Hispanic/Latino Mental Health Services Needs Assessment

March 2006

Answering the question: “What are the unmet mental health services needs of the Hispanic/Latino community in Mecklenburg and Cabarrus Counties?”

3701 Latrobe Drive, Suite 140                   PO Box 1294
Charlotte, NC 28211         Concord, NC 28026
704.365.3454                     704.793.4106

www.mhacentralcarolinas.org
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The Mental Health Association of Central Carolinas, Inc. (MHA) has identified a void regarding knowledge of mental health services needs within the Hispanic/Latino community (“community”) in Mecklenburg and Cabarrus counties. By conducting a study that uses survey and focus group responses from a diverse sample of community members, the MHA has made a vital contribution to closing this information gap. The study, which is summarized in this report, reveals how community members understand and respond to mental health problems. The MHA plans to develop an agenda of information, education, and advocacy addressing the issues identified by this study.

Research Question:

“What are the unmet mental health services needs of the Hispanic/Latino community in Mecklenburg and Cabarrus Counties?”

Executive Summary:

Six major areas of concern emerge as key factors impacting mental health services needs of the community. Information on community mental health issues obtained from the study’s Advisory Committee and an independent research literature review are used to identify these areas. This summary and the balance of the report focus on the six areas.

1. How community members understand mental health problems.
Community members tend to have dissimilar beliefs regarding mental health and the causes of mental illness than those commonly held by mental health providers and the general U.S. population. This is an important issue because these beliefs can powerfully influence the actions community members take in seeking help for their mental health problems.

According to survey results, the majority of respondents (60%) believe emotional and mental problems are caused by something other than mental illness. In addition, focus group responses emphasize “evil spirits” and “natural” causes over mental illness. A consensus exists among participants that mental health problems are common in the community, especially depression.

These findings indicate a strong need for culturally appropriate education and information efforts for community members about mental health concepts and therapies. The results also establish a need for efforts to encourage mental health service providers to develop culturally appropriate services.

2. How community members experience emotional or mental problems found uniquely in Hispanic/Latino cultures.
Several conditions experienced by community members are unique to the community, and can result in serious emotional problems. Even though these conditions “overlap” diagnostic criteria found in the DSM-IV Manual, community members may find it especially difficult to communicate with providers in the U.S. because of the differences
in terminology and beliefs. (See research results for a more complete description of these conditions.)

Survey results show that 46% of respondents have family members who suffer from “Angustia,” 30% have “Susto,” 27% experience “Ataque de Nervios,” and 13% report cases of “Mal de Ojo.” Only 34% of family members reported seeking help for these conditions in Mecklenburg/Cabarrus Counties. For those who do seek help, only 23% seek help from mental health professionals. The majority (77%) go to family physicians, priest/ministers, folk healers, or other sources of assistance.

The existence of unique conditions among community members and the possible overlap with existing diagnostic categories used by mental health providers strongly suggest the need for information and education among members of both groups regarding these problems. Physicians and faith community practitioners also need to be informed about these conditions.

3. Where family members seek help for emotional and mental problems in Mecklenburg/Cabarrus Counties.

Half (51%) of the community members responding to the survey report a family member who suffers from an emotional or mental problem, and 50% indicate they seek help for the problem in Mecklenburg/Cabarrus Counties. Only 29% seek help from mental health professionals. The majority goes to family physicians (35%) or priest/ministers (27%). The remaining 2% go to faith healers and 7% to other sources of help.

Focus group participants emphasize the lack of understanding/knowledge currently existing among community members about mental health services and how providers work. They also stress that pastors or priests are the first source contacted, and that prayer is seen as more effective than professional help. There is a strong preference among participants for community-based services.

Information and education for family physicians and faith community practitioners regarding mental health issues in the community may be helpful in counseling and referring community members, and a need exists for culturally appropriate education and information efforts for both community members and mental health service providers.

4. Community members encounter barriers in accessing mental health services in Mecklenburg/Cabarrus Counties.

Although a survey question asks about the respondent’s satisfaction with the services they received, barriers to accessing services are not identified in the survey. Focus group responses, however, do address this issue.

Focus group participants identify the following barriers to accessing mental health services: high financial cost, mistrust of psychologists and other mental health professionals, concerns about confidentiality, fear of the Immigration and Naturalization Service (now the U.S. Citizenship and Immigration Services), and language difficulties. There is also consensus among participants that discrimination against community members is a serious barrier they encounter.
While it may be difficult to overcome many of these barriers to mental health services, supporting existing community-based programs in communicating with the community and encouraging the creation/expansion of additional community-based mental health services will help address these concerns.

