Introduction

In 2000, 3,645 Hispanics accounted for 4.7% of the population of Benton County. The U.S. Census Bureau estimates that the Latino population in the county grew 50% between 2000 and 2010, with 74% of the 5,467 Latinos in the county living in Corvallis. According to the Corvallis Community Action Agency, the median household income in Benton County in 2000 was $41,897, slightly below the national and state levels. The median household income for Hispanics was just $27,857, 17% lower than the national median income for Hispanic households and 33% lower than the Benton County median household income.

In Oregon, Latinos are disproportionately impacted by the burden of chronic disease and other poor health conditions. Available state and county level data show that Hispanics in Oregon are five times more likely to die prematurely than white, non-Hispanic Oregonians. The leading causes of death in Benton County among Hispanics/Latinos are heart disease and cancer. Latinos in Oregon also have the highest incidence of obesity and overweight at 30.9% and 38.6% (as compared to 24.2% and 35.5% respectively among whites). In Oregon, prevalence of diabetes is significantly higher for Latinos (10%) than for non-Latino whites (6%). This may be explained by low levels of physical activity and higher frequency of overweight and obesity. Diabetes-related death rates are also significantly higher among Latinos (36%) than non-Latino whites (26%) [1].

Migrant farm workers, low-income Latinos, and recent immigrants are also less likely to be adequately educated, due to poverty and the need to drop out of school or move for work. Many immigrant workers have completed only a few years of primary school and may have difficulty reading and writing, even in their native language. Because many Latino immigrants come to the United States from rural areas with limited public infrastructure, their opportunities for education are often restricted. In 2000, only 15% of Latino immigrants in Oregon had tertiary (college) education while 54% had primary education or less (compared to 41% in the US) [2].

Upon arriving in the U.S., opportunities for continuing adult education are also limited and the education of immigrant children is often compromised by institutional practices that contribute to documented achievement gaps [3]. Latino youth who came without authorization with their parents are in a particularly tenuous position as they must pay out of state tuition and do not qualify for financial assistance for post-secondary education, even though they may have received all or most of their K-12 education in the U.S. Housing prices in Benton County per capita are some of the most expensive in the United States. Low-income Latinos are often unable to afford basic housing, and may live in farm combine multiple families in single dwellings. Moreover, low income Latinos are often at the mercy of unscrupulous landlords who take advantage of their status, subjecting them to substandard living conditions and threatening to report them to Immigration Control if they complain.

Discrimination associated with class, language, race, ethnic and national origin, and immigration status are also known to negatively affect the well-being of Latino families. The Southern Poverty Law Center has reported an increase in hate crimes directed at Latinos [4]. However, the fact that immigrants from Latino cultures tend to see government as foe rather than friend makes them reluctant to report incidents of exploitation, discrimination, or abuse.

Casa Latinos Unidos de Benton County (CLUBC) intends to address issues such as access to social services, discrimination, integration, and relations with the broader community. In addition, CLUBC’s vision is to serve as a cultural broker between the Latino and non-Latino community, striving to create a climate of tolerance and understanding across linguistic, cultural, social, and class boundaries. CLUBC also seeks to increase opportunities for Latino families’ to develop leadership skills and engage in civic
opportunities as strategies for addressing fundamental social determinants of health. By fostering a climate of tolerance and understanding, we can promote leadership and engagement of Latino families, in turn reducing social and economic inequalities and, ultimately, increasing health equity [5].

In collaboration with various local organizations, CLUBC can serve a key role in moving change forward to start “closing the gap” between Latino and non-Latino families in Benton County. By engaging both grass roots and “grass tops” leaders in Benton County and a broad cross-section of the Latino community, the assessment results described here will allow CLUBC to learn more about what is already being done, how we can contribute to improving upon current efforts, and what new work is yet to be accomplished to more effectively address social inequalities and social determinants of health at the local level.
Summary of Previous Assessments

During the last decade there has been an increasing interest in the local Latino population. In this section, we summarize previous assessments conducted on Latino issues in chronological order. Contact information is provided at the end of each project summary. The projects have focused its attention on HIV prevention, sexual and reproductive health, Latino men’s health, nutrition, civic engagement and built environments.

The HIV Integration Project (2004-2007)

The HIV Integration Project, funded by the Office of Population Affairs, consisted of a 6-to-8-week intervention divided into three steps: 1) Informed Consent & HIPAA, Pre-Assessment Survey, Pre-Assessment Sexual History, and Rapid HIV Testing & Counseling; 2) Educational Session (+ Pre & Post Tests); and 3) Post-Assessment Survey and Post-Assessment Sexual History. In the first step, the Promotor(a) visited the clients in field locations (home, place of business, satellite clinics, faith based organizations, etc.) to perform a Rapid HIV test and ask questions from a standard survey. In the second stage, the client attended a group educational session regarding HIV/AIDS and ways to self protect. In the last step, one month after the educational session, the Promotor(a) contacted the client to complete a follow-up survey [6]. The project served almost 589 clients. Eighty-four percent of clients completed the entire program (through post-assessment). Sixty seven percent of clients were from Benton County, with 25% (n=144) living in South Corvallis (zip code 97333), and 30% (n=172) in North Corvallis (Zip code 97330). More women (55%) than men (45%) were served. Almost all clients were Hispanic/Latino (98%), with over two-thirds identifying their country of origin as Mexico (73%). Sixty five percent of participants were either married or living with a partner while enrolled in the program.

