaking staff to help support community members
5. Offer access to live interpreters or a language line to community members who need it. If possible, ensure that interpreters are certified to work in your field (e.g., medical or legal) and that your staff is trained to work with them

### Access to Adult Education, including ESOL

Our study uncovered that 37.9% of participants have completed less than 12 years of formal schooling and that half of that group (59/114, 19.6% of total sample) only went as far as completing 8 years, the U.S. equivalent of middle school (Fig. 5).

Ninety-five percent of those who completed less than 12 years of school are overwhelmingly foreign-born (108/114, 35.9% of total sample) with a median
immigration age of 19. Though 50% of them had dropped out of school prior to their arrival in the United States as adults (N=57, 18.9% of total sample), 35.9% arrived as school-aged or were born in the U.S. and thus likely attended a U.S. institution (N=41, 13.6% of total sample).

Almost twenty percent of participants completed 12 years of school (rough equivalent of a U.S. high school education) but did not pursue a higher degree, while 29.9% stated that they have completed at least 13 years of school (i.e., at least some college).

Education is highly valued in the community. Almost 45% of participants with less than 12 years of education (51/114, 16.9% of total sample) would be interested in taking GED preparation classes in Athens-Clarke County⁶, with 13.2% having already done so (15/114, 5% of total sample). Furthermore, 58.3% of respondents who only feel comfortable speaking Spanish (102/175, 33.9% of total sample) have already taken at least one English as a Second or Other Language (ESOL) class in Athens-Clarke County.

A motivating factor behind this could be the possibility of improving their employment prospects. Our study shows that 27.9% of community members cite low English proficiency as a barrier to getting a new job. Lack of education was also cited by 8.3% of job-seekers.

Parents in our focus groups also made it clear that they want their children to stay in school, which often served as a motivation for them to continue their own studies. In Sonia’s words: “Yo tampoco no sé inglés, pero me gustaría para ayudar a mis hijos [con su tarea]” (I don’t know English either, but I’d like to so I can help my kids [with their homework]).

“La herencia que tú les puedes dejar a los hijos es una buena educación. No hay nada mejor que tú le puedas dejar a ellos y si aquí [en los Estados Unidos] existe la posibilidad de que ellos se preparen, yo pienso que tiene uno que aprovecharlo.”—Marcos

(The best thing you can give your children is a good education. There’s nothing better you can leave them, and if there’s the possibility that they can get an education here [in the U.S.], I think that one should take advantage of it.)

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⁶ The General Educational Development test (GED) is an internationally recognized certification that the taker has high-school level knowledge and skills. The GED has been available in Spanish in the continental U.S. since 2013 (GED Testing Service, 2013).
Unfortunately, it’s not always easy for community members to take English classes or prepare to take the GED. In fact, 58.8% of respondents stated that they experienced at least one barrier when trying to participate in these programs. Primary obstacles included work or school hours (25.2%), lack of childcare (19.6%), lack of transportation (13.6%), cost of programs (11.6%) and lack of information about where they’re offered (9.3%).

These barriers could be exacerbated by the limited number of organizations in ACC that offer these programs, particularly GED preparation classes in Spanish. Local media coverage further suggests that – despite the community’s clear need and interest in this type of services – these organizations are severely underfunded (Platter, 2016; Thompson, 2016). Thus, they are often forced to rely on unpaid volunteers to run their programs and do not necessarily have the capacity to address barriers faced by potential participants, including: a lack of central locations or charging for classes in order to compensate instructors.

Recommendations for Service Providers

1. If it’s necessary to charge for classes to sustain the organization, offer them on a sliding scale
2. Work with local businesses, individual donors or foundations to set up scholarships for those who are unable to cover regular tuition and/or face financial strains mid-way through the program
3. Leverage volunteers to regularly offer free onsite childcare during adult class hours; consider educational activities or tutoring for kids vs. a free-play structure
4. Coordinate a ride-sharing network with students and/or volunteers to address transportation issues
5. Offer distance or online learning options for students who are unable to get to your location
6. Offer a weekday evening and a weekend section of the same class. This way, students with unpredictable work schedules may be able to attend one or the other

TRANSPORTATION

Transportation is one of the biggest and more complex barriers faced by the Hispanic/Latinx community in Athens-Clarke County. At the root of it may be that only individuals with a Social Security Number or certain lawful immigration statuses are eligible to get a Georgia state driver’s license (Georgia Department of Driver Services, 2016).

Furthermore, the approved 2008 Georgia Senate Bill 350 made it a felony to be...
convicted four separate times of driving without a valid license within a five-year period (Georgia State University Law Review, 2008). The law dictates that the license-less individual’s identifying information be reported by the traffic court; that that his or her nationality be determined; and that fingerprints be taken and sent to the Georgia Crime Information Center. It also allows for a fine between $2,500 and $5,000 when convicted of violating the “felony driving law”.

According to a recent report by the Advancement Project and the Georgia Latino Alliance for Human Rights (GLAHR), SB 350 “may end up serving as a dragnet by Immigration Customs Enforcement (ICE) to meet its quotas of undocumented immigrants in the process of being deported (Advancement Project and Georgia Latino Alliance for Human Rights, 2016).”

Thus, while 74.7% of study participants stated that they drive a car to get to where they need to go, they often do it with trepidation. Unfortunately, they don’t always have a choice.

Though AthensTransit and the UGA Campus Transit System comprise the fourth busiest transit system in the entire country (Umholtz, 2014), members of the ACC Latinx community do not necessarily have access to it. Almost 30.9% of participants said that there is no bus stop close to where they live or where they want to go.

As evidenced by the below map from the most recent Title VI Plan by AthensTransit (Fig. 6), the majority of predominantly Latinx neighborhoods are not served by its bus lines (Athens Transit, 2013). For example, one has to walk 41 minutes along a sidewalk-less busy highway to get to the bus stop closest to the Pinewoods Library & Education Center, which is popular among this community and located within the northwestern-most dark purple area in the map (see Appendix A for a more detailed map).

“El problema que aquí tenemos nosotros es el miedo que no tenemos licencia. Yo se manejar bien pero uno no puede andar libremente majando por todos lados.”—Carmen

(The problem that we have is that we are afraid for not having a driver’s license. I know how to drive well, but you can’t just drive freely everywhere.)

Thus, while 74.7% of study participants stated that they drive a car to get to where they need to go, they often do it with trepidation. Unfortunately, they don’t always have a choice.

Figure 6: This map from the 2011 AthensTransit Title VI Plan shows the concentration of Hispanics per block group in ACC; the darker the hue, the larger the population. The majority of predominantly Hispanic neighborhoods are not served by AthensTransit lines (represented by dark lines).
Additionally, 27.2% percent of participants were not familiar with the bus service or did not know how to use it. Limited hours of operation (12.6%), poor connections or transfers (8.3%), frequency of service (10.6%), safety (2.9%), cost and language (less than 1% each) were also perceived as barriers by survey participants.

A lack of reliable transportation was cited as one of the top five barriers for those seeking new employment, taking an ESOL or GED-preparation course, accessing healthcare or seeking immigration/legal aid. According to focus group participants, it is also a constant source of fear. This study’s findings are similar to what others have found when exploring the impact of transportation among Latinx immigrant communities across the country (Martinez, Ayala, Arredondo, Finch, & Elder, 2008).

**Recommendations for Service Providers**

1. Explore mobile service delivery mechanisms or satellite services within majority Hispanic/Latinx communities
2. Hold workshops and develop in-language materials to educate community members on how to use public transportation, and/or basic driver’s ed
3. Enlist dedicated volunteers to drive those who need help getting to you
4. Support campaigns to improve/expand local public transportation

**EMPLOYMENT & FINANCIAL CONCERNS**

**Employment**

Thirty-eight percent of participants moved to Athens Clarke-County seeking job opportunities for themselves or a family member. For the most part, their search has proved fruitful. At the time of our study, 77.4% of participants were employed: 51.2% had at least 1 full-time job and 16.9% had at least 1 part-time job. Only 5.3% were unemployed but looking for a job (Fig. 7).

![Employment Status](image)

*Figure 7: The majority of Hispanic/Latinx adults are currently employed (77.4%), and only 5.3% are currently unemployed but looking for a job. Those individuals not in the workforce include homemakers, retirees and students.*

The majority of participants (52.5%) have what are typically considered hourly wage jobs. Specifically, 19.6% are in Service Occupations such as landscaping, food service, housekeeping/cleaning, etc.; 11.9% are in Production, Transportation, and Material Moving Occupations such as jobs at poultry processing plants, assembly lines or industrial bakeries; 10% are in Natural Resources, Construction and Maintenance Occupations; and another 5.3% are in Sales and Office Occupations. Only 11.9% reported working in a Management,
Business, Science or Arts Occupation that typically require higher skill or education levels, such as educators or counselors. The balance described themselves as students, entrepreneurs, homemakers, consultants or held multiple jobs across categories (15.6%) (Fig. 8).

Our study shows that most workers in the Natural Resources, Construction and Maintenance Occupations were men (93.3% in the occupation, 9.3% of total sample) but the gender ratio in the other categories is skewed towards women. Figure 8 illustrates both the percentage of total individuals working in each category, as well as the gender ratio in each category.

Though 77.4% of participants were employed at the time of the study, community members face a variety of barriers when looking for a new or a better job than the one they currently have. Sixty-four percent of all participants have faced at least one barrier in this regard, including: (i) immigration status (30.6%), (ii) English language proficiency (27.9%), (iii) a lack of education, experience or skills (16.8%), or (iv) transportation issues (14.6%).

As discussed elsewhere in this report, the barriers community members face when trying to access services are often interrelated. For example, though having a better grasp of English might improve the possibility for a better job, current work/school schedules are cited by 25.2% of participants as a barrier to taking ESOL or GED-prep classes.

**Financial Stability**

Despite the high employment rate, there’s evidence that most participants are actually under-employed and living in poverty. The median salary for our participants was between $12,000 and $24,000, with 63.4% earning less than $24,000. Our study did not specifically ask for hourly wages.

Of the 177 survey participants who have at least one child under 18 years old (51.5% of total sample), 89% (137/177, 45.5% of total sample) likely live at or under the 2016 Federal Poverty Guidelines (U.S. Department of Health and Human Services, 2016). This is an estimate based on the mean number of children under 18 (n=3) and their marriage status (64% are married) of this group, since our study did not specifically ask about household size.
Though not a perfect point of comparison\textsuperscript{7}, the Clarke County School District reported that 82\% of its Hispanic/Latinx students participated in the federal Free or Reduced Lunch Program in 2014 (Clarke County School District, 2015). Furthermore, 54.1\% of participants live in a household that receives at least one government benefit, such as Medicaid or food stamps.