5. **Immigrants who are members of the community often experience the negative consequences of trauma.**

Trauma experienced in the country of origin or during immigration is another mental health issue commonly found in the community. Survey results show that 39% of respondents experience natural disasters, 21% political violence, and 28% other abuse. Emotional or mental problems associated with trauma are reported by 47% of those who experience other abuse, 41% who encounter natural disaster, and 28% who are victims of political violence. Only 19% of respondents seek help for emotional/mental problems resulting from trauma, and the vast majority of those who seek help (83%) do not go to a mental health professional.

Focus group comments support concerns about the negative results of trauma. There is consensus among participants about a generalized level of fear and anxiety among new arrivals in the U.S. Participants also emphasize the traumatic experience of many who immigrate.

**Emotional and mental health problems associated with trauma are least likely to result in community members seeking mental health assistance. This is an area where information and education is greatly needed in the community. Providers will also benefit from an improved awareness of the negative consequences among community members caused by trauma.**

6. **Immigration can cause family disruption/dislocation which, in turn, can lead to mental health problems.**

The family is an especially significant social unit for community members, and family disruption/dislocation as a result of their immigration is an important issue. Nearly three-quarters of the respondents (74%) report they experienced family disruption/dislocation, and almost two-thirds (63%) report emotional/mental problems resulting from the family disruption/dislocation.

Focus group responses emphasize difficulties in raising children in the U.S. because of cultural differences. Parents feel the U.S. fosters more permissiveness and independence for children, which is contrary to community culture.

**Information that helps family members cope with separation problems and difficulties raising children will be helpful, as will information for providers on these issues.**
Methodology:

This research effort utilized the following steps.

**Review of Research Literature**
A review of research on community mental health issues was used to identify key issues for this study. (See Appendix for source citations.)

**Formation of Hispanic/Latino Advisory Committee**
A Hispanic/Latino Advisory Committee was formed comprised of community representatives and mental health service providers. The committee informed the original study design, reviewed the Spanish-language questionnaire, assessed the study’s results, and reviewed strategy recommendations for the MHA. (See Appendix for a list of Advisory Committee members.)

**Development of Spanish Language Questionnaire**
The Spanish-language questionnaire was developed in English and organized around the six major issues identified by the Advisory Committee and research literature review. It was translated into Spanish by former MHA Board Member Gunda Knese, reviewed by the Advisory Committee, and field tested by Helen Leak and her associates at Piedmont Behavioral Healthcare in Cabarrus County. (See Appendix for a copy of the questionnaire.)

**Surveys Conducted by Community Volunteers (400)**
Volunteer community interviewers were recruited from participating community organizations. Interviewers were trained in using the questionnaire in meetings with the Research Consultant. Respondents from the participating community organizations were interviewed at the organization’s locations. Completed interviews totaled 350 in Mecklenburg County and 50 in Cabarrus County. Diversity was accomplished through the selection of a wide variety of community groups. A zip-code analysis of respondents is included that illustrates the geographical diversity of respondents. (See Appendix for a list of participating organizations and the zip-code analysis.)

**Conduct Focus Groups (3) with Community Members (21)**
Survey respondents who had experienced emotional or mental problems were invited to focus group meetings. Three group meetings with a total of 21 participants were conducted by volunteers from the mental health field. A discussion guide was prepared, and group facilitators were trained in focus group procedures. A professional was available at all three groups to provide support if any of the participants had difficulties discussing their experiences.
Research Results:

Information on community mental health issues from the study’s Advisory Committee and research literature review identifies six major areas of concern. The results of the study are organized in terms of these six areas.

1. How community members understand mental health problems. 
   The majority (60%) of community members responding to the question on the cause of emotional or mental problems select something other than mental illness, with only 40% identifying mental illness, while 20% indicate nature, 9% the devil, and 5% evil spirits. Other causes are selected by 26% and include responses such as stress, economics, and depression.

   ![Pie chart showing causes of emotional or mental problems.]

   - Mental Illness: 40%
   - Devil: 9%
   - Evil Spirits: 5%
   - Nature: 20%
   - Other: 26%

Participants in the focus groups make the following observations:

➤ There is divided opinion on the importance of spirits versus natural causes:
  ➤ evil spirits/the evil eye – being cursed is identified by one group
  ➤ natural causes – sadness, loneliness and isolation are favored by the balance of the participants

➤ Consensus exists on knowing someone in the community with mental health problems.