Condoms seemed to be method of choice (over 1/4th indicated condoms as method). Twenty-four percent did not have a method and only 18% were using a prescription method (IUD, pills or patch). The intervention significantly increased abstinence, monogamy, and using condoms with a casual partner scores. Also, pre/post differences were significant for condom use self-efficacy among men and normative condom use behavior among women. Sixty-six percent of women and 70% of men stated they would ask their partner to wear a condom during sex. The majority of participants stated they would use a condom if they were going to have sex with someone other than their spouse or primary partner. There was a significant pre/post education session difference in the number of participants who know that a person cannot get infected with HIV/AIDS by kissing someone on the mouth that has HIV/AIDS, from a mosquito bite, or through saliva. These results supported various initiatives at the Health Department. For instance, Promotores started a contraceptive only class upon request from women which was coordinated with the clinic family planning services before they came in for their appointment. Also, one afternoon a week HIV testing was done at the clinic and seemed to be well utilized. For further information, contact the Health Promotion Manager, Tatiana Dierwechter, MSW, at Tatiana.Dierwechter@co.benton.or.us.

Social and environmental determinants of Latino men’s health behavior (2005-2006)

This research project consisted of a formative (process) evaluation to identify social determinants and the environmental influences on the health behavior, including utilization of health services of seasonal farmworker Latino males living in Benton County, Oregon. The 12-month study consisted of two research components: 1) ten key informant interviews to identify factors in program development and implementation specific to Latino men that could affect health behaviors, including utilization of health services by this population; 2) three focus groups with a total of 18 Latino males ages 18-35; and three focus groups with a total of 23 Latina females ages 18-35 who have Latino male partners. The majority of participants (89%) lived primarily in Latin America during their childhood; and had lived in the US for eight years on average. They have lived with their partner for approximately 10 years. Thirty-two percent had completed no more than elementary school and 28% had completed high school. Seventy-
four percent (74%) were currently employed. Forty-four percent had a total family income ranging from $10,000 to $25,000 (which supported,

in average, four individuals). In the past two years, 28% accessed health services approximately three times. Fifty-nine percent (59%) had no health insurance.

Findings from this study suggested that Latino men do not access health services unless they have an urgent need; and even then, they are resistant to seeking health care. In addition, Latino men’s perceptions of health care services, such as a fear of disclosing personal information to someone they do not know or getting undressed, prohibit them from soliciting services. Clearly, women were recognized as the conduits for health information and services among Latinos. Furthermore, women facilitated and maintained Latino men’s health by preparing food for them, creating a supportive family environment so that they can work, and provided the connection to the broader community for socialization. Latino men perceived that having food equates to them and their family being healthy. Besides, work was an essential component in their ability to buy more and more diverse foods. The importance of work as an indicator of health among Latino men should not be underestimated. Health services must be programmed so that they complement rather than compete with work schedules. Food is a big component to Latino men’s health. However, further investigation is needed to understand the female partner’s influence on Latino men’s dietary behavior [7]. For further information, contact Megan Patton-Lopez, MEd, RD at Megan.Patton-Lopez@co.benton.or.us; or Daniel Lopez-Cevallos, PhD, MPH, at lpezced@wou.edu.

OSU Latino Health Project (2007-2010)

The OSU Latino Health Project, of the Department of Public Health at Oregon State University, consists of two related research projects with a combined budget of almost two million dollars: 1) Unintended pregnancy among young Latinos in rural areas (funded by the Centers for Disease Control and Prevention); and 2) Sexual and reproductive health services: reaching Latino men in rural areas (funded by the Office of Population Affairs). The projects include Benton, Marion, Linn, Polk and Lane counties. Both projects recently finished data collection and have been working on data analysis and reporting. For more information, contact Marie Harvey, DrPH, at Marie.Harvey@oregonstate.edu.