These conditions help explain why cost of services was one of the most-cited barriers by study participants when seeking immigration and/or legal aid, accessing healthcare, applying for health insurance, and when taking an ESOL/GED prep class.

Sixty-one percent of respondents who earn less than $24,000/year are “very often” or “often” stressed by their personal/family finances (111/183) compared to 36.6\% (26/71) of individuals whose household income is more than $24,000/year. Across all respondents, only 16.6\% said they have access to someone who can help them plan or organize their finances, but 40.2\% would like to have this type of help in the future.

### LACK OF INFORMATION

Study participants identified a lack of information about program availability and eligibility requirements as a barrier to basic services just as many times as language and cost of services (i.e., in seven categories).

Specifically, they considered it an obstacle when (i) accessing public transportation (27.2\%); (ii) getting immigration or legal aid (17.3\% among those who needed it, N=110, 36.5\% of total sample); (iii) seeking government-issued benefits like Medicaid or food stamps (12.6\%); (iv) identifying adult education programs (9.3\%); (v) signing up for health insurance for themselves or their children (7.6\%); (vi) finding family care, such as in-home elderly care (11.3\%); and (vii) securing child care, such as a babysitter (3.6\% among parents of kids under 18 years old, N=177, 58.8\% of total sample).

\begin{quote}
“Eso yo siento que sí nos hace falta: estar más informados. Porque a veces eso es lo que nos mantiene alejados de muchas cosas, la falta de información...” – Santi
\end{quote}

### Recommendations for Service Providers

1. Offer services on a sliding scale
2. Work with local businesses and other sponsors to provide financial aid to clients who need it
3. Make payment plans available
4. Promote free and low-cost services available to the Hispanic/Latinx community

\textsuperscript{7} Eligibility to free and reduced price lunches is determined by federal poverty level guidelines. However, it is not a perfect comparison because any student from a household below the 130\% federal poverty threshold can receive free lunches, and one from a household with an income of 130-185\% of the federal poverty threshold is eligible to receive lunch at a reduced-price (Snyder & Musu-Gillette, 2015).
In Athens-Clarke County, Ga., there is no local Spanish-language media. Regional outlets (e.g. La Visión newspaper and WAZK-FM “La Que Buena”) are distributed in ACC, but their local coverage is limited at best. Thus community members must rely on informal sources of information (e.g., word-of-mouth or unofficial Facebook pages) or on service providers to learn about health or social services.

The very nature of informal sources often leads to misinformation about what’s truly available to the community and how they can access these programs. On the other hand, credible information sources like the service providers themselves are not always accessible due to the language (e.g., lack of interpreters) or transportation barriers (e.g., not being able to go to an agency to get information in person) described elsewhere in this report.

**HEALTHCARE**

**Access to Healthcare**

Access to healthcare is a complicated issue for the ACC Latinx community. Eighty-five percent of study participants stated that they and/or a family member have access to at least one type of healthcare provider.

However, access to service providers among our total sample range from 20.3% for mental healthcare to 63.8% for hospital Emergency Rooms. Among parents of at least one child under 18 years old (N=177; 58.8% of the total sample), 72.9% report access to a pediatrician (Fig. 9).

**Recommendations for Service Providers**

1. Hold informational sessions at locations well-known to community members (e.g., churches or schools)
2. Distribute in-language materials about your services where the community is, including flea markets, libraries or parks
3. Partner with local Latinx businesses to set up multi-agency information bulletin boards
4. Go social – leverage existing Facebook pages used by the community to promote your services in Spanish

![Figure 9: Access to individual healthcare providers range widely, though 85% of study participants stated they or their family members have access to at least one of them. Notes: (1) Pediatrician access rates are for parents of at least one child under 18 years old, N=177, 58.8% of total sample; (2) Access rates to prenatal care are for women only, N=188, 62.5% of total sample.](image)
Sixty-one percent participants have faced at least one barrier when seeking medical aid for themselves or family members (30.9% faced none), which can account for the less-than-perfect access rates. Lack of insurance (33.9%, further discussed in the next section), cost of services (27.2%) and language (19.3%) were the most-commonly cited barriers. In fact, only 29.2% of participants reported having been offered a free interpreter or translator at healthcare provider in the last three months\(^8\).

Immigration status, although not identified as a specific barrier, plays at least an indirect role in healthcare access. Only 29.3% of foreign-born respondents reported they did not face any barriers when accessing health services compared to 48.6% of U.S.-born participants in our study.

Furthermore, focus group participants highlighted that it’s not uncommon for individual household members to have different access levels to healthcare based on their immigration status, likely due to the impact of status on health insurance eligibility (further discussed in next section).

"A veces por eso mucha gente no va al doctor aunque estén enfermos – porque no tienen dinero."—Susan

(Sometimes that’s why a lot of people don’t go to the doctor even when they’re sick – because they don’t have money)

Access to Health Insurance

Compared to 14.8% uninsured Whites and 18.5% uninsured Blacks in ACC (U.S. Census Bureau, 2015c), 55.8% of the current sample of Hispanics/Latinxs in the county are uninsured. Those who are insured are more likely to purchase their policies through work or are in a family member’s private insurance plan (32.2%).

Eighty-two percent of households with children under 26 (N=181; 60.1% of total sample) have at least one insured child; 81% of those households with at least one insured child (N=162, 53.8% of total sample) participate in a Medicaid or Medicare program.

Unfortunately, our study is not conclusive as to the real insurance rate among Latinx children. This limitation is due in part to the fact that the wording on the original survey question did not leave room for participants to clarify whether all or just one of their children were insured (See Appendix C for survey, question 22).

According to studies focused on Latinx health disparities, uninsured rates among these communities tend to be “among the highest, primarily because they work for employers who do not offer it, and may feel that they do not need it because they are healthy” (Vega, Rodriguez, & Gruskin, 2009).

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\(^8\) Our study did not make the distinction on whether individuals were having difficulties accessing interpreters or translators at private institutions or federally-funded agencies, which are required to provide reasonable language services to individuals who are not proficient in the English language per Title IV.
Among our participants, the most-cited barrier to obtaining insurance for themselves or children was immigration status (22.6%) (Fig. 10). In the state of Georgia, most undocumented or underdocumented individuals (e.g., DACA holders) are not eligible to participate in the Affordable Care Act Healthcare Exchange (“Obamacare”) (National Immigration Law Center, 2014) or receive benefits like Medicaid or Medicare.

Those without a permanent lawful immigration status can only get insurance by purchasing it through a private provider. Unfortunately, high premium costs, lack of information about where or how to obtain insurance, lack of an US-issued ID (often tied to immigration status) and language prove to be additional barriers for those seeking insurance (Fig. 10).

Lack of health insurance means that medical costs are likely to come out of pocket. Considering that 63.4% of households earn $24,000/year or less, it is no surprise that cost of services is the second-most cited barrier when seeking healthcare.

**Recommendations for Service Providers**

1. Create in-language materials to promote free, low-cost or sliding-scale healthcare services to community members
2. Conduct workshops on how to apply for low-cost health insurance and Medicaid/Medicare
3. Make certified interpreters or a language line to patients who might need one to access your services

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"Yo tengo una hija que nació en México y cada vez que ella se enfrema la llevo al hospital y tengo que pagar los bles. No puedo aplicar para Medicaid porque ella no es nacida aquí."—Pilar

(I have a daughter who was born in Mexico, and every time she get sick I taker to the hospital and have to pay the bill. I can’t apply for Medicaid for her, because she wasn’t born here.)

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![Figure 10: Immigration status is the biggest obstacle that study participants have faced when seeking health insurance for themselves or their children.](image-url)
As with all community-based research projects, this study faced several limitations, including:

**Length of Data Collection**

The collection of primary quantitative data took 14 months to complete (May 2015-July 2016), during which time the participants’ life situations may have changed from what they reported in the survey. For example, they may have gotten married, had a baby, gotten a new job, dealt with new health concerns, or may have even moved out of the county. Similarly, they may have experienced better or worse access to services between completing the survey and this report’s publication.

**Makeup of Data Collectors**

The long data collection period was due in part to the challenges of reaching a statistically-significant sample size by virtue of (i) recruiting (at least) bilingual surveyors and (ii) not being able to compensate them for their time and having to rely on volunteers.

While all survey administrators were bilingual and trained, many were not bicultural and did not have prior experience working so closely with the target community. This may have hindered their ability to build rapport with potential participants quickly enough to secure their interest in the study.

**Reticence of Community Members**

In some cases, researchers observed a general reticence from potential respondents to participate in the study. This could be a reflection of past so-called “helicopter research” led by university faculty and students, in which the community is leveraged for the researchers’ own academic success, yet the community receives nothing in return. Given the sensitive nature of some of our questions, individuals may also have been weary of sharing such personal information with us.

Due to budget constraints, we offered few to no incentives to survey respondents. Thus, unless the individuals felt a strong desire to share their experiences with the research team and ultimately help improve the conditions of their communities, many did not see a real return of investment on their time.

**Survey Design**

Though research questions were based on validated questionnaires, pilot-tested by more than 40 community members, and reviewed by several experienced researchers, during the analysis process we became aware that the wording of certain questions did not provide clear results. For example, we did not specifically ask whether all of the participants’ children had health insurance (see question 22 of the survey, in Appendix C).

We also did not include questions about household size and hourly wages which could have helped us determine the number of people living in poverty, nor did we focus on their type of housing or children’s education. Finally, our survey did not include indicators that captured the strengths or identified resources of the community.
**Limited Sample Scope**

Athens-Clarke County is surrounded by mostly-rural counties, many of which have established Latinx communities. Though many service providers like the Athens Latino Center for Education & Services (ALCES) claim to serve individuals who live as far as LaGrange, Ga., which is located approximately 2.5 hours away by car (Athens Latino Center for Education & Services, n.d.), our sample was limited to adults living in Athens-Clarke County at the time of the study. In other words, our study did not allow the exploration of barriers that non-ACC residents face when trying to access services within this county.

Furthermore, we did not formally survey or conduct interviews with service providers as to the types of programs they offer to the ACC Latinx community, nor how they are already trying to minimize perceived barriers.

**CONCLUSION**

Based on 301 survey responses and discussions amongst 26 focus group participants, this study highlights that though Hispanics/Latinxs make up 10.6% of the Athens-Clarke County population (U.S. Census Bureau, 2015b), they face considerable challenges when trying to access services for themselves and their families. These services are often very basic and essential for their well-being, including healthcare, education, public transportation, government-issued benefits (e.g., Medicaid and food stamps), language services, and legal/immigration aid.

The key barriers outlined in this report include: i) their immigration status; ii) lack of English language proficiency and/or translation services; iii) transportation; iv) cost of services; v) and a lack of information regarding available services and how to navigate the application processes. Many of these challenges are interrelated, greatly compounding their individual impact.