➤ Most of the participants admit to depressive symptoms since being in the U.S.

➤ Isolation and loneliness, financial concerns, cultural changes, and culture shock are also identified as possible causes of mental health/substance abuse problems.

2. How community members experience emotional or mental problems found uniquely in Hispanic/Latino cultures.

   Based on information from the literature review and from the Advisory Committee, community members respond to questions about their experience of each of the following culturally unique conditions:
Angustia: mental anguish, affliction, distress, angst. A feeling of anxiety or apprehension often accompanied by depression. Similar to an anxiety attack.

Susto: refers to a state of sudden fright, specifically a fright sickness. Espanto is a more severe and potentially fatal form of susto. May overlap with agoraphobia.

Ataque de Nervios: (attack of nerves) is an illness category used frequently by Hispanic/Latino individuals to describe a type of panic. A review of the literature on ataque de nervios suggests some overlap with panic disorder.

Mal de Ojo: (Evil eye) an infant or child who is a victim of the evil eye may appear anxious, scared, have sleep difficulties, cry excessively, and fail to eat normally. Many negative events or symptoms in the baby may be "explained" by evil eye. In evil eye, a person may unwittingly damage the baby by admiring him or her too long.

Survey respondents identify the following conditions experienced by family members: angustia 46%, susto 30%, ataque de nervios 27%, and mal de ojo 13%

Only 34% of family members seek help for emotional or mental problems found uniquely in Hispanic/Latino cultures. For those who seek help, only 23% seek help from mental health professionals. Almost two-thirds (63%) go to a family physician or a priest/minister. Another 10% seek help from folk healers, while 4% seek other sources of help.
3. Where family members seek help for emotional and mental problems in Mecklenburg/Cabarrus Counties.
Slightly more than half (51%) of respondents report they have a family member who experienced emotional or mental problems in the last five years. Half (50%) of community members responding seek help for family member’s emotional and mental problems in Mecklenburg/ Cabarrus Counties. Only 29% seek help from mental health professionals. The majority goes to family physicians (35%) or priest/ministers (27%). Another 2% go to faith healers and 7% to other sources of help.

Participants in the focus groups make the following observations:

- There is a consensus that the community has a lack of understanding/knowledge of what mental health services are available and how service agencies work.
- An overwhelming consensus exists that participants would go to see a pastor or priest before seeking any type of professional help.
- A consensus exists that prayer (and other natural remedies) are more effective than professional help.
- Participants agree that other professionals, including medical doctors, are too expensive and often not helpful.
- An overwhelming consensus on a strong preference for community-based mental health services such as Mi Casa Su Casa and Betesda Centro de Salud.

4. Barriers are encountered by community members in accessing mental health services in Mecklenburg/Cabarrus Counties.
Although a survey question asks about the respondent’s satisfaction with services they received, barriers to accessing services are not adequately identified in the survey. Focus group responses, however, do address this issue.

Participants in the focus groups make the following observations:

- An overwhelming consensus exists about financial stressors involved in seeking any kind of professional help.
➢ There is consensus on mistrust of psychologists and other mental health professionals among group participants.

➢ Concern is expressed about confidentiality and about gossip surrounding seeking mental health help.

➢ A strong fear exists among participants of the Immigration and Naturalization Service (now the U.S. Citizenship and Immigration Services), which is a serious barrier to accessing mental health services.

➢ Language difficulties are also a primary barrier.

➢ There is consensus that discrimination against community members is a serious barrier that participants encounter.

5. Immigrants among community members experience negative consequences of trauma.

Based on information from the literature review and from the Advisory Committee, survey questions ask respondents about the experience of trauma. Community members report their experience of trauma as the result of political violence (21%), natural disaster (39%), or other abuse (28%). Those who report emotional or mental problems as a result of the trauma by trauma source are: political violence (28%), natural disaster (41%), or other abuse (47%).
Only 19% of respondents report family members seeking help for emotional/mental problems resulting from trauma. Responses indicating where family members seek help show that only 13% go to professional mental health sources, while 40% go to a priest/minister, 17% to a family physician, and 30% to other sources for help.

**Participants in the focus groups make the following observations:**

- A generalized level of anxiety and fear exists among the more recent arrivals.
- Several participants report they live only with the memories they have of how difficult and ugly their way was to this country.
- Many people are swindled or brutalized by the “polleros” who bring them into the U.S.
- Physical and verbal abuses are possible causes of mental health problems.