Las Comidas Latinas Nutrition Assessment (2007-2009)

Las Comidas Latinas is a nutrition education program with Oregon State University Extension Service. In both Linn and Benton counties, Las Comidas Latinas provides cultural and language specific nutrition education for Spanish speaking Latinas ages 18 and over. One of the reasons to conduct the assessment was that the curriculum used by Las Comidas Latinas was written by OSU faculty working with the Latino population in the metro area of Portland; which differs in many aspects from the Latino population served by the program. The purpose of this needs assessment was to enhance existing nutrition education programming implemented by OSU Extension Service in Linn and Benton Counties. This project consisted of 106 structured interviews with Latina women living in Linn and Benton County, Oregon (aged 18 and older) who participated in the Las Comidas Latinas education program or were eligible to participate based on their residence in Linn and Benton County and income. The women were predominately first-generation Mexican immigrants (95%) and read/spoke Spanish only (59%). The average length of residence in the United States was 11 years, with an average of 8 years in Linn or Benton County. Almost half of the women (42%) completed high school or a GED, although there was much variability across the participants. Their average age was 35 years (range 19-78). Seventy-seven percent were married (77%). Their average household consisted of five individuals. Thirty-five percent were food insecure while more than half of the women (64%) indicated that they had experienced a food shortage at least sometime during the past 6 months. The majority of women prepared meals at home every day of the week and spent an hour (on average) preparing the meal. Consequently, 72% reported that the family eats together every day [8]. Specific results regarding fruits, vegetables, and use of traditional products have been used to change nutrition programming at Extension Service. For further information, contact Tina Dodge-Vera, MPH, RD at Tina.Dodge@oregonstate.edu.
Voceros de Salud/Latino Health Ambassadors (2009-2010).

Benton County Health Department’s Latino Health Ambassador Network, subsequently named Voceros de Salud, is a formal network of natural Latino community leaders that provides training to develop skills and capacity to advocate for culturally and linguistically appropriate health and other related services and public policies for Latinos living in Benton County. In addition, it is expected that the eight Voceros emerge as an important new stakeholder in relaying information about health and other social services to the Latino community and leading and impacting health planning, program and policy development, and resource allocation efforts. Interviews conducted with seven Voceros focused on three components: 1) community leadership; 2) Voceros de Salud training; and 3) Empowerment and Participation.

A leader, Voceros said, has knowledge, listens, likes to help, is not selfish, and is involved in the community. English language proficiency was mentioned by most Voceros as the single most important issue for their development as leaders. All Voceros were selected to participate in this project because their “natural” leadership but that does not guarantee, and the Voceros acknowledged this, that they can translate their leadership in the broader community. Voceros would like to expand their training on popular education and leadership and explore advocacy and immigration issues. In general, Voceros are happy to see local government, more specifically the Health Department, interested in the Latino community. However, they perceive that there are very few opportunities in the broader community for voicing their opinions. The case of Lincoln Elementary School deserves further inquiry. The seemingly vibrant Latino PTO, its collaboration with the non-Latino PTO, and the support of school authorities should be monitored closely and could serve as a model for other community efforts. The final report on evaluation findings is under review and should be made publicly available by November 2010. For further information, contact the Project Coordinator, Tatiana Dierwechter, MSW, at Tatiana.Dierwechter@co.benton.or.us.

Creciendo en Salud Healthy Kids Healthy Communities project (2009-2012).

Creciendo en Salud Healthy Kids Healthy Communities in Benton County Oregon is a project funded by the Robert Wood Johnson Foundation which focuses on making changes in public policy, systems, and built environments in order to promote active living and improve access to affordable, nutritious foods in South Corvallis and the surrounding rural areas. The project is a joint effort of Benton County Health Department and the Corvallis Department of Parks and Recreation. The project focuses on children at highest risk of obesity, primarily low-income children and families, including Latinos and children of migrant and seasonal farm workers, living in the target area. A priority for the initiative’s success is the development of traditional and non-traditional community leaders and advocates among residents who have been historically under-represented in public policy efforts. Culturally and linguistically competent staff and community volunteers will conduct outreach, providing training and capacity building skills, and engage low-income, Latino, and rural community members in the initiative.
Community partners with direct knowledge and relationships with the community will also ensure project activities are targeted to populations at great risk, including: Casa Latinos Unidos de Benton County, Willamette Neighborhood Housing Services, Ecumenical Ministries of Oregon’s Interfaith Food and Farm Partnerships, Strengthening Rural Families, and Oregon State University Extension's Latino Outreach Program. During the first semester of 2010, the project focused heavily on assessment activities which included: 1) key informant interviews with county and city officials; 2) housing and tenant survey of South Corvallis (in collaboration with Willamette Neighborhood Housing Services, 140 surveys were returned); 3) mobile market feasibility study (in collaboration with Corvallis Environmental Center); 4) neighborhood resident “walk-about” (in collaboration with Organization de Latinas Unidas; and the Assistant Director of Corvallis Parks & Recreation). Much of the data collected is still being analyzed. Findings are scheduled to be presented to community members, South Corvallis Neighborhood Association and Corvallis Parks Commission at the end of October 2010. For further information, contact the Project Coordinator, Megan Patton-Lopez, MEd, RD, at Megan.Patton-Lopez@co.benton.or.us.
Using a qualitative approach[9], the purpose of this assessment was to evaluate the assets and needs of the Latino population in Benton County, Oregon. This is part of a capacity building project funded by Northwest Health Foundation. The project is designed to 1) build leadership skills among youth and adults so they are better equipped to become active participants in the civic life of communities throughout Benton County and to influence public policy and social conditions; 2) advocate on behalf of Latinos and form partnerships that will enhance Casa Latinos Unidos de Benton County (CLUBC)’s ability to impact institutional practices that foster unequal access and distribution of resources; and 3) increase CLUBC ability to serve as a bridge between Latino and non-Latino communities, as together we address the social inequalities that affect the health and quality of life of Latinos in Benton County.