For service providers interested in better serving the local Hispanic/Latinx community, it is essential that they make a true effort to minimize these barriers so as to facilitate access to the services they provide every day to residents of Athens-Clarke County. Some guidelines are included in this report, but additional creative solutions should be considered with the assistance of local Hispanic/Latinx community informants.

Furthermore, the support of local, state and nationwide advocates will continue to be essential in securing the wellbeing of our Hispanic/Latinx communities.

**Future Research**

Though, and perhaps because, this is the first comprehensive needs assessment of the Hispanic/Latinx community in Athens-Clarke County, it does not thoroughly explore any given barrier or access to specific service providers. This opens the door for future research projects focused on topics such as: (i) the impact of the barriers identified in this study in other areas of community members’ lives (e.g., lack of driver’s licenses and mental wellbeing); (ii) mapping existing assets and programs available to the Latinx community in Athens-Clarke County; (iii) the challenges
that service providers experience when attempting to address the type of barriers identified in this study and others; (iv) assessing the needs of Latinx youth in ACC; (v) the feasibility of programs designed to address specific barriers identified herein, such as a network of community lay-workers to increase awareness of existing healthcare and social services; among other topics.

**Future Engagement**

If you are interested in learning more about this study or would like to schedule a presentation of its findings to your organization, please visit [www.lacsiportaluga.org](http://www.lacsiportaluga.org) or contact us at contact@lacsiportaluga.org.
REFERENCES


APPENDIX

A. Additional Figures

Figure 11: Though the majority of study participants were born in Mexico (52.8%), there are also sizeable South American and Central American communities in Athens-Clarke County, Ga.

Figure 12: The study showed that the Hispanic/Latinx community in Athens-Clarke County is not necessarily transient. Almost 53% have lived in the county for at least 11 years.

Figure 13: Google map showing distance (2.1 miles) between the Pinewoods Library and Education Center and the closest Athens Transit bus stop, located close to Athens Technical College. It would take an average of 41 minutes to walk along busy, sidewalk-less Highway 29 North to get there. Map generated on Google Maps on December 12, 2016.
B. Study One-Sheetter
The following two-page handout was developed to be distributed during presentations related to this study. It is not meant to be all-inclusive, but rather a snapshot of key results.

**2016 Needs Assessment of the Hispanic/Latinx Community in Athens-Clarke County, Ga.**

A study by PORTAL, the U.S. Hispanic/Latinx research and outreach initiative of UGA's Latin American & Caribbean Studies Institute.

**COMMUNITY OVERVIEW** (based on 301 survey responses)

- **63%** women | **37%** men
- **85.1%** are foreign-born. Median immigration age: **20**
- **41.2%** live in mixed-immigration status homes
- **52.8%** have lived in ACC for **11+ years**

**Median age:** 31-35

**Español** is preferred by an avg. of **61%** when speaking, reading, writing or thinking

**7.7 out of 10** are employed; the majority of them work in blue- or pink-collar jobs

**52.2%** married **17.6%** in rltshp. **19.9%** single

**72.1%** are parents **2.75: avg. number of kids (min 0.25)**

**79.9%** of kids are ≤ 18 years old

**56.8%** of adults completed **12+ years of school**

**54.1%** of households receive 1+ gov’t benefit (i.e., SNAP, Medicaid)

**55.8%** of adults are uninsured **53.9%** of households have at least 1 insured kid

**63.4%** of households earn ≤ $24,000/year

**Notes:** (1) "Latinx" refers to the gender-neutral version of Latino or Latina. (2) See back for more information about the study. (3) A "mixed-immigration-status household" is one in which people of different immigration statuses live together. Examples include a permanent resident and a visa-holder who are roommates, or undocumented parents and their U.S.-born children.
## ABOUT THE STUDY AND KEY FINDINGS

PORTAL, the U.S. Hispanic/Latinx research and outreach initiative of the University of Georgia (UGA)'s Latin American & Caribbean Studies Institute, conducted a comprehensive needs assessment of the Hispanic/Latinx community in Athens-Clarke County, Ga. (ACC) between May 2015 and October 2016. This community represents 10.6% of the ACC population according to U.S. Census data, though local advocates believe it to be much larger.

Primary data was collected using a 50-question, confidential bilingual survey (301 valid responses) and five focus groups with 26 adult community members. Participants were asked about their access to healthcare, education, transportation, government-issued benefits (i.e., Medicaid), legal/immigration aid and language services in ACC.

Our study found that they face the same type of barriers when seeking a variety of basic services for themselves or their families, per the below. Most are interrelated. For example, lack of transportation makes it difficult to attend ESOL classes --> not speaking English well limits employment opportunities --> without a well-paid job, it's often impossible to afford health insurance --> lack of health insurance is a critical barrier to healthcare access.

This project was funded by the University of Georgia's Office of the Vice President of Research, UGA's Latin American & Caribbean Studies Institute, the National Resource Center grant #P01SA140046 from the U.S. Department of Education*, The Sapelo Foundation and the Vida Yoga (Work for America) Foundation. Additional in-kind support was provided by La Parrilla and Cali-N-Tito's restaurants in Athens, Ga.

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### Top Barriers and Recommendations to Services Providers

#### Immigration Status

- Hold information sessions and develop in-language materials about which of your services people may have access to with or without a U.S.-issued ID
- Accept other forms of ID when possible (i.e., foreign passport)
- Hold workshops to inform community on their rights, changes to immigration policy, etc.

#### Language

- Provide services, informational and promotional materials in-language
- If it’s not possible to hire Spanish-speaking staff, ensure clients have access to live interpreters or a language line
- Train staff to work with interpreters and language lines and confirm interpreters are certified (or at least trained) to work in your industry
- Make sure materials are translated correctly and that the language used is familiar to community members (formal vs. colloquial)
- Offer ESOL classes that are affordable, centrally-located and well-promoted

#### Transportation

- Host free driver's education programs
- Take your services to where the community is
- Hold workshops to educate community members on how to use public transportation
- Establish a network of volunteers who can help provide transportation to those who need help getting to you
- Support campaigns to improve local public transportation

#### Lack of Info

- Hold informational sessions at locations well-known to community members
- Distribute informational and promotional materials about your services in locations where the community is (i.e., flea markets, parks, doctor's offices)
- Partner with local Hispanic businesses to set up multi-agency information bulletin boards at each retail location
- Go social – post information about your services on local Facebook pages

#### Cost of Services

- Offer services on a sliding scale basis when possible
- Work with local businesses, other sponsors to provide financial aid to clients who need it
- Make payment plans available

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*The contents of this report/preparation were developed under grant #P01SA140046 from the U.S. Department of Education. However, those contents do not necessarily represent the policy of the U.S. Department of Education and you should not assume endorsement by the Federal Government.

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To learn more about this study or receive a copy of the full report, email contact@laciportaluga.org.
C. Community Survey Instrument

ATHENS-CLARKE COUNTY HISPANIC COMMUNITY NEEDS ASSESSMENT

PASO #1: PREGUNTAS DE ELIGIBILIDAD / STEP 1: SCREENING QUESTIONS

Solo aquellas que puedan contestar que Sí a cada una de las siguientes preguntas, puede completar el cuestionario. Participants must answer YES to the following questions in order to continue:

1. ¿Se considera Hispánico/a? / Do you consider yourself Hispanic/Latino?
2. ¿Vive en el Condado de Athens-Clarke County? / Do you live in Athens-Clarke County?
   • ACC: Athens, Winterville, parts of/por parte de Bogart
3. ¿Tiene por lo menos 18 años de edad? / Are you at least 18 years old?
4. ¿Es la primera vez que va a completar este cuestionario? / Is this the first time you’ll take this survey?

PASO #2: FORMULARIO DE CONSENTIMIENTO / STEP 2: CONSENT FORM

Somos parte de la Universidad de Georgia y estamos haciendo un estudio para entender mejor las necesidades de la comunidad hispana en el Condado de Athens-Clarke. Le estamos pidiendo su participación en el estudio porque usted es miembro de esta comunidad, y sus respuestas nos pueden ayudar a difundir información sobre estos problemas.

Si está de acuerdo en participar en nuestro estudio, le haremos menos de 50 preguntas en inglés o español. El cuestionario tomará aproximadamente entre 15 y 20 minutos de su tiempo. Las preguntas son sobre temas como educación, empleo, salud, acceso a clases de inglés e intérpretes, entre otros.

No le vamos a preguntar su nombre, dirección a cualquier otra información personal. No grabaremos sus respuestas ni tomaremos su foto. Sus respuestas serán mezcladas con las de casi 400 miembros de la comunidad y solo serán reportadas en grupo. De esta manera, sus respuestas permanecerán confidenciales y no podrán ser conectados a usted.

Tiene la opción de no contestar cualquier pregunta que no quiera contestar, y puede parar el cuestionario en cualquier momento.

Si está de acuerdo, por favor marque una “X” aquí: ____________________________

We are part of the University of Georgia and we are doing a research study to find out what are the issues and needs most prevalent in the Hispanic/Latino community of Athens-Clarke County. We are asking you to be in the study because you are a member of this community and your responses can help us raise awareness of these issues.

If you agree to be in the study, you will be asked less than 50 questions in English or Spanish, which will take approximately 15-20 minutes of your time. Questions will be about topics like education, employment, health, access to language classes and services, etc.

We will not ask you your name, your address or any other identifying information. We will not tape your answers nor take your photograph. Your responses will be mixed with responses from almost 400 other members of the community and will only be reported as group results. This way, your answers will remain confidential and will not be traced to you.

You can refuse to answer any question you do not feel comfortable responding to, and you stop the survey at any time.

