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Carolina Hausmann-Stabile

Bryn Mawr College, chausmanns@brynmawr.edu

Luis H. Zayas

Sandra Runes

Anna Abenis-Cintron

Esther Calzada

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Ganando Confianza: Research Focus Groups with Immigrant Mexican Mothers

Carolina Hausmann-Stabile and **Luis H. Zayas**

Washington University in St. Louis

Sandra Runes and **Anna Abenis-Cintron**

Lincoln Medical and Mental Health Center

Esther Calzada

New York University

Abstract

Immigrant families with children with developmental disabilities must be served using culturally sensitive approaches to service and research to maximize treatment benefits. In an effort to better understand cultural issues relevant to the provision of parenting programs for immigrant Mexican mothers of children with developmental disabilities, we conducted sustained focus groups through which we could learn more about our participants and thereby improve services. This paper reports on the challenges and lessons learned from these groups. We characterize the key lessons as (a) recruitment and retention is more than agreement to participate; (b) confidentiality is not just a word but an activity; (c) the complicated nature of language; (d) cultural norms shape the group process; (e) appreciating the value of taking time; and (f) gender issues and group interaction. Service providers and researchers who work with Mexican families may benefit from our experiences as they promote and develop programs and projects in the developmental disabilities field.

Keywords

cultural adaptation; cultural constructs; focus groups; Mexican immigrant mothers

In this paper, we describe the experiences of a team of researchers conducting a project to better understand the cultural parenting constructs of immigrant Mexican mothers with preschool children in an inner-city developmental service center. The project originated from our concern with providing the best possible services for this growing group in our community-based clinic. We recognized that to simply give services without any consideration for the unique characteristics of this group of mothers and without adaptations to existing services would fail to improve service utilization rates and treatment outcomes sought. What we looked for in the literature, and did not find, were recommendations that researchers and service providers could use in recruiting, engaging, and collecting data from

immigrants who reside in the shadows of our communities and whose children are developmentally disabled. The professional literature addressing practical and methodological obstacles that underlie research with ethnic and cultural minorities was helpful. This body of writing provides valuable information on culture, language, legal status, gender, and literacy (Cauce, Coronado, & Watson, 1998; Hartley, Murira, Mwangoma, Carter & Newton, 2009; Huer & Saenz, 2003), but for the relatively narrow area of Hispanics with children with disabilities, we found very little to guide us.

The primary clinical issue that propelled our project was that the immigrant Mexican families we serve seemed to need help in dealing with managing their young children's behavior, but to assist them we needed to better understand their parenting practices. We wanted to learn about how children's developmental disabilities are understood, and dealt with in immigrant Mexican families. Thus, the purpose of this exploratory research project was to study parenting constructs among Hispanic mothers of young children with developmental problems, from a conceptual framework of parenting as guided by cultural childrearing values (Harkness & Super, 1996; Keller, et al., 2006; Lamm & Keller, 2007) and Hispanic mothers' value-driven behavior in different cultural contexts (Domenech Rodriguez, Davis, Rodriguez, & Bates, 2006). We sought to understand parenting practices that might predict child behavioral and pre-academic functioning in young developmentally disabled Hispanic children. Identifying and understanding these values is a critical issue in the design of preventive interventions aimed at enhancing the functioning of Hispanic children by promoting healthy parenting practices (Domenech Rodriguez, et al.; Forgatch & DeGarmo, 1999).

Since we had very little empirical knowledge to go on and since we anticipated that the parents' views would reflect a complex array of issues related to child-rearing beliefs and practices, religion, and preferences in interpersonal relations, we determined that an *emic*, or bottom up, approach would be best. A qualitative approach was the best option and would give us an insider's view (Morse, 2003), though focus group methodologies can be complicated by the cultural norms of the participants (De la Rosa, Rahill, Rojas, & Pinto, 2007; Stiffman, Freedenthal, Brown, Ostmann, & Hibberler, 2005). Thus, not only were we searching for knowledge about the children and families' culture for service delivery, but we had to learn about the cultural nuances that would influence the quality of our focus groups. Throughout this process, we aimed to identify and understand which cultural values are relevant to this population, and how those values may increase the engagement and retention of research participants and impact the validity of findings.

We made another important methodological decision: to hold multiple weekly focus group sessions with the same consented participants. Although a departure from the traditional focus group designs (Krueger & Casey, 2000), we considered that a sustained engagement of participants (Padgett, 2008) would help get past the hurdles of cultural distances between researchers and the mothers in our clinic. None of the research team members are immigrant Mexican persons, although most of us are Hispanics, and we recognized the large gaps that existed between us and our group of mothers in areas of education, literacy, cultural heritage, and legal status. By engaging participants over a sustained period of time, we expected the data to become richer as participants grew more comfortable with the research

protocols and the personnel leading the groups. In other words, prolonged engagement helps “ameliorate reactivity and respondent bias, by dissipating the researcher's presence effect” (Padgett, p. 186). Moreover, several one-time focus groups with different participants provide good cross-sectional data in other contexts, especially when the topics elicited are not emotionally laden and where participant trust will not be a barrier to data collection and quality. Finally, because of the relatively small number of immigrant Mexican families with children with developmental disabilities and the unique nature of this family experience, holding many focus groups with the same participants was much more compelling to our project.