Between August 2010 and March 2011, CLUBC evaluation included: 1) three community forums with Latino adults; 2) two focus groups with Latino youth; 3) two focus groups with Latino adults; 4) one focus group with the Benton County Health Department Health Promotion team; and 5) seven key informant interviews with relevant institutional and community leaders. Selection and recruitment of participants were in charge of CLUBC’s Executive Director and Administrative Assistant. Community forums participants were Latino adults already involved with CLUBC (Organización de Latinas Unidas, CLUBC Leadership Liaison Council) and a faith-based group (Evangelical church Emanuel Iglesia Cuadrangular, in coordination with Pastor Josué Gomez). Focus groups participants consisted of Latino middle school and high school age students living in Benton County. We also conducted two focus groups with Latino women (Philomath Elementary school mothers) and men (San Juan Diego group, St. Mary’s Catholic Church). Seven Latino and non-Latino key informants were identified by CLUBC Executive Director based on institutional and/or community service/interest in the Latino population.

Specific questions were asked to assess assets (resources) awareness, needs (specifically, we were interested in asking about transportation, food, education, health, social integration, generational divide, and judicial system experiences). Appendices 1-3 show the community forum, focus group, and key informant interview guides, respectively, in both English and Spanish. For community forum and focus group participants, a socio-demographic survey was developed (see Appendix 4), which included measures of acculturation [10] and discrimination [11]. After a description of the assessment objectives and before starting the discussion, verbal consent was obtained from all participants (and their parents/legal guardians whenever applicable). A first draft of the evaluation instruments was developed by the consultant. Then, the key project staff reviewed them and provided feedback. The instruments were pre-tested and further revisions were made to enhance validity and cultural appropriateness. The instruments were translated into Spanish by a bilingual project team member, and back-translated to ensure consistency [12]. Upon conducting the assessment, the information was transcribed and analyzed in its original language (Spanish or English) by the consultant using focused coding methods. Only the final codes and quotes were translated from Spanish to English.
## Socio-Demographic Profile of Participants, CLUC Assessment 2010-2011

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean (SD)</th>
<th>n (%)</th>
<th>Number of respondents n (%)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>34.1 (13.0)</td>
<td>75 (97)</td>
<td>75 (97)</td>
</tr>
<tr>
<td>Female</td>
<td>46 (61)</td>
<td>76 (99)</td>
<td>76 (99)</td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary School or less</td>
<td>16 (22)</td>
<td>73 (95)</td>
<td>73 (95)</td>
</tr>
<tr>
<td>Some High School</td>
<td>22 (30)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>19 (26)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some University</td>
<td>4 (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed Bachelor degree or more</td>
<td>12 (16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently employed</td>
<td>39 (52)</td>
<td>75 (97)</td>
<td>75 (97)</td>
</tr>
<tr>
<td>Country of origin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>62 (81)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>8 (10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7 (9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years living in the US</td>
<td>14.7 (8.3)</td>
<td>76 (99)</td>
<td>76 (99)</td>
</tr>
<tr>
<td>During my childhood I lived:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only in Latin America</td>
<td>45 (60.8)</td>
<td>74 (96)</td>
<td>74 (96)</td>
</tr>
<tr>
<td>Primarily in Latin America</td>
<td>5 (6.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Latin America and the US equally</td>
<td>11 (14.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primarily in the US</td>
<td>8 (10.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only in the US</td>
<td>5 (6.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acculturation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less acculturated</td>
<td>62 (80)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More acculturated</td>
<td>15 (20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>35 (47)</td>
<td>75 (97)</td>
<td>75 (97)</td>
</tr>
<tr>
<td>Medicaid/Oregon Health Plan</td>
<td>15 (20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private insurance by employer</td>
<td>18 (24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private insurance, self-paid</td>
<td>3 (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>4 (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/poor health status</td>
<td>17 (22)</td>
<td>76 (99)</td>
<td>76 (99)</td>
</tr>
<tr>
<td>Number of health care visits</td>
<td>3.1 (3.0)</td>
<td>67 (87)</td>
<td>67 (87)</td>
</tr>
<tr>
<td>Response to unfair treatment (discrimination)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaged</td>
<td>33 (60)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>18 (33)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive</td>
<td>4 (7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience of discrimination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At school</td>
<td>16 (33)</td>
<td>49 (64)</td>
<td>49 (64)</td>
</tr>
<tr>
<td>Getting hired or getting a job</td>
<td>8 (16)</td>
<td>51 (66)</td>
<td>51 (66)</td>
</tr>
<tr>
<td>At work</td>
<td>14 (28)</td>
<td>50 (65)</td>
<td>50 (65)</td>
</tr>
<tr>
<td>Getting housing</td>
<td>6 (13)</td>
<td>48 (62)</td>
<td>48 (62)</td>
</tr>
<tr>
<td>Getting medical care</td>
<td>16 (29)</td>
<td>55 (71)</td>
<td>55 (71)</td>
</tr>
<tr>
<td>Getting services in a store or restaurant</td>
<td>20 (38)</td>
<td>52 (68)</td>
<td>52 (68)</td>
</tr>
<tr>
<td>Getting credit, bank loans, or a mortgage</td>
<td>7 (14)</td>
<td>51 (66)</td>
<td>51 (66)</td>
</tr>
<tr>
<td>On the street or in a public setting</td>
<td>22 (39)</td>
<td>56 (73)</td>
<td>56 (73)</td>
</tr>
<tr>
<td>From the police or in the courts</td>
<td>14 (26)</td>
<td>53 (69)</td>
<td>53 (69)</td>
</tr>
</tbody>
</table>