If you agree, mark an “X” here: ____________________________
PASO 3: CUESTIONARIO / STEP 3: QUESTIONNAIRE

***This Section is for UGA Facilitators Only. If completing on your own, start with question #1***

***Esta sección es solamente para miembros de UGA. Si lo está completando usted mismo, pase a la pregunta #1***

Facilitator Name: ___________________________ Data Entry By: ___________________________

(write "Self" if completed on their own)

Interview Date: ___________________________ Data Entry Date: ___________________________

Interview Location: ______________________

Survey Facilitated in (circle one): English Spanish Both English and Spanish (Spanglish, back-and-forth)

INFORMACIÓN GENERAL / DEMOGRAPHICS

1. Yo soy un(a).... / I am a...
   (1) Hombre / Man (2) Mujer / Woman

2. ¿Cuántos años tiene? / What's your age?
   (1) 18-25 (3) 31-35 (5) 51-65
   (2) 26-30 (4) 36-50 (6) 65+

3. ¿Cuántos hijos tiene? Incluya todos los que viven y no con usted.
   How many children do you have? Include those who live with you and those who don't. _______

   → 3a. ¿Cuántos años tienen sus hijos? / How old are your children? __________

4. ¿Cuál es su estado civil? / What is your relationship status?
   (1) Soltero(a)/Single (3) Casado(a)/Married (6) Viudo(a)/Widowed
   (2) En una relación / (4) Separado(a)/Separated (7) Prefiero no contestar / Prefer not to answer
   In a relationship (5) Divorciado(a)/Divorced to answer

5. ¿En qué Código Postal vive? / What Zip Code do you live in?
   (1) 30601 (2) 30602 (3) 30603 (4) 30604 (5) 30605
   (6) 30606 (7) 30607 (8) 30608 (9) 30609 (10) 30612
   (11) 30622 (12) 30683 (13) Otro / Other: _______
   (14) No sé / I don't know

   → 5a. Si no sabe su Código Postal, ¿en qué parte del Condado de Athens-Clarke vive? / If you don't know your Zip Code, what area of Athens-Clarke County do you live in?
   (1) Athens (3) Bogart (5) Prefiero no contestar
   (2) Winterville (4) Other/Otro: _______

6. ¿Dónde nació? (Ciudad, País) / Where were you born? (City, Country) ________________

   → 6a. Si nació fuera de los Estados Unidos, ¿cuántos años tenía cuando emigró por primera vez a este país?
   If born outside of the US, how old were you when you first arrived to the US? _________

The Hispanic/Latinx Community of ACC in 2016 | page 39
7. ¿Cómo fue la razón principal por la que decidió vivir en ACC (en vez de otra ciudad/estado)?
What was the primary reason you decided to live in Athens-Clarke County (vs. another city/state)?

(1) Yo nací en el Condado de Athens-Clarke / I was born in Athens-Clarke County
(2) Oportunidades de trabajo para mi / Job opportunities for me
(3) Oportunidades de trabajo para mi familia (incluyendo esposo(a) o pareja) / Job opportunities for my family (including spouse or partner)
(4) Oportunidades de estudio para mi / Education opportunities for me
(5) Oportunidades de estudio para mi familia / Education opportunities for my family
(6) Familia y/o amigos que viven en Athens / Family and/or friends living in Athens
(7) Mis papás me trajeron al Condado de Athens-Clarke / My parents brought me to Athens-Clarke County
(8) Otro razón / Another reason: ______________________
(9) Prefiero no contestar / Prefer not to answer

8. He vivido en el Condado de Athens-Clarke... / I have lived in Athens-Clarke County...

(1) Menos de un año / Less than 1 year
(2) 1-2 años / 2 years
(3) 3-5 años / 3-5 years
(4) 6-10 años / 6-10 years
(5) 11+ años / 11+ years
(6) No sé / I don't know
(7) Prefiero no contestar / Prefer not to answer

LANGUAGE & EDUCATION / IDIOMAS Y EDUCACION

9. ¿Cómo fue su primer idioma? / What was your first language?

(1) Inglés / English
(2) Español / Spanish
(3) Otro idioma / Another language: ____________

10. ¿En qué idioma se siente cómodo hablando? Marque todos los que apliquen.
What language do you feel comfortable speaking? Mark all that apply.

(1) Inglés / English
(2) Español / Spanish
(3) Ninguno / None
(4) Otro idioma / Another language: ____________

11. ¿En qué idioma se siente cómodo/a escribiendo? Marque todos los que apliquen.
In what language do you feel comfortable writing? Mark all that apply.

(1) Inglés / English
(2) Español / Spanish
(3) Ninguno / None
(4) Otro idioma / Another language: ____________

12. ¿En qué idioma se siente cómodo/a leyendo? Marque todos los que apliquen.
In what language do you feel comfortable reading? Mark all that apply.

(1) Inglés / English
(2) Español / Spanish
(3) Ninguno / None
(4) Otro idioma / Another language: ____________

13. ¿En qué idioma piensa normalmente? Marque todos los que apliquen. / In what language do you usually think? Mark all that apply.

(1) Inglés / English
(2) Español / Spanish
(3) Otro idioma / Another language: ____________

14. ¿En dónde en el Condado de Athens-Clarke ha tomado cursos de inglés? Marque todos los que apliquen.
Where in ACC have you taken English classes (ESOL, conversation)? Check all that apply.

(1) Nunca he tomado cursos de inglés en ACC / I have never taken English classes in ACC
(2) Nunca he tomado clases de inglés en ninguna parte / I have never taken English classes anywhere
(3) En la escuela / At school
(4) En una iglesia, centro comunitario, organización sin fines de lucro o biblioteca / In a church, community center, non-profit organization or a library
(5) Con un tutor privado / With a private tutor
(6) En otro lugar / Somewhere else:
(7) No sé o no me acuerdo / I don't know or don't remember
(8) Prefiero no contestar / Prefer no to answer
15. ¿Cuántos años escolares ha completado? / How many years of schooling have you completed?

______________________________

16. ¿Alguna vez ha tomado cursos de preparación para el GED en el Condado de Athens-Clarke?
Have you ever taken GED preparation classes in Athens-Clarke County?

(1) No, porque no necesito tomar el GED / No, because I don’t need to take the GED

(2) No, pero me gustaría / No, but I’d like to

(3) Sí / Yes  ¿Dónde/? Where? ____________________________

(4) No sé / I don’t know

(5) Prefiero no contestar / Prefer not to answer

17. ¿Qué obstáculos ha enfrentado al tratar de tomar clases de inglés o de preparación para el GED en Athens-Clarke?
What barriers have you faced when trying to take English or GED-preparation classes in Athens-Clarke County?

(1) No necesito tomar clases de inglés o GED / I don’t need to take English or GED prep classes

(2) Ningún obstáculo / No barrier

(3) Dificultades con el transporte / Transportation difficulties

(4) Cuidado de mis hijos o familiares / Child care

(5) Horario de trabajo / Work hours

(6) No me alcanza pagar las clases / I can’t afford to pay for classes

(7) No me alcanza pagar por el examen de GED / I can’t afford to pay for the GED test

(8) No sé dónde o cómo inscribirme a clases / I don’t know where or how to sign up for classes

(9) No tengo tiempo para tomar clases / I don’t have time to take classes

(10) No quiero que otros se entere qué tengo que tomar clases de inglés o tomar el GED / I don’t want others to know I need to take English classes or the GED

(11) Mi familia no apoya mi decisión de tomar clases de inglés o de preparación para el GED / My family doesn’t support my decision to take English or GED prep classes

(12) Tengo dificultades leyendo y/o escribiendo / I have difficulties reading and/or writing

(13) Otro obstáculo / Another barrier: ____________________________

(14) Prefiero no contestar / Prefer not to answer

EMPLEO / EMPLOYMENT

18. ¿Qué es su situación de empleo? Marque todos los que aplicen
What is your employment situation? Mark all that apply.

(1) Empleado(a) de medio tiempo / Employed part-time

(2) Empleado(a) de tiempo completo / Employed full-time

(3) Estoy empleado(a) temporalmente / I have a temporary job

(4) Tengo mi propio negocio / I am self-employed

(5) No tengo trabajo, pero estoy buscando uno / Unemployed, but I am looking for a job

(6) No tengo trabajo, pero no estoy buscando uno / Unemployed, but I am not looking for a job

(7) Ana de casa / Homemaker

(8) Estoy retirado(a) / Retired

(9) Otra / Other: ____________________________

(10) No sé / I don’t know

(11) Prefiero no contestar / Prefer not to answer
19. ¿Qué obstáculos ha enfrentado al buscar trabajo? O, ¿qué obstáculos ha enfrentado al buscar un trabajo mejor al que actualmente tiene?  
What barriers have you faced when trying to find a job? Or, what barriers have you faced when looking for a better job than the one you have now? Mark all that apply.
(1) Ningún obstáculo / No barriers  
(2) Mi nivel de inglés / My English-language skills  
(3) Dificultades con el transporte / Transportation issues  
(4) No tengo suficiente educación / Lack of education  
(5) No tengo suficiente experiencia o destrezas necesarias / Lack of experience or relevant skills  
(6) No tengo quien me ayude a cuidar mis hijos u otros familiares / Lack of child or family care  
(7) Mi situación migratoria / Immigration status  
(8) Mi familia y/o mi esposo(a) no quieren que trabaje / My family and/or spouse doesn’t want me to work  
(9) Razones médicas / Physical health reasons  
(10) Razones de salud mental / Mental health reasons  
(11) Mi edad / My age  
(12) Mi género / My gender  
(13) Record criminal / Criminal record  
(14) No tengo dirección permanente / I don’t have a permanent address  
(15) No sé cómo buscar trabajo / I don’t know how to look for a job  
(16) Discriminación en base a mi raza o etnia / Discrimination based on my race or ethnicity  
(17) Discriminación en base a mi preferencia sexual / Discrimination based on my sexual preference  
(18) Otro / Other: ___________________________  
(19) No sé / I don’t know  
(20) Prefiero no contestar / Prefer not to answer  

20. ¿Qué tipo de trabajo hace? ¿Cuál es su profesión? / What kind of work do you do? What is your profession?  

21. ¿Tiene seguro médico? / Do you have health insurance?  
(1) Sí / Yes  
(2) No  
(3) No sé / I don’t know  
(4) Prefiero no contestar / I prefer not to answer  

21b. Si contestó que sí, ¿qué tipo de seguro tiene?  
If you answered YES, what kind of health insurance do you have?  
(1) A través de mi trabajo / Through work  
(2) A través del trabajo de mi esposo(a), pareja o padres / Through my spouse’s, partner’s or parents’ work  
(3) Medicaid  
(4) Medicare  
(5) “Obamacare” (Health Exchange)  
(6) Managed Medicaid  
(7) Otro / Other: ________________  
(8) No sé / I don’t know  
(9) Prefiero no contestar / Prefer not to answer  

22. ¿Sus hijos menores de 26 tienen seguro médico? / Do your children under 26 years old have health insurance?  
(1) No tengo hijos / I don’t have kids  
(2) No tengo hijos menores de 26 / No kids under 26  
(3) Sí / Yes  
(4) No  
(5) No sé / I don’t know  
(6) Prefiero no contestar / I prefer not to answer  

22b. Si contestó que sí, ¿qué tipo de seguro tienen sus hijos?  
If you answered YES, which kind of health insurance do your kids have?  
(1) A través de su propio trabajo / Through their own work  
(2) A través del trabajo de sus padres o guardián / Through their parents or guardians’ work  
(3) Medicaid  
(4) Medicare  
(5) “Obamacare” (Health Exchange)  
(6) Managed Medicaid  
(7) Otro / Other: ________________  
(8) No sé / I don’t know  
(9) Prefiero no contestar / Prefer not to answer
23. **Si usted o sus hijos no tienen seguro médico, ¿qué obstáculos ha enfrentado al buscar seguro médico? Marque todas las que apliquen:**

If neither you or your children don’t have health insurance, what are the barriers preventing you or your kids from getting health insurance? Mark all that apply:

1. Sí tengo/tenemos seguro médico / I/we have insurance
2. Ningún obstáculo / No barriers
3. Situación migratoria / Immigration status
4. No tengo identificación americana / Lack of US-issued ID
5. No me alcanza para pagar las primas (premises) / Can’t afford premiums
6. No sé cómo o dónde conseguir seguro médico / I don’t know how or where to get insurance
7. Dificultades con el idioma / Language challenges
8. Mi doctor no acepta todos los seguros médicos / My doctor doesn’t accept all health insurances
9. Otro obstáculo/ Another barrier:__________
10. No sé / I don’t know
11. Prefiero no contestar / Prefer not to answer

24. **¿Tiene acceso a los siguientes servicios de cuidado de salud en el Condado de Athens-Clarke? Use una X para marcar su respuesta junto a cada servicio.**

Do you have access to the following healthcare providers in Athens-Clarke County? Mark your answer with an X for each service.