**6. Mental health problems associated with family disruption/dislocation brought about by immigration.**

Nearly three-quarters (74%) of respondents report a family disruption/dislocation resulting from their immigration. Almost two-thirds (63%) indicate they have a family member with emotional/mental problems due to family divided/disrupted by the move.
One-third of community members also report problems with their children associated with cultural differences and conflicts. This question likely under-estimates the magnitude of the problem because many of the respondents have young children who have not yet developed to the point where they might experience such problems.

**Participants in the focus groups make the following observations:**

- There is consensus that raising children in the U.S. seems harder.
- Most participants feel the U.S. fosters permissive parenting style with little emphasis on respect and rules.
- When there is conflict between a parent and a child in the U.S., the child is encouraged to call social services to complain, while in most Hispanic/Latino cultures the parent is the ultimate authority.
- Children in U.S. are encouraged to be independent, while most Hispanic/Latino cultures encourage interdependence, particularly around family members.
Research Literature Utilized:


Appendices:

Advisory Committee/Collaborators

Spanish Language Questionnaire (Cabarrus and Mecklenburg)

Zip Code Analysis (Cabarrus and Mecklenburg)

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Hispanic/Latino Advisory Committee

Haydee Garcia, Guadalupe Catholic Church
Tim Gray, Mi Casa Su Casa
Barbara Guilds, Central Avenue Bilingual Preschool Program
Carlos Hernandez, Mecklenburg County Area Mental Health
Gunda Knes, Mental Health Association
Helen Leak, Piedmont Behavioral Healthcare
Angeles Ortega, Latin American Coalition
Eliseo Pascual, Centro de Salud Betesda
Rev. Rusty Price, Iglesia Bautista Camino del Rey
Diana Torres, Community Volunteer
Luis Tellez, Mental Health Association
Teresa Villamarin, Community Volunteer

Surveyors, Focus Group Leaders, and Recorders

Becky Allman, Cabarrus County Community Care Plan
Raquel Blanco, Centro de Salud Betesda
Maria Antonietta Cardarelli, Central Avenue Bilingual Preschool Program
Veronica Corral, Central Avenue Bilingual Preschool Program
Haydee Garcia, Guadalupe Catholic Church
Carlos Hernandez, Mecklenburg County Area Mental Health
Helen Leak, Piedmont Behavioral Healthcare
Magbis Love, Community Volunteer
Carlos Martinez, Mecklenburg County Area Mental Health
Wendy Mateo, Centro de Salud Betesda
Felipe Pardo, Guadalupe Catholic Church
Marvin Rojas, Mi Casa Su Casa
Lucrecia Suarez, Centro de Salud Betesda
Diana Torres, Community Volunteer
Ricardo Torres, Community Volunteer
Rosalyn Vargas, Cooperative Christian Ministries

Other Collaborators

Lissette Garcia, Latin American Coalition
Jessica George, Latin American Coalition
Sonia Hatfield, Rowan-Cabarrus Community College
Sylvia McGill, NorthEast Medical Center, St. Joseph’s Catholic Church of Kannapolis
Melody McGinnis, Rowan-Cabarrus Community College

Research Consultant

Fred Rasmussen

MHA Staff

Ellis Fields, Mental Health Association
Liz Jordak, Mental Health Association
Buscamos información para mejorar los servicios de salud para su comunidad. ¿Podríamos hacerle algunas preguntas sobre su familia y su salud? Este cuestionario no tiene su nombre y todo lo que Usted nos diga es confidencial. Va a tomar aproximadamente 10 minutos. ¿Prefiere hablar en español o inglés?

Primero, piense por favor en la salud física de su familia:

1) ¿Sufrió alguien en su familia de un problema serio de la salud en los últimos 5 años? Sí ____ No____

**En caso negativo: Siga con #9 (Si hay más de un incidente, use el más reciente.)**

**En caso afirmativo:**
2) ¿Quién fue esta persona? Su esposo/a____ Su hijo/a____ Usted mismo____ Otro miembro de su familia (¿quién?)________________________

3) ¿Trató esta persona de obtener ayuda fuera de la familia para su problema de salud aquí en el condado de Mecklenburg? Sí _____ No _____

**En caso afirmativo:**
4) ¿A quién solicitó ayuda (tipo de proveedor)? ____________________________

**En caso negativo:**
5) ¿Esta persona trató de obtener ayuda fuera del condado de Mecklenburg? Sí ____ No____

**En caso afirmativo:**
6) ¿Dónde (ubicación geográfica)? ___________________________________________

7) ¿Pudo obtener la ayuda que requería? Sí _____ No_____ 

**En caso negativo:**
8) ¿Por qué no pudo obtener la ayuda que requería? __________________________

____________________________________________________

Segundo, piense por favor en la salud emocional y mental de su familia:

9) En caso de que alguien de su familia empezara a actuar muy triste (deprimido), distante o retraído (antisocial), muy extraño (alucinaciones) o destructivo hacia sí mismo (suicida), ¿qué pensaría Usted es la causa del problema?