* Indicated when number of respondents is smaller than the full sample (n=77).
Results

Demographic Survey

All participants (n=77), except for the key informants, completed the demographic survey. A summary of the data is presented on Table 1. The average age was 34 years. Less than half (39%) were men. The majority came originally from Mexico (81%), had high school education or less (78%), and showed a low level of acculturation (80%). There were marked differences in employment by sex, where more men (83%) were employed than women (31%). More than half of participants (n=42, 56%) sought health information or health services at the public health department and community clinic; 19% (n=14) went to a doctor’s office or private clinic; 15% (n=11) did not have a usual place; and only 4% (n=3) went to the emergency room. Although less than half of participants (47%) had any health insurance, they visited a health care provider an average of three times during the past year. Our discrimination scale showed that more than half of respondents (60%) are engaged (try to do something/talk to other people about it) in response to unfair treatment. Nevertheless, they do experience discrimination at school (33%), at work (28%), getting medical care (29%), getting services in a store or restaurant (38%), on the street or in a public setting (29%), and from the police or in the courts (26%).

Qualitative Results

The community forums, focus groups and key informant interviews asked similar questions (with small changes depending on the subgroup, e.g. Latino youth, adults) in four topic areas: 1) Living in Benton county; 2) Latino leadership/volunteering; 3) Latino community assets; 4) Existing resources; and 5) Current needs.

Living in Benton County

“We chose Corvallis because it is a small community, and the university is here. Through the university there are activities for my children. Corvallis is safer than Sacramento” – Latino mother.

We asked respondents if they consider Benton County a good place to live, particularly for Latino families. All participants agreed that Benton County in general and Corvallis in particular, are good places to live in. They pointed out the educational opportunities and parks for families with children; the safe, green and overall “healthy” environment. They said that Corvallis in particular, in part due to the increased diversity and resources that OSU brings, may be more “open-minded” and have more activities than other small towns. Latino families came to Benton County because of its reputation as a small, safe place to live. Many had friends or extended family living here. However, some key informants mentioned that it is a good place if one has assets (e.g. money). Therefore, low-income families (Latinos in particular) are somewhat segregated, with few intersections (bridges) with the rest of the Corvallis and Philomath communities, and struggling for decent housing, health care, food, and other social services. Discrimination is still an issue. A Philomath mother said that “it is strange…you go to an event and you can feel that they are staring at you.” Although there is good will, a key informant said, there is a lack of systematic efforts to address these social inequalities.

“I believe that the opportunities and potential for Corvallis to become a more inclusive community are present”
– Key informant.
Latino Leadership/Volunteering

We found that Latinos living in Corvallis and Philomath are involved in leadership and volunteering efforts primarily at their children’s schools and their churches. There are also a few “non-affiliated” community leaders in South Corvallis and Philomath that Latino families rely on in case of need. There seems to be better organizational support for leadership and volunteering at the churches (namely St. Mary’s Catholic Church and the To a lesser extent it is the case in schools. Both Lincoln and Garfield Elementary schools have Latino principals. The Latino youth that we talked to were involved in multiple volunteering efforts (e.g. reading to children in grade school, counsellor at 4-H Summer Camp, summer school at Lincoln and Garfield, raising funds for children with cleft palate in Africa, Peace Club, Peace Jam, Latino Club, Spanish Club, Diversity Club, Track Club, Vice President National Honor Society, Gay/Straight Alliance, Peacemakers). The Latino PTO at Lincoln has a strong membership and works collaboratively with the “non-Latino” PTO. Other than that there is very little presence of Latinos in leadership positions. A Latino mother in Philomath pointed out that although they would like to be more involved at her child’s school, she speaks very few English while her husband is “working all the time.” A key informant pointed out that although 11% of the Oregon population is Latino, and that OSU has a 5% Latino student population, less than 1% of professors and administrators are Latino.