<table>
<thead>
<tr>
<th>Service</th>
<th>Sí</th>
<th>No</th>
<th>No sé</th>
<th>No aplica</th>
<th>Prefiero no contestar</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Doctor general / Family doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Pediatra / Pediatrician</td>
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<td></td>
<td></td>
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<tr>
<td>c. Dentista / Dentist</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d. Oculista u Optometrista / Optometrist</td>
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<td>e. Enfermería en la escuela / School Nurse</td>
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<td>f. Sala de Emergencias en el hospital / Hospital Emergency Room</td>
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<td>g. Departamento de Salud / Health Department</td>
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<td>h. Clínica de Salud Comunitaria / Community Health Clinic</td>
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<td>i. Asesoramiento durante embarazos (prenatal) / Pregnancy Counseling (Prenatal)</td>
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<td>j. Servicios de planificación familiar (incluyendo anticonceptivos) / Family planning services (inc. birth control)</td>
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<td>k. Curador religioso, shaman, curandero, otro tipo de curador / Faith healer, shaman, curandero, other healer</td>
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<td>l. Cuidado de salud mental (depresión, ansiedad, etc.) / Mental health care (depression, anxiety, etc.)</td>
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<td>m. Otro / Other:_________________</td>
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<td>n. Ninguno / None</td>
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<td>o. No sé / I don’t know</td>
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<td>p. Prefiero no contestar / Prefer not to answer</td>
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25. ¿Qué obstáculos ha enfrentado al buscar servicios médicos para usted o su familia? Marque todos los que apliquen.

What barriers have you faced when seeking medical help for yourself or family members? Mark all that apply.

(1) Ningún obstáculo / No barriers
(2) Horario del trabajo o escuela / Work or school hours
(3) Falta de tiempo personal / Lack of personal time
(4) Dificultades con transporte / Transportation difficulties
(5) Dificultades con el idioma / Language difficulties
(6) Falta de seguro médico / No insurance
(7) No puedo pagar / Can’t afford it
(8) Proveedor no acepto mi seguro médico / Medical provider won’t take my insurance
(9) Otra / Other: ________________________
(10) No sé / I don’t know
(11) Prefiero no contestar / Prefer not to answer

26. Cuando un doctor le da una receta para medicinas, ¿qué obstáculos ha enfrentado en la farmacia? Marque todos las que apliquen. / When a doctor gives you a prescription, what are some of the barriers you have faced at the pharmacy? Mark all that apply.

(1) Ningún obstáculo / No barriers
(2) No puedo pagar las medicinas
   I can’t afford to buy them
(3) No tengo identificación Americana
   I don’t have a US-issued ID
(4) Dificultades con el idioma / Language issues
(5) No tengo seguro médico
   I don’t have insurance
(6) No entiendo las instrucciones o efectos secundarios de la medicina / I don’t understand the instructions or side effects of the medication
(7) Otra / Other: ________________________
(8) No sé / I don’t know
(9) Prefiero no contestar / Prefer not to answer

27. ¿Con qué cantidad de ingresos puede contar su familia cada mes?

How much income can your family typically count on every month?

(1) Menos de $500 / Less than $500
(2) $501 - $1,000
(3) $1,001 - $2,000
(4) $2,000 - $2,500
(5) $2,501+
(6) No sé / Don’t know
(7) Prefiero no contestar / Prefer not to answer

28. ¿Qué tan seguido se siente estresado(a) al pensar en sus finanzas personales y/o de su familia?

How often do your personal and/or family’s finances cause you stress?

(1) Muy seguido / Very often
(2) Seguido / Often
(3) A veces / Sometimes
(4) Casi nunca / Almost never
(5) Nunca / Never
(6) Prefiero no contestar / Prefer not to answer

29. ¿Puede acudir a alguien que le ayude a planear u organizar sus finanzas personales o las de su familia?

Do you have access to somebody that can help you plan or organize your personal or family finances?

(1) Sí / Yes
(2) No, pero me gustaría tener ese tipo de ayuda
   No, but I’d like to get help
(3) No, pero no necesito a no quiero este tipo de ayuda /
   No, but I don’t want or need help
(4) No sé / I don’t know
(5) Prefiero no contestar / Prefer not to answer
30. Si tiene hijos, ¿tiene acceso a algún tipo de cuidado de niños, de ser necesario?

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If you have children, do you have access to some kind of childcare if you needed it?

(1) Si / Yes (ver/sec #30a, #30b)
(2) No (ver/sec #30c)
(3) No sé / I don’t know
(4) Mis hijos no necesitan cuidado fuera de mi hogar
(5) No tengo hijos / I don’t have children
(6) Prefiero no contestar / Prefer not to answer

→ 30a. Si contestó que Sí a la pregunta #30, ¿normalmente quién cuida de sus hijos después de la escuela y/o fines de semana? / If you answered YES to #30, who usually watches your children after school or on weekends?

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(1) Yo o mi esposo(a) o pareja / My spouse/partner or I
(2) Un miembro de mi familia (ejemplos: mis papás, primos, hermanos, hijos mayores) /
    Family member (i.e. my parents, cousins, siblings, older children) /
(3) Amigos o vecinos / Friend or neighbor
(4) Una guardería en la escuela, centro comunitario, biblioteca, organización o guardería /
    Organized day care at school, community center, library, organization or independent day care facility
(5) Niñera (babysitter) / Babysitter or nanny
(6) Alguien más / Other:
(7) Mis hijos ya son grandes / My children are too old to require this type of care
(8) No tengo hijos / I don’t have kids
(9) No sé / I don’t know
(10) Prefiero no contestar / Prefer not to answer

→ 30b. Si contestó que Sí a la pregunta #30, ¿normalmente cuánto paga a la semana por el cuidado de sus hijos (durante el año escolar)? / If you answered YES to #30, how much do you pay every week for childcare (during the school year)?

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(1) Nada / Nothing
(2) $1 - $100
(3) $101 - $250
(4) $251 - $500
(5) Más de $500 / More than $500
(6) No sé / Don’t know
(7) Prefiero no contestar / Prefer not to answer

→ 30c. Si contestó que NO a la pregunta #30, ¿qué obstáculos ha enfrentado al tratar de buscar a alguien que le cuide a sus hijos? / If you answered NO to #30, what barriers have you faced to getting child care?

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(1) No sé cómo o dónde buscar ayuda / I don’t know how or where to get help
(2) No me alcanza pagarle a alguien / I can’t afford to pay somebody
(3) No quiero que alguien más cuide de mis hijos / I don’t want someone else to take care of my kids
(4) Situación migratoria y/o falta de identificación americana / Immigration status and/or lack of US-issued ID
(5) Dificultades con el idioma / Language difficulties
(6) Otro obstáculo / Other: __________
(7) No sé / I don’t know
(8) Prefiero no contestar / Prefer not to answer

31. Si lo necesita, ¿hay alguien que le pueda ayudar a cuidar de un familiar mayor o enfermo por lo menos 5 días a la semana? / If needed, do you have someone who could help you take care of an elderly or sick family member on a regular basis (at least 5 days a week)?

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(1) Si / Yes
(2) A veces / Sometimes
(3) No
(4) No sé / Don’t know
(5) No aplica / Does not apply
(6) Prefiero no contestar / Prefer not to answer
31a. **Sí contestó NO a la pregunta #31, ¿qué obstáculos ha enfrentado al buscar ayuda? / If you answered NO to question #31, what are the barriers that have prevented you from getting help?** Mark all that apply.

1. No sé dónde o cómo pedir ayuda / I don’t know how or where to get help
2. No me alcanza pagarle a alguien por ayudar / I can’t afford to pay someone to help
3. No queremos o necesitamos la ayuda de un extraño / Don’t want/need an outsider to take care of them
4. **Situación migratoria y/o falta de identificación americana / Immigration status and/or lack of US-issued ID**
5. **Dificultades con el idioma / Language barriers**
6. **Otro/Other:**
7. No sé / I don’t know
8. Prefiero no contestar / Prefer not to answer

32. ¿Actualmente, usted o alguien en su familia están recibiendo alguno de los siguientes beneficios del gobierno? Marque con una X junto a cada beneficio.

*Do you or your family members currently receive any of the following government benefits? Mark an X next to each benefit.*

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Sí</th>
<th>No</th>
<th>Don’t know</th>
<th>Doesn’t apply</th>
<th>Prefer not to answer</th>
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<tbody>
<tr>
<td>a. Medicaid</td>
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<td>b. Medicare</td>
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<td>c. Estampillas de Alimentos/SNAP / Food Stamps/SNAP</td>
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<td>d. Asistencia con el Cuidado de Niños / Childcare Assistance</td>
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<td>e. <strong>Seguro por Discapacidad / Disability Insurance</strong></td>
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<td>f. TANF</td>
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<td>g. SSI</td>
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<td>h. <strong>Otras / Others:</strong></td>
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<td>i. Ninguno / None</td>
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<td>j. Prefiero no contestar / Prefer not to answer</td>
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32a. **Sí actualmente NO recibe uno o más de los beneficios sociales en la pregunta #30, ¿qué obstáculos ha enfrentado al pedirlos? Marque todos los que apliquen.**

*If you’re NOT currently receiving one or more of the benefits in question #30, what barriers have you faced when trying to get them? Check all that apply.*

1. No los necesito / I don’t need them
2. Mi situación migratoria / My immigration status
3. **La situación migratoria de mi familia / My family’s immigration status**
4. Falta de identificación Americana / Lack of state-issued ID / (7) No sé a qué beneficios soy (somos) elegible(s)
5. **Dificultades con el idioma / Language barriers**
6. **Perdí citas o fechas límite / Missed appointments or deadlines**
7. No sé cómo o dónde pedirlos / I don’t know how/where to get them
8. Otro/Other: **Otra / Other:**
9. Otro / Other:
10. No sé / I don’t know
11. Prefiero no contestar / Prefer not to answer

33. ¿Cuál es su modo principal de transporte? / What is your main mode of transportation?