Enfermedad mental______ El diablo______ Espíritus malignos______ Causas Naturales______ Otro (que?) ________________

10) ¿Sufrió un miembro de su familia de algún problema emocional o mental durante los últimos 5 años? Sí ____ No____

**En caso negativo: Siga con #20 (Si hay más de un incidente, use el más reciente).**

**En caso afirmativo:**
11) ¿Quién fue esta persona? Su esposo/a____ Su hijo____ Usted mismo____ Otro miembro de su familia (¿quién?)________________________

12) ¿Trató la persona de obtener ayuda para su problema emocional o mental de alguien fuera de su familia aquí en el condado de Mecklenburg? Sí ____ No____

**En caso afirmativo:**
13) ¿A quién solicitó ayuda (tipo de proveedor)? Servicios de salud mental______ Médico de la familia_______ Sacerdote/Pastor______ Curandero______ Otro (¿cuál?) _________________

Si solicitó servicios de salud mental: 14) ¿Dónde están localizados? Centro Comunitario______ Hospital/Clínica______ Servicio Sociales de la Iglesia Católica______ Otro (¿cuál?) __________________________________

**En caso negativo:**
15) ¿Trató de obtener ayuda de alguien fuera del condado de Mecklenburg? Sí ____ No____
En caso negativo: Siga con #18

En caso afirmativo: 16) ¿Dónde (ubicación geográfica)?
__________________________

17) ¿A quién solicitó ayuda (tipo de proveedor)? Servicios de salud mental_____ Médico de la familia_____ Sacerdote/Pastor_____ Curandero_____ Otro (¿cuál?)____________________

18) ¿Pudo obtener la ayuda que requería?  Sí _____ No_____

En caso negativo: 19) ¿Por qué no pudo obtener la ayuda que requería?  __________________________________________

20) ¿Sufrió alguien en su familia de problemas emocionales o mentales como: ¿Ataque de nervios? Sí ___ No____  ¿Susto? Sí ___ No____  ¿Angustia? Sí ___ No____  ¿Mal de ojo? Sí ___ No____  ¿Algún otro similar? (nombre) __________________

En caso negativo: Siga con #30  (Si hay más de un incidente, use el más reciente).

En caso afirmativo: 21) ¿Quién fue la persona?  Su esposo/a_____ Su hijo_____ Usted mismo_____ Otro miembro de su familia (¿quién?) ______________________________

22) ¿Trató este miembro de su familia de obtener ayuda para su problema emocional o mental de alguien fuera de su familia aquí en el condado de Mecklenburg?  Sí_____ No_____

En caso afirmativo: 23) ¿A quién solicitó ayuda (tipo de proveedor)? Servicios de salud mental_____ Médico de la familia_____ Sacerdote/Pastor_____ Curandero_____ Otro (¿cuál?)____________________

Si solicitó servicios de salud mental: 24) ¿Donde están localizados?
Centro Comunitario _____ Hospital/Clínica_____ Servicios Sociales de la Iglesia Católica_____ Otro (¿cuál?) ______________________________

En caso negativo: 25) ¿Se obtuvo ayuda de alguien fuera del condado de Mecklenburg?  Sí_____ No_____

En caso negativo: Siga con #28  En caso afirmativo: 26) ¿Dónde (ubicación geográfica)?
__________________________

27) ¿A quién solicitó ayuda (tipo de proveedor)? Servicios de salud mental_____ Médico de la familia_____ Sacerdote/Pastor_____ Curandero_____ Otro (¿cuál?)____________________

28) ¿Pudo obtener la ayuda que requería?  Sí_____ No_____

En caso negativo: 29) ¿Por qué no pudo obtener la ayuda que requería?  __________________________________________

30) ¿Vivió alguien de su familia en un país donde sufrió de violencia o acoso político y abuso? Sí ___ No_____