Latino Community Assets

“The only thing we want is to work, any work is good...and demonstrate that we know how to work” – Latino male.

All participants agreed that the single most evident asset that Latinos bring to Benton County is a strong work ethic. Many times they take minimum wage jobs, with no benefits or overtime. A non-Latino key informant pointed out that “Latinos are where Anglosaxons were fifty years ago...Latinos know how to work.” They also contribute via taxes (e.g. income, social security), setting small businesses, and as consumers. However, Latino assets are not only economic. A Latina mother said: “we are an example of unity, work and respect.” Latinos bring their language, culture, food. They have strong family connections, placing their children’s education and well-being at the center of their efforts. They also have a strong sense of community generosity/sharing/support (“Looking after one another”). Hence, a Latina key informant mentioned, “our leadership is more cooperative...one which empowers the group.” We need then to “convert shared ideals into collective actions.”

Existing resources

Respondents identified a variety of local resources available to support them. WIC, Food banks, Vina Moses (clothing, holiday gifts and food baskets), Love Inc., PEP (Parent Enhancement Program), churches, Acorn Center (computer and English classes, clothing), Linn-Benton Community College, Strengthening Rural Families (parenting classes), local library (children’s readings), 4-H, ESL programs, CAMP-OSU, classes at OSU, parks and recreation, Boys and Girls club. They agreed that although there are many resources, many Latino families do not know they exist, what services they provide, or simply where to go and who to ask. Participants reported that lack of cultural competency and cost are barriers to accessing these resources. A key informant pointed out that “a central place (physical or virtual) would give more publicity to all these resources.” Casa Latinos Unidos de Benton County (CLUBC)’s Community Resource Guide (which is available in paper and will soon be posted on CLUBC’s website) is a good tool to start addressing this issue.

Current needs

The single most-pressing need of Latinos in Benton County was obtaining/renewing their driver’s licenses. Since the 2008 reform (that required proof of citizenship or legal residence in order to apply for a license in Oregon), more and more Latino drivers are left with very few options. Our respondents said...
that they know send the children to school by bus or arrange a family member or a friend to take them for rides: “My

friend’s wife drives us everywhere.” However, there are some who are driving without a license: “I drive
and do not have the driver’s license, but I cannot stay at home...I need to go to work.”

In the context of anti-immigrant rhetoric/efforts, there is much fear and insecurity, particularly among mixed-status families (i.e. those that may have at least one family member who is documented and at least one who is not). A non-Latino key informant mentioned that it is important to make these families feel safe by stressing that as local policymakers, we are not agents of the Immigration and Customs Enforcement (ICE); and as citizens, we are not going to let the immigration issue become a barrier between us.”

Access to health services was an important issue for Latino participants. Those uninsured have few options (e.g. free mobile units). They acknowledge that even when having some form of health insurance, using medical and dental services can be very difficult. A Latino mother said regarding dental services “Mi husband went to the dentist and they wanted $1,000 even though he had insurance.” A Latino male said that “my wife was going to have surgery and they asked $5,000 in advance”; while another said that “the hospital charged me $3,000 in [diagnostic] exams.”

Participants agreed that opportunities for integration with the broader community are few and far between (e.g. Kermes at Lincoln school; Soccer Tournament at Willamette Park). They recognize that prejudice and discrimination are still prevalent. “We are afraid to speak up” said a Philomath mother. Nevertheless, they would like to be create bridges with the non-Latino community e.g. by involved in Da Vinci Days, host an annual Latino/Multicultural event, teaching Spanish to English speakers, having a cultural center “where our own diversity can be shown and shared with the broader community.”

Parents have a hard time supporting their children’s education due to language, educational level of parents, perceived discrimination (“we want our children to be treated fairly, they think that with saying ‘sorry’ everything will be alright”), work-family conflicts (“It takes a lot of work to keep up with my children, we cannot force them to conform to ‘our’ culture”). Parents told us that children easily disobey and are disrespectful. However, they cannot use the same strategies they used/learned to use back in their home countries (“Kids can misbehave because we do not speak English”). In spite of these difficulties, they do want to be more involved with the school system due to the high value they place on their children’s education. The Lincoln and Garfield parent involvement; the after-school program in Philomath, and CLUBC’s Educational Leadership training are good steps towards increasing Latino parents’ connections with the schools.

Latino parents felt uncomfortable to have their children translate/interpret for them. Latino youth felt it added some stress and sometimes felt weird. However they also thought it was their responsibility. A Latina girl said “My cousin who doesn’t need to translate doesn’t really know what her parents are going through. I am aware of my parent’s needs and this is stressful. On the other hand, I know their needs and I can help them. I am very aware of my parent’s needs.”
Conclusions

The purpose of this project was to evaluate the assets and needs of the Latino population in Benton County, Oregon. Due to time and budget concerns, we focused on Corvallis and Philomath. However, future efforts should include other rural communities such as Monroe, Alpine and Adair Village.