1. Manejo un carro / I drive
2. **Transporte público / Public transportation**
3. **Camino / I walk**
4. **Bicicleta / I ride a bicycle**
5. Alguien más me lleva, pero no las pago / I get a FREE ride from somebody else
6. Le pago a alguien para que me lleve (ej. Taxi, Uber)
7. Otro/Other: **Otra / Other:**
8. Prefiero no contestar / Prefer not to answer
34. ¿Por qué no usa los camiones de Athens Transit regularmente? Marque todas las que apliquen.
   Why do you not use the buses or Athens Transit regularly? Mark all that apply.
   (1) Sí uso transporte público sin problemas / I use public transportation without a problem
   (2) No lo necesito / I don't need it
   (3) No hay servicio donde estoy o a donde quiero ir / No service where I am or want to go
   (4) Las conexiones o transbordos no son buenos / Poor connections or transfers
   (5) No sé cómo usar los camiones / I don't know how to ride the bus
   (6) El horario es limitado / Limited hours of operation
   (7) No me siento seguro(a) en el camión / I don't feel safe on the bus
   (8) No me alcanza pagar el / I can't afford it
   (9) No estoy familiarizado(a) con este servicio / I don't know about it
   (10) No viene con suficiente frecuencia / It does not come frequently enough
   (11) Tengo un carro y prefiero manejar / I have a car and prefer to drive
   (12) Otro / Other:
   (13) No sé porque / I don't know why
   (14) Prefiero no contestar / Prefer not to answer

35. ¿Normalmente quién actúa como su intérprete o traductor?
   Who usually acts as your interpreter/translator?
   (1) No necesito intérprete/traductor / I don't need an interpreter or translator
   (2) Mis hijos menores de 18 años / My children (under 18 years old)
   (3) Mis hijas adultas, mayores de 18 años / My adult children (over 18 years old)
   (4) Mi esposo(a)/pareja / My spouse/partner
   (5) Otra familiar / Other family members
   (6) Alguien fuera de mi familia (amigo, vecino) / Somebody outside of my family (friend, neighbor)
   (7) Un profesional (consejero, bibliotecario) / A professional (librarian, counselor, etc.)
   (8) El intérprete que trabaja en la organización (ej. escuelas, oficinas de doctores, etc.)
      An interpreter provided by the organization (i.e. schools, doctors office, court)
   (9) Otro / Other:_________
   (10) No sé / I don't know
   (11) Prefiero no contestar / Prefer not to answer

36. En los últimos 3 meses, ¿en qué situaciones le han ofrecido acceso a un intérprete o traductor gratis? Marque todas las que apliquen.
   In the last 3 months, in what situation have you been offered access to a free interpreter or translator? Mark all that apply.
   (1) En la escuela / At schools
   (2) Accediendo cuidado de salud (hospital, doctor, farmacia) / Accessing health care (hospital, doctor, pharmacy)
   (3) Con la policía o en corte / With police or in court
   (4) En el trabajo / At work
   (5) Accediendo servicios del gobierno (WIC, SNAP, etc.)
      Accessing government benefit services
   (6) Accediendo servicios públicos como gas, agua, electricidad, cable, etc. / Accessing utilities services
      (gas, electricity, water, sewage)
   (7) En otra situación / Other situation:
   (8) En ninguna situación / None
   (9) No sé / Don't know
   (10) Prefiero no contestar / Prefer not to answer

ENTORNO FÍSICO / PHYSICAL ENVIRONMENT

37. ¿Qué tan seguro(a) se siente en su vecindario? / How safe do you feel in your neighborhood?
   (1) Muy seguro(a) / Very safe
   (2) Seguro(a) / Safe
   (3) No muy seguro(a) / Not very safe
   (4) No me siento seguro(a) para nada / Not safe at all
   (5) No sé / I don't now
   (6) Prefiero no contestar / Prefer not to answer

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38. ¿Considera que usted y su familia tienen suficiente que comer todos los días?
Do you consider you and your family have enough to eat every day?
(1) Sí, siempre / Yes, always
(2) Sí, casi siempre / Most of the time, yes
(3) No siempre / Not always
(4) No
(5) No sé / I don't know
(6) Prefiero no contestar / Prefer not to answer

39. ¿En los últimos 12 meses, usted o alguien en su familia ha usado uno de los siguientes programas de comida? Marque todos los que apliquen. / In the last 12 months, have you or your family used any of the following food/nutrition programs? Mark all that apply.

<table>
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<tr>
<th>Programa de comida para niños en el verano</th>
<th>Summer food program for kids</th>
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<tr>
<td>Comedor público / Soup kitchen</td>
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<tr>
<td>Donación de canasta de comidas, por parte de una iglesia u otra organización</td>
<td>Food basket donations from a church or community organization</td>
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<tr>
<td>Programa de Food2Kids / Food2Kids Program</td>
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<tr>
<td>Estampillas de Comida, SNAP, WIC</td>
<td>Food Stamps, SNAP, WIC</td>
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<tr>
<td>Otra / Other;</td>
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40. ¿Dónde consigue la mayoría de sus comidas? Marque UNO / Where do you get most of your meals? Mark ONE.
(1) Restaurantes de comida rápida / Fast food restaurants (i.e. McDonald’s, Burger King, Popeye’s)
(2) Restaurantes que no son de comida rápida / Restaurants (not fast food)
(3) Tiendas de conveniencia / Convenience stores
(4) Mercado de agricultores o pulgas / de campesinos / al aire libre / Farmers or flea markets
(5) Supermercados / Grocery store (Kroger, Publix, Aldi, Ingles, Wal-Mart)
(6) Cultivo mi propio alimento / I grow my own food
(7) Uno de los programas mencionados en la pregunta #39 / One of the programs mentioned in question #39
(8) Otra / Other;                                   
(9) No sé / Don’t know
(10) Prefiero no contestar / Prefer not to answer

41. ¿Puede encontrar alimentos saludables en donde normalmente consigue su comida?
Does the place where you usually get your meals offer healthy food choices?
(1) Sí / Yes
(2) No
(3) No sé / Don’t know

42. ¿Puede encontrar alimentos de bajo costo en donde normalmente consigue su comida?
Does the place where you usually get your meals offer affordable food choices?
(1) Sí / Yes
(2) No
(3) No sé / Don’t know

43. ¿Puede llegar caminando de su casa a un supermercado, mercado de agricultores en menos de 10 minutos?
Is there a grocery store or farmer’s market within a 10-minute walking distance from your home?
(1) Sí / Yes
(2) No
(3) No sé / Don’t know
ENTORNO SOCIAL / SOCIAL ENVIRONMENT & RELATIONSHIPS

44. De los siguientes, por favor marque 5 cambios que considere podrían tener un impacto positivo en su comunidad. Escribe un número del 1 – 5 en orden de importancia junto a sus selecciones.
Of the following options, please mark 5 changes you think could have a positive impact in your community.
Rank them from 1 – 5 in order of importance by placing a number next to your selected item.

| Más viviendas adecuadas y/o económicas | Mejor salud física |
| More affordable/adequate housing | Better physical health |
| Más empleo / More employment | Mejor salud mental / Better mental health |
| Más número de graduados de la preparatoria | Mejor planificación familiar, embarazos |
| Better high school graduation rates | Better family planning |
| Más educación para adultos | Mejor seguridad en los vecindarios |
| More education for adults | Better security in neighborhoods |
| Más opciones para el cuidado de niños | Familias más unidas |
| More childcare options | Healthier family relationships |
| Más tolerancia hacia todas razas/etnias, lenguas, estatus migratorio, culturas, etc. | Más oportunidades y/o servicios para personas sin papeles |
| More tolerance of all race/ethnicity, language, legal status, culture, etc. | More opportunities and services for undocumented individuals |
| Preservación del español (o lengua indígena) o la cultura de origen | Más líderes Hispanos/Latinos en la comunidad |
| Preservation of Spanish (or indigenous) language or culture of origin | More Hispanics/Latinos in community leadership roles |
| Transporte público más confiable y accesible | Otras/Others: ________________ |
| More reliable and accessible public transportation |

45. En los últimos 3 meses, ¿ha sentido aislamiento socialmente de alguno de los siguientes grupos?
In the last 3 months, have you felt socially isolated from any of the following groups of people.

| a. De familiares que viven con usted | Sí | No | No sé | No aplica | Prefiero no contestar |
| De familiares que viven con usted | Yes | No | Don't know | Doesn't apply | Prefer not to answer |
| From family members who you live with |
| b. De familiares en EU que no viven con usted | | | | |
| De familiares en EU que no viven con usted | From family members in the US that don't live with you |
| c. De familiares que viven en su país de origen (fuera de EU) | | | | |
| De familiares que viven en su país de origen (fuera de EU) | From family members who live in your home country (outside US) |
| d. De su comunidad en el Condado de AC | | | | |
| De su comunidad en el Condado de AC | From your community in ACC |
| e. Del resto de su ciudad | | | | |
| Del resto de su ciudad | From the rest of the city you live in |
46. ¿En los últimos 3 meses, siente que alguien haya discriminado contra usted en el trabajo, escuela o un espacio público por alguna de las siguientes razones? Marque todas las que apliquen. / In the last 3 months, have you felt you were discriminated against at work, school or public space for any of these reasons? Mark all that apply.

(1) No he sentido que alguien haya discriminado contra mi
    I haven’t felt discriminated against
(2) Mi raza o etnia / My race or ethnicity
(3) Mi situación migratoria / My immigration status
(4) Mi origen nacional (nacionalidad) / My national origin
(5) Mi religión / My religion
(6) Mi género / My gender
(7) Mi edad / My age
(8) Mi preferencia sexual / My sexual preference
(9) Mis discapacidades físicas / Physical disabilities
(10) Mi salud mental / My mental health
(11) Otro / Other
(12) No sé / Don’t know
(13) Prefiero no contestar / Prefer not to answer

IMMIGRATION STATUS / SITUACIÓN MIGRATORIA

47. ¿Tiene acceso a alguien, por ejemplo un abogado o una organización, que le pueda ayudar con temas de migración, por ejemplo aplicaciones para DACA (Acción Diferida para Jóvenes Llegados de Infancia), residencia, ciudadanía, etc.? Do you have access to somebody, like a lawyer or community organization, that can help you with immigration issues, like filing for DACA (Deferred Action for Childhood Arrivals), permanent residency, citizenship, etc.?

(1) Sí / Yes
(2) No / No
(3) No sé / Not Sure
(4) Prefiero no contestar / Prefer not to answer

48. Si ha necesitado un abogado para ayudarlo con temas de defensa criminal, civiles (ej. divorcios), migraciones, laborales u otro tema, ¿qué obstáculos enfrentó para conseguir uno?
If you have needed a lawyer to help you with criminal defense, civil (i.e. divorces), immigration, labor or other issues, what are some of the barriers you face in getting one?