31) ¿Sufrió alguien de su familia de un catástrofe natural como, por ejemplo, un terremoto, un huracán o una inundación? Sí _____ No_____

32) ¿Sufrió alguien de su familia de otro abuso o trauma emocional?  Sí_____ No_____

Si NO en todos los tres casos: Siga con #42  (Si hay más de un incidente, use el más reciente)

33) En caso que SÍ en uno de los casos: ¿Este miembro de la familia sufre de problemas emocionales o mentales a causa de violencia y abuso? Sí _____ No____ o a causa de una catástrofe natural? Sí _____ No_____ o a causa de otro abuso o trauma emocional?  Sí_____ No_____
34) **En caso que SÍ en uno de los casos:** ¿Trató este miembro de la familia de obtener ayuda para su problema emocional o mental fuera de su familia aquí en el condado de Mecklenburg?  
Sí _____ No _____  

**En caso afirmativo:** 35) ¿A quién solicitó ayuda (tipo de proveedor) Servicios de salud mental_____  
Médico de la familia_____ Sacerdote/Pastor_____ Curandero_____ Otro (¿cuál?)__________________________  

**Si solicitó servicios de salud mental:** 36) ¿Dónde están localizados?  
Centro comunitario_____ Hospital/Clínica_____ Servicios Sociales de la Iglesia Católica_____  
Otro (cuál?)___________________________  

**En caso negativo:** 37) ¿Trató de obtener ayuda de alguien fuera del condado de Mecklenburg?  
Sí_____ No _____  

**En caso negativo: Siga con # 40**  

**En caso afirmativo:** 38) ¿Dónde (ubicación geográfica)?  
_________________________________________  

39) ¿A quién solicitó ayuda (tipo de proveedor)? Servicios de salud mental_____  
Médico de la familia_____ Sacerdote/Pastor_____ Curandero_____ Otro (¿cuál?)__________________________  

40) ¿Pudo obtener la ayuda que requería?  
Sí _____ No _____  

**En caso negativo: 41) Por qué no pudo obtener la ayuda que requería?**  
_________________________________________  

**Solamente unas pocas preguntas más sobre su familia:**  

42) ¿Estuvo su familia separada por su traslado a los EEUU?  
Sí _____ No _____  

**En caso negativo: Siga con # 44**  

**En caso afirmativo:** 43) ¿Sufrió alguien en su familia de problemas emocionales o mentales a causa de la separación de la familia por el traslado a los EEUU?  
Sí_____ No_____  

44) ¿Tienen sus hijos problemas porque no están de acuerdo con usted en cómo deberían comportarse porque las ideas de usted son diferentes a las ideas de los amigos de sus hijos aquí en los EEUU?  
Sí_____ No_____  

45) ¿Cuál es su país de origen?  
México_____ El Salvador_____ Otro (cuál?)__________________________  

46) ¿Cuánto tiempo vive usted en los EEUU?  
______ años _____ meses  

47) ¿Código postal de su actual residencia: ____________  

48) ¿Cuál es el nivel más alto de la educación que completó?  
(Entre un número): Escuela de enseñanza primaria (1-8) _____ Instituto de enseñanza secundaria (9-12) _____ Universidad (13-16+) _____  

49) ¿Cuál es su grupo de edad?  
Menor de 18 _____ 18-24 _____ 25-34 _____ 35-44 _____ 45-54 _____ 55+ _____  

50) ¿Esta usted preocupado por alguien en su familia que vive en los EEUU debido a problemas sobre documentos de inmigración?  
Sí _____ No _____  

51) Esta persona es (marque uno): hombre _____ mujer _____  

Muchas gracias por su ayuda. Ninguna de sus respuestas tiene su nombre, y todas sus respuestas son confidenciales así que nadie puede enterarse de lo que usted dijo.  

Comentarios (Si hay):
Zip-Code Analysis—percentages of survey respondents are plotted on a zip-code map along with Census 2000 Hispanic/Latino population estimates. The survey sample is distributed similarly to the population distribution.

Percent of residents of Hispanic/Latino ethnicity within each Census Block is displayed.
Zip-Code Analysis—percentages of survey respondents are plotted on a zip-code map along with Census 2000 Hispanic/Latino population estimates. The survey sample is distributed similarly to the population distribution.

Area depicted is
Cabarrus County, North Carolina

Percent of Persons Who Are Hispanic or Latino (of any race)

Derived from United States Census Bureau 2000