Our assessment showed that despite the social and economic challenges Latino families living in Benton County are hopeful for their future. They find they are living in a good place where their children can grow safe and healthy, and have access to educational and leisure activities. The mainstream community, particularly in Corvallis, seems to be willing to engage in a dialogue to improve the conditions of Latino families, they just don’t know how to proceed. On the other hand, Latino parents are willing to engage more in their children’s educational experience but do not understand the system. Raising awareness and skills for both groups is indeed an important step. I believe Casa Latinos Unidos can very well be the broker between the two communities to bring them together for dialogue and action. Much is to be done for this community. Issues such as transportation (drivers’ licenses), discrimination at school and work, access to health services, parental involvement in the educational system, and lack of integration with the broader community, among others, need to be addressed.

More importantly, a key informant pointed out, it is important to develop Latino families’ abilities and skills based on their interests and talents (which, despite their “formal” educational level, are plenty). As a Latina leader put it: the “ultimate purpose [is to have] a public voice.
References


Hello, my name is _____, and we are assessing the community assets and needs of the Latino population in Benton County. I’d like to ask you for your help by answering a few questions for me regarding your perceptions of existing assets and needs your community may have. Your participation in this forum should take about 45 minutes.

These data will be strictly confidential and I will not record your name. Also, your participation is completely voluntary. You are free to not answer any questions you may find objectionable, and may withdraw from this discussion at any time, just by letting me know you would not like to continue any further.

Are there any questions that I can answer for you before we begin?

Let’s start with questions regarding assets and resources:

1. Do you consider Benton County a good place to live? Why did you come here? Do you think Benton County is/has become a good place to live for Latinos in general?

2. Have you been recently involved in any volunteering/leadership efforts? What has been your experience? (Note: they may mention their involvement with CLUBC, but we want to know other efforts as well).

3. What assets do you think our Latino community brings to the table? Think broadly in terms of social, cultural, economic aspects.

4. Are you aware of existing resources that benefit the Latino community in our county? (You can think of your own neighborhood, city or county overall. It can be related to education, health, housing, food, language instruction, other).
   - Do you think these resources are known by community members? If no, what should be done to make them more visible, accessible to the Latino community?

Now let’s talk about needs:

5. What are the most pressing needs of the Latino community in Benton County today?

Here are some examples:

- Transportation issues (e.g. driver’s license, public transportation)

- Language
- What kinds of programs will be more beneficial and avoid dropout?

- What would keep participants interested and committed? Should be consider changing methodology? Other areas?

- Education

  - What issues are Latino students currently facing?

  - What would it take for parents to be more involved in schools? (e.g. Lincoln case)

- Health

  - What is your experience when receiving health services in Benton County? What should be improved to serve the Latino community better?

- Social integration

  - How integrated is the Latino community with the broader Benton County community? What should happen in order to expand Latino integration?

  - Do you think there are opportunities for you or other members of the community to develop themselves, their skills, etc?

- Generational divide

  - What are some challenges in Latino parent-children relationships?

- Judicial system

  - Other areas? (e.g. perceived discrimination).

Thank you for your participation.
Hello, my name is _____, and we are assessing the community assets and needs of the Latino population in Benton County. I’d like to ask you for your help by answering a few questions for me regarding your perceptions of existing assets and needs Latino youth may have. Your participation in this focus group should take about 60 minutes.

Although we are recording our conversation in audio format, these data will be strictly confidential and I will not record your name. Also, your participation is completely voluntary. You are free to not answer any questions you may find objectionable, and may withdraw from this discussion at any time, just by letting me know you would not like to continue any further.

Are there any questions that I can answer for you before we begin?

Let’s start with questions regarding assets and resources:

1. Do you consider Benton County a good place to live? Why did you come here? Do you think Benton County is/has become a good place to live for Latino youth in general?

2. Have you been recently involved in any volunteering/leadership efforts? What has been your experience? (Note: they may mention their involvement with CLUBC, but we want to know other efforts as well).

3. What assets do you think our Latino youth brings to the table? Think broadly in terms of social, cultural, economic aspects.

4. Are you aware of existing resources that benefit Latino youth in our county? (You can think of your own neighborhood, city or county overall. It can be related to education, health, housing, food, language instruction, other).

   Do you think these resources are known by Latino youth? If no, what should be done to make them more visible, accessible to Latino youth?