(1) No he necesitado un abogado / Haven't needed one
(2) Ningún obstáculo / No barriers
(3) Dificultades con el transporte / Transportation issues
(4) No puedo pagar / I can’t afford one
(5) Dificultades con el idioma / Language issues
(6) No sé dónde o cómo encontrar uno
    Don’t know where or how to get one
(7) He tenido malas experiencias con abogados y no les tengo confianza / I’ve had bad experiences with lawyers and don’t trust them
(8) Otro / Other
(9) No sé / Don’t know
(10) Prefiero no contestar / Prefer not to answer

49. De las personas que viven en su hogar, ¿hay alguno con una de las siguientes situaciones migratorias?
Marque todas las que apliquen. / In your household, is anyone in the following immigration situations? Mark all that apply.

(1) Ciudadano(a) / Americano(a) / US Citizen
(2) Residente permanente de los EU (tarjeta verde) / Permanent Resident (green card)
(3) Tiene una visa (de trabajo, estudiante, fiancé, U-Visa) / Has a visa (work, student, fiancé, U-visa, etc.)
(4) Tiene DACA (Acción Diferida para Jóvenes Llegados de Infancia) / Has DACA (Deferred Action for Childhood Arrivals)
(5) Aplica para DACA, pero no fue aprobado(a) / Applied for DACA but was denied
(6) Es elegible para DACA, pero no ha aplicado
    Is eligible for DACA but hasn’t applied
(7) No tiene papeles / Is undocumented
(8) Fue deportado(a) / Was deported
(9) Otro / Other
(10) No sé / I don’t know
(11) Prefiero no contestar / Prefer not to answer

50. ¿Hay alguna otra necesidad o tema que considere importante para la comunidad hispana/latina en el Condado Athens-Clarke? Recuerde de no compartir datos personales para asegurar que sus respuestas permanezcan confidenciales. Use la parte de atrás de esta hoja de ser necesario.
Are there any other needs or topics that you consider important for the Hispanic/Latino community in Athens-Clarke County? Remember not to share personal details so your answers remain confidential. Use the back of this sheet if necessary.
D. Focus Group Question Guide

2016 ACC Hispanic/Latino Community Needs Assessment  
Focus Group Questions (V7)

Introducción

1. Antes de empezar, me gustaría que cada uno compartiera:
   a. ¿Dónde nacieron?
   b. ¿Cuántos años tienen viviendo en Athens?
   c. ¿Qué es lo que les gusta de vivir en Athens?
   d. ¿En qué trabaja?

2. El gobierno, las escuelas y algunas organizaciones en Athens ofrecen diferentes servicios y recursos a la comunidad. ¿En los últimos tres meses, qué servicios o recursos han usado para ustedes o sus hijos? Por ejemplo, clases de inglés/GED, Medicaid/Medicare, estampillas de comida (food stamps), clínicas de salud/hospitales, traductores/intérpretes, transporte público.
   a. ¿Qué otros servicios/programas conocen, pero no han utilizado?
   b. ¿Han enfrentado barreras o obstáculos al tratar de usar estos servicios en los últimos tres meses?
      Compartan un ejemplo y cómo lo resolvieron.
   c. ¿Sienten que tienen acceso a los servicios en Athens que necesitan para ustedes y sus familias?
   d. ¿Cómo se enteran de los servicios disponibles en Athens, y a cuales califican? ¿Consideran que es fácil o difícil conseguir este tipo de información?

Educación

3. ¿En los últimos dos años, han tomado – o han tratado de tomar – clases de inglés, de preparación para el GED, o algún otro tipo de clases para adultos en Athens?
   a. ¿Cuál es su motivación para tomar este tipo de clases? ¿Qué buscan ganar al tomar estas clases?
   b. ¿Enfrentaron algún obstáculo al tratar de inscribirse o seguir tomando las clases? ¿Cómo lo resolvieron?
   c. Si no les interesa tomar clases de este tipo, ¿por qué no?
   d. ¿Qué tipo de clases les gustaría que se ofrecieran en Athens?

Cuidado de Salud

4. ¿Normalmente a dónde van cuando se enferman? Por ejemplo, a ninguna parte (remedios caseros), hospital, clínica de salud (Mercy Clinic)/departamento de salud, curandero.
   a. Cuando tienen que ir al doctor o al hospital, ¿enfrentan algún tipo de barreras? Compartan un ejemplo, y cómo lo resolvieron.
   b. ¿Cuántos de ustedes tiene seguro médico?
      i. ¿Han enfrentado algún obstáculo al tratar de conseguir seguro médico para usted?
    Compartan un ejemplo, y cómo lo resolvieron.

Para padres de familia:
   a. ¿A dónde lleva a sus hijos menores de 26 años cuando se enferman?
b. ¿Enfrenta algún tipo de barreras u obstáculos cuando necesita llevarlos al doctor/hospital? Compartan un ejemplo, y cómo lo resolvieron.

c. ¿Sus hijos tienen seguro médico?
   i. ¿Han enfrentado algún obstáculo al tratar de conseguir seguro médico para sus hijos menores de 26 años? Compartan un ejemplo, y cómo lo resolvieron.

**Estabilidad Financiera**

5. ¿Considera que su ingreso mensual (junto con el de su pareja, si aplica) es suficiente para vivir bien/mantener a su familia? ¿Por qué, o por qué no?
   a. ¿Han tenido dificultades al buscar un trabajo que le pague bien? Compartan un ejemplo, y cómo lo resolvieron.
   b. ¿Qué pasaría si pierden parte de su ingreso mensual por alguna razón?
   c. ¿Cómo se prepara o prepara a su familia, en caso de que algún día enfrenten una emergencia financiera? Por ejemplo, si alguien se enferma y no puede trabajar, pierde su trabajo, problemas con migración, etc.

**Temas de Migración**

6. Hay muchas familias en Athens cuyos miembros tienen distintos estatus migratorios. Por ejemplo, en una sola familia puede haber un ciudadano, alguien con DACA/visa, y alguien indocumentado. ¿En su casa, todos tienen el mismo estatus migratorio? ¿O es una mezcla?
   a. ¿Cuáles son algunas maneras en las que su situación migratoria – o la de sus hijos – afecta su vida de día a día?
      i. ¿Cómo navegan estas situaciones?
   b. ¿Cómo les afecta tener a personas de diferentes estados migratorios viviendo en su casa? Por ejemplo, ¿cómo saben quién es elegible a que servicios/recursos?
   c. ¿Alguna vez han tratado de arreglar su estado migratorio o la de sus hijos, por ejemplo, aplicando para el DACA?
      i. ¿Han enfrentado barreras/obstáculos al tratar de hacerlo? ¿Cómo lo resolvió?
   d. ¿Cuáles son algunos de los recursos que tiene a la mano en caso de que ustedes o sus familiares tengan algún problema migratorio? Por ejemplo, consulados, abogados, organizaciones, ahorros, un plan que su familia puede seguir, etc.

**IF THERE IS TIME:**

**Temas de Comunidad / Sentido de Pertenece**

7. ¿Qué es lo que les hace sentir que son parte de Athens, y no solo parte de la comunidad Latina en Athens?
   a. Si no sienten que son parte de Athens, o que no son bienvenidos en ciertas partes, ¿por qué no?
   b. ¿Hay algún lugar al que les gustaría ir, pero sienten que no serían bienvenidos? ¿Por qué?

8. ¿En qué organización, grupo o persona sienten que pueden contar cuando necesitan algún tipo de ayuda? Por ejemplo, cuando están buscando algún servicio, cuando necesitan un intérprete, apoyo financiero, etc.

9. Antes de concluir, ¿hay algún otro tema que quieran comentar?
E. Outreach Locations
Primary data collection was conducted throughout Athens-Clarke County. What follows is a list of the type of locations and events that proved successful when conducting our research and outreach.

- **Community events**: cultural showcases organized by local nonprofits and community advocates, live entertainment targeting Latinx community (e.g., salsa dance parties, bull riding events), fundraisers for Latinx-serving organizations, community cookouts at predominantly-Latinx neighborhoods

- **Community “hot-spots”**: flea markets, Hispanic grocery stores and restaurants (clients and staff), parks and sports complexes

- **Community- and Faith-based Organizations**: Pinewoods Library & Education Center, the Athens Latino Center for Education & Services, Casa de Amistad, ULead Athens, churches like St. Joseph’s Catholic Church and Catedral de Fe

- **Schools**: In collaboration with the Clarke County School District, the survey was sent home to Spanish-speaking parents of students at a local elementary school and interviews were conducted during select parent-teacher conferences. Additional surveys were completed by eligible University of Georgia staff, faculty and students on campus

- A link to the online version of the survey was shared by partners mentioned above, as well as on select UGA ListServes and Facebook pages frequented by members of the local community
F. Sample Volunteer Training Materials

Needs Assessment of the Hispanic/Latinx Community of Athens-Clarke County

Volunteer Training – Updated January 2016

Overview of our Needs Assessment

- **Goal:** To better understand the social, economic, and health needs faced by the Hispanic/Latinx community in Athens-Clarke County (GCC). Census data at 11% of population, though it’s likely much larger. This report will be shared with nonprofits and agencies to help guide their programming and meet community needs.
- **Data Collection:**
  - Surveying at least 300 adult Hispanic/Latinx Community Members for their access to healthcare, transportation, language services, and more.
  - The survey has 50 questions and takes about 30 minutes to complete.
- **Making sense out of the data:** Working with focus groups that address the most common needs identified in the survey (Summer 2016).

About LACSI PORTAL

PORTAL is the Latino outreach and research initiative of UNCA’s Latin American & Caribbean Studies Institute (LACSI). We utilize faculty, students, advocates, community-based and faith-based service providers, policy makers, and other stakeholders committed to research and addressing the systemic issues that impact the U.S. Latinx community's ability to meet their needs, achieve self-sufficiency and exercise their inalienable human and civil rights. We do this through facilitating interdisciplinary collaborations in research, education, and public service and outreach.

But how can we help if we don’t know what are the needs in the community?

Volunteer Roles

- **Survey Administrator/Data Collector**
  - Administer the survey to adult Hispanic/Latinx community members.
  - You must be bilingual and feel comfortable approaching and interviewing community members in their own language.
  - **Team:** Make your own schedule between 9 am - 7 pm (daily evenings and weekends).
  - **Location:** Various community centers (e.g., ACF, Casa de Asistencia, Fireworks Library, Awesome Athens, & the Food Bank), community events, and other locations like food markets, soccer fields, etc.

- **Data Entry**
  - Help enter the data collected from the survey into an online portal, get the summary for analysis.
  - No Spanish-speaking skills necessary, training a laptop)
  - **Team:** Make your own schedule between 9 am - 7 pm (Mon-Fri)
  - **Location:** LACSI offices (200 S. Hull Street)

What is a Needs Assessment?