Now let’s talk about needs:

5. What are the most pressing needs of Latino youth in Benton County today?

Here are some examples:

- Generational divide
  - What are some challenges in Latino parent-children relationships?
- Parents to their parents
  - Have you helped your parents to translate or navigate to their medical, school or other appointments? What has been your experience?
  - What additional pressures does this bring?
  - How can Latino youth be supported in their role as “parents of their parents”?
  - What should be done so they are not put in that position?
- Education
  - What issues are Latino students currently facing?
  - What would it take for parents to be more involved in schools? (e.g. Lincoln case)
- Health
  - What is your experience when receiving health services in Benton County? What should be improved to serve Latino youth better?
- Social integration
  - How integrated is the Latino youth with the broader Benton County youth? What should happen in order to expand Latino integration?
  - Do you think there are opportunities for you or other Latino youth to develop themselves, their skills, etc?
- Judicial system
  - Transportation issues (e.g. driver’s license, public transportation)
  - Other areas? (e.g. perceived discrimination).

Thank you for your participation.
Hello, my name is _____, and we are assessing the community assets and needs of the Latino population in Benton County. I’d like to ask you for your help by answering a few questions for me regarding your perceptions of existing assets and needs of the Latino community. Your participation in this interview should take about 30 minutes.

These data will be strictly confidential and I will not record your name. Also, your participation is completely voluntary. You are free to not answer any questions you may find objectionable, and may withdraw from this interview at any time, just by letting me know you would not like to continue any further.

Are there any questions that I can answer for you at this time?

Let’s start with questions regarding assets and resources:

1. Do you consider Benton County is a good place to live? Why did you come here? Do you think Benton County is/has become a good place to live for Latinos in general?

2. Have you seen Latinos involved in any volunteering/leadership efforts? What has been your experience?

3. What assets do you think the Latino community brings to the table? Think broadly in terms of social, cultural, economic aspects.

4. Are you aware of existing resources that benefit the Latino community in our county? (You can think of your own neighborhood, city or county overall. It can be related to education, health, housing, food, language instruction, other).

   Do you think these resources are known by Latino community members? If no, what should be done to make them more visible, accessible to the Latino community?

Now let’s talk about needs:

5. What are the most pressing needs of the Latino community in Benton County today?

Here are some examples:

- Transportation issues (e.g. driver’s license, public transportation)

- Language

- What kinds of programs will be more beneficial to avoid dropout?
What would keep participants interested and committed? Should be consider changing methodology? Other areas?

Education

- What issues are Latino students currently facing?

- What would it take for Latino parents to be more involved in schools? (e.g. Lincoln case)

Health

- What should be improved to serve the health needs of the Latino community better?

Social integration

- How integrated is the Latino community with the broader Benton County community? What should happen in order to expand Latino integration?

- Do you think there are opportunities for Latinos to develop themselves, their skills, etc?

Generational divide

- What are some challenges in Latino parent-children relationships?

Judicial system

- Other areas? (e.g. perceived discrimination).

Thank you for your participation.
In the following questions, unless it says otherwise, please circle one of the numbers that best represents your answer. Please remember that this questionnaire is confidential. In other words, none of this information will be used to identify you personally.

1. In which country were you born? _________________

2. How many years have you lived in the United States? _________________

3. During my childhood I lived:
   a) Only in Latin America (México, Central America, the Caribbean, South America, Puerto Rico)
   b) Primarily in Latin America.
   c) In Latin America and the United States equally
   d) Primarily in the United States
   e) Only in the United States

4. In general, what language(s) do you read and speak?
   a) Only Spanish
   b) Spanish better than English
   c) Both Equally
   d) English better than Spanish
   e) Only English

5. What language(s) do you usually speak at home?
   a) Only Spanish
   b) Spanish better than English
   c) Both Equally
   d) English better than Spanish
   e) Only English

6. In which language(s) do you usually think?
   a) Only Spanish
   b) Spanish better than English
   c) Both Equally
   d) English better than Spanish
   e) Only English

7. What language(s) do you usually speak with your friends?
   a) Only Spanish
   b) More Spanish than English
   c) Both Equally
   d) More English than Spanish
   e) Only English
The following group of questions asks information about your experiences seeking health services. Health services refer to promotion, prevention, medical attention and rehabilitation. For providers we refer to educators, nurses, midwives, physicians and other health professionals.

8. Where do you usually seek health information or health services?
No one usual place .................................................. 1
Doctor's office or private clinic (not in a hospital) ............ 2
Public Health Department, Community clinic ................. 3
Hospital Emergency Room ......................................... 4
Hospital Clinics ...................................................... 5
Other (specify) ....................................................... 6

9. In the past year, approximately how many times did you access health services?

__________________ TIMES

10. What type of health insurance do you have?
Medicaid/Oregon Health Plan ........................................ 1
Private health insurance through my employer ................. 2
Private health insurance that I pay for out of my pocket .... 3
None .......................................................................... 4
I don't know .................................................................. 5

11. How would you rate your health at the present time?
   a) Excellent
   b) Good
   c) Fair
   d) Poor
   e) Bad

This next section is going to ask about how you and others like you are treated, and how you typically respond

12. If you feel you have been treated unfairly, do you usually
   a. Accept is as a fact of life
   b. Try to do something about it

13. If you have been treated unfairly, do you usually:
   a. Talk to other people about it
   b. Keep it to yourself