- **Needs Assessment:** A systematic process for determining and addressing needs or "gaps" between current conditions and desired conditions or "wants." The discrepancy between the current condition and desired condition must be measured to appropriately identify the need.

- *What is a Needs Assessment?*
  - [https://www.thesimpsonhome.org/articles/need.html](https://www.thesimpsonhome.org/articles/need.html)

Data Entry Training
Role of Data Entry Volunteer

We will be using Qualtrics to migrate paper surveys into digital analysis tools. Basic instructions:

1. After signing in at LACQ, you'll receive an envelope of completed surveys. An empty envelope marked "Inserted Data" and a link to the Qualtrics survey (www.uga.edu/asparty).
2. You will enter individual responses on paper into a "Enter Data" online survey that will look something like this →
3. When you finish inputting all responses, write your name and date at the top of the paper form and place in the "Entered Data" envelope.
4. Before leaving, turn all documents.

Survey Administrator Role

Role of Data Entry Volunteer - Tips

- Make sure you answer every single question in the online survey, including all of the Admin questions (e.g., admin/data entry names and dates, interview location, etc.). If respondents skipped them in the paper version, mark "Missing" on their response.
- There is "skip logic" built into the online survey, meaning that if a follow-up question is not relevant to respondent based on previous answers, it will not pop up (e.g., Q2.35)
- Enter all the responses marked on the paper survey, even if the original question doesn't ask to "mark all that apply." If the system doesn't allow you to, make a note in the last question of the survey (Admin note).
- Some fill-in-the-blank questions (e.g., CH00) have been transformed into multiple-choice questions in the online version, to aid with coding.
- In multiple-choice questions like Q2.42:
  - Mark "Missing" if some of the categories were unanswered
  - Leave "Other, None of the Above, I don't know, Prefer not to answer" blank if respondent included other responses

Role of Survey Administrator

5 Steps

1. Find potential respondents
2. Engage respondents
3. Gain consent from respondents
4. Conduct a good interview:
   - Convey your enthusiasm and the importance of the survey
   - Clarify any confusion or concerns
   - Observe quality of responses
5. Close the Interview

Role of Data Entry Volunteer - Tips

- Question A1: The "Response ID" is on the first page of the paper survey
- Question A2: The response for "Response ID" corresponds to when data was collected. This is also reflected in the Response ID (i.e., 2014-07 to 2016-06)
- Question 4: Select country and type in the state/district name if it's not clear
- Question 4: Follow data entry instructions marked on online survey
- Question 30: Type in any comments included, verbatim
- Question 41 delete or enter any handwritten comments on the margins, or anything "emailed" you notice when entering data

Step 1: Find Potential Respondents

As a volunteer, you will be given a stack of paper surveys and be responsible for interviewing people of your own pace, wherever and whenever you want. Ideal locations include:

- Flea markets
- Soccer fields
- Community organizations
- Churches
- Your friends and acquaintances who fill out profile
- Businesses supported by community (make sure you get business permission first)
- Community events

TIP: Join www.facebook.com/UGAEMP to connect with other volunteers and plan group outings. Volunteer coordinator will also use this site to share details on upcoming community events, etc.
Step 2: Engage a Potential Respondent

Approach potential participants in a respectful manner. Here’s how:

- Introduce yourself as a member of UCA and explain the study’s purpose.
- Mention the study is conducted in English and Spanish. Use the consent form as a guide.
- You can also ask if they would be interested in participating in a survey.
- Ask them if they would be interested in participating in a survey.
- If they say no, DO NOT TRY TO CONVINCE THEM. Simply thank them for their time and move on.
- Go through screening questions: Are they eligible to participate? If not, explain.
- If they answer yes to any of the screening questions, DO NOT CONTINUE. Thank them for their time and move on.

Step 3: Gain his/her Consent

If a respondent agrees to be part of the Needs Assessment, you now need to obtain informed consent from them:

- Show them the consent document to read (or read it to them), and summarize what they are consenting to.
- Highlight that their answers will be kept confidential, but not anonymous.
- Confirm that you are one of the researchers/drugstore or other people.
- Ask them to sign the document with an X (not their name).
- If they sign, thank them by handshaking, cross it off completely, and ask them to remove the line.

Step 4: Conduct a Good Interview

If a respondent agrees to complete the survey on their own, stay in the vicinity to answer questions they may have and make sure they answer all the questions. If you’re interviewing them:

- Stay close so you are not identified to others. This will be more personal if you’re talking to them completely.
- Some people may want to do the survey on their own. If that’s the case, it’s okay to go between the two, that’s what they prefer.
- Speak clearly and read each question and aloud the options word-for-word.
- Do not try to mislead the survey or pressure someone to answer quickly.
- If a respondent does not understand the question, offer an explanation.
- If a respondent seems uncomfortable, remind them that the survey is confidential when he comes back to that question.
- If a respondent does not want to answer the question, don’t push it. However, please make sure to mark “Not a respondent” and “Don’t know anything”.

Step 5: Close the Interview

When they finish going through all the questions:

- Thank the person for their time and participation.
- Finish them that this data will be used to create a report about the needs of the community and guide the development of programs to address them.
- Ask if they have any questions.
- Make sure they understand the consent form, especially if they had questions.
- Offer them a brochure and any available incentives (e.g., gift cards, etc.)

Once they leave and before you start talking to someone else:

- Write down any notes you have about the interview, e.g., bad behaviors, if there was a question or particular that caused issues, if they had general comments about the survey or brought in another issue to deal with.
- Make sure you complete the top part of the survey with your name, interview location, and a brief description of the completed.
- Place the data in the completed file.

Additional Interview Tips: What to Do

- Study the survey well and practice in English and Spanish.
- Know what each section is about before you ask the questions.
- Contact at least one other person in your team interview them (if you are not able to interview them, you can recruit another interviewee).
- Use the same language (oral vs. written), don’t ask someone for their name.
- If you happen to know the language of a potential interviewee, it’s important to speak with them.
- Make sure you provide a complete and accurate interview done correctly.
- If someone prefers to fill out the survey themselves, let them, however, stand by to help clarify any questions.

- Some respondents might be confused and ask you questions about the survey. If you suspect this is happening, refer the respondents by asking questions, e.g., do people have a question? Do people have a question about the survey? Do people have a question about the survey?
- If you’re having a hard time selecting one of the answers, ask them to pick the one that’s the closest to their experience. Note that other questions deal with multiple answers, or have “Other” options, in which you can write their exact answers.
- Think of how you would feel being asked these sensitive questions.
- Try to make the respondent comfortable by smiling, highlighting confidentiality of answers, etc.
- Most importantly, be respectful.
- Sometimes, participants reflect on what went well and what they could improve on for the next one.
Additional Interview Tips: What NOT to Do

When completing the survey, make sure you DO NOT:

- Promise that the study will lead to quick changes. This is the first step to raising awareness of the community's needs, which in turn may lead to changes over time.
- Forget to ask for consent.
- Survey someone who answers NO to a screening question (under 18, non-ACC resident, non-informed survey techniques).
- Prepare someone into participating.
- Answer a question for a participant or fill their sentence.
- Assume anything about this respondent, including:
  - What language they are most comfortable with (ask what they prefer).
  - Their answers to any question (e.g., asking a single individual about their entire household).
- Their nationality or documentation status.
- Loose data.

Can my spouse/adult children and I complete one survey together?
- We prefer that each adult complete their own survey, since you might have different opinions about some issues and some of the questions might be sensitive.

What does "having access to a certain service" mean?
- Having access means that you know where you could get a service, and that it would be relatively easy for you to get that service.

What do you mean by "what barriers prevent you from getting a service"?
- A barrier is a situation that makes it difficult for you to receive a service.

What do you mean by "household"?
- Your "household" is the space in which you live (a house, a trailer, an apartment). In some households, there may be several unrelated people living together: one or several family units.

FACERATION NOTE: We realize that some of the questions focus on "household" vs. individual imbalances. We'll account for this during the analysis.

Frequently Asked Questions

- I'm not 18 yrs. Can I still take the survey?
  - No. All those 18 years or older.
- I don't live in Athens-Clarke County. Can I still take the survey?
  - No. At this time we are only interviewing people who live in Athens-Clarke County (cities of Athens, Mcintyre, and parts of Bogart).
- I already completed a survey like this last week/month/earlier. Can I take it again?
  - If they completed Community Connection's or other surveys that is separate and not incorporated into the Hispanic/Latino community.
  - If they completed ours: No. We cannot allow you to take the survey once.
- I'm not Hispanic/Latino. Can I still take the survey?
  - Right now we're only focusing on the Hispanic/Latino community.

Questions?

Contact:
Alejandra Calva (Project Manager)
acalva@nga.edu
Sam Rehme (Volunteer Coordinator)
srehme@nga.edu

Is this the same survey as the one Community Connection is doing?
- No. This is a separate study focused on the Hispanic/Latino community in Athens. Our survey is NOT affiliated with the one Community Connection is doing.

What are you doing to make sure that my answers stay confidential?
- Many things! We are NOT telling you for your name or other identifying pieces of information. We are NOT taking your photo or video. Your answers will be mixed with the answers of almost 300 other people.

Can we expect to see a big change in Athens after you finish your report?
- The best way to see a change is to make sure everyone knows what needs the needs in the community. We will share our report with nonprofits and government agencies in Athens, so they can take our results in consideration when planning new programs or adjusting current programming. Some changes might be quicker than others.
G. IRB “Not Human Research” Determination Letter

NOT HUMAN RESEARCH DETERMINATION

March 24, 2015

Dear Steven Lownes:

The University of Georgia Institutional Review Board (IRB) reviewed the following protocol on 3/24/2015:

<table>
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<tr>
<th>Type of Review:</th>
<th>Initial Study</th>
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<tr>
<td>Title of Study:</td>
<td>The Needs of Hispanics/Latinos in Athens-Clarke County</td>
</tr>
<tr>
<td>Investigator:</td>
<td>Steven Lownes</td>
</tr>
<tr>
<td>IRB ID:</td>
<td>STUDY00001892</td>
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<tr>
<td>Funding:</td>
<td>Name: Latin American &amp; Caribbean Studies Institute;</td>
</tr>
<tr>
<td>Grant ID:</td>
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</table>

The IRB determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations because this is a needs assessment project or service program aimed to launch or improve community programs/address the specific needs of the targeted community with no intention to use the information gathered to develop or contribute to generalizable knowledge.

University of Georgia (UGA) IRB review and approval is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities are research involving human subjects, please submit a new request to the IRB for a determination.

Sincerely,

Larry Nackerud, PhD
University of Georgia
Institutional Review Board Chairperson

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