Focusing on a group of mostly undocumented immigrant mothers from Mexico whose children were being served in a developmental disabilities clinic in an impoverished section of New York City was a natural response to the changing Hispanic demographics of the city. We refer to our clients as Mexican while using the term *Hispanic* rather than *Latino* to refer to the large cultural and population bloc of Latin Americans for whom Spanish is the common language. This immigrant group is representative of the massive changes in neighborhood's previously reflecting a different ethnic composition. For example, New York City's Mexican population tripled in size between 1990 and 2000, resulting in ethnic shifts in traditionally Dominican and Puerto Rican areas. Immigration and high fertility rates account, in part, for this transition (Lobo, Flores, & Salvo, 2002). Further, the families came to our clinic through New York State's guarantee of health care to all children under the age of 19 through the Child Health Plus program. Children with developmental problems are thus assured access to early intervention treatments regardless of their legal status or ability to pay. To put this demographic profile into context, we have to note that Hispanic families in the U.S. are growing in numbers. As a population group, Hispanics are the largest and fastest growing ethnic minority group in the United States and those of Mexican descent or origin are the single largest group (Passel & Cohn, 2008; U.S. Census Bureau, 2007). Seventy-three percent of all children living with their unauthorized immigrant parents are U.S. citizens by birth and the number of children in mixed-status homes (i.e., unauthorized immigrant parents and citizen children) nearly doubled to 4 million between 2003 to 2008 (Fix & Zimmerman, 2001; Passel & Cohn, 2009). Spanish is the primary language or a language of legacy, and cultural traditions unite Hispanics as a pan-ethnic group in the United States. It is important to note, however, that specific ethnic groups hold on to their different cultural traditions, rooted in nationalities of origin or heritage, their migration patterns, the way in which these groups perceive their reception in the United States, the communities in which they settle, and their exposure to American mainstream culture in their countries of origin (Guarnaccia, et al., 2007).

In organizing our group, we decided on a cultural homogeneity, since we knew of the significant ethnic and cultural diversity among Hispanics in general and Mexicans in particular. By selecting immigrant Mexican mothers, there would be a greater likelihood of congruity in nationality, language, gender, culture and experience. In turn, we hoped these cultural similarities would help to prevent the group dynamics that we had observed in the waiting rooms of our clinics and the larger community in which Mexican women, who were newly arrived and of unknown legal status, tended to be more demure and private when

interacting with people outside their social networks as compared to other Hispanic women in our community who interact and assert themselves with fewer restraints.

In this paper, we describe the focus group project and the lessons we learned from the many challenges we encountered. Our goal is to help guide the future use of focus groups when the participants are Mexican immigrants. We categorize the challenges and describe how we dealt with them. Ultimately, we hope to encourage the incorporation of cultural factors in conducting and adapting focus groups to enhance service and research endeavors. We use the Spanish term *ganando confianza* (earning trust) in the title as it is emblematic of what we learned about engaging this group in research.

Method

Our study was conducted in a developmental clinic located in the Bronx, New York, between October 2008 and July 2009. After providing informed consent, twenty mothers participated in a series of ten one-hour focus groups (group size ranged from 3 to 9 participants). Focus groups met weekly, and were centered around discussing cultural childrearing values and their relevance and application in daily parent-child interactions. The focus groups followed a semi-structured protocol and were conducted in Spanish by a trained researcher. Each session was audio recorded to allow for verbatim transcription.

A purposive, convenient sample of parents was selected from the developmental clinic's roster. The sampling was purposive since we wanted parents who were new to the clinic's services and who had not received parenting training prior to their participation in the project. Only parents whose developmentally disabled children were engaged in weekly group activities were selected; parents without such children were excluded.

Lessons in Implementing the Focus Groups

As described above, cultural considerations played an integral part in the design of our project. The use of an emic approach that relied on focus group methodology was key to allowing participants to educate us about their culture and helped us to reduce cultural barriers in working with this population of Mexican immigrant mothers. Other methodological decisions (e.g., the use of a sustained group, the cultural homogeneity of the group participants) were similarly driven by our efforts to consider culture as a central construct in our work with Mexican participants. We believe that these efforts paid off. In other words, our first lesson was that culture must be considered in research design from the inception of a project. The remaining lessons, described below, arose out of the *process* of conducting focus groups.

Recruitment and retention is more than agreement to participate—We were well aware of the challenge in engaging individuals who are living in the U.S. as the result of clandestine immigration processes (Cavazos-Rehg, Zayas, & Spitznagel, 2007). Any hesitation to participate in focus groups needed to be assessed within the context of the women's experiences, such as fear of deportation combined with their isolation from social institutions. Being on the fringe of society provides some level of safety. Mistrust together

with lack of information is a core component in the lives of undocumented people (Cavazos-Rehg, et al.).

Although we did not inquire about the immigration status of participants, we were cognizant of the uncertainties and fears faced by undocumented immigrants and addressed these fears openly with participants during the consenting process. When we described the project to the prospective participants, we stated that the information collected would never be shared with “immigration.” We also developed strategies to ensure that the participants would not feel frightened when first approached by the research team. For this, we established partnerships with key staff at the clinic, all of whom were well known to our participants. Before we met with prospective participants, our collaborators spoke to them about the team and our project. We encouraged the mothers to speak with the clinic staff to clarify any issues they had, but especially to assure them of the legitimacy of our project. We learned later that many women did indeed contact staff seeking reassurance about the safety of their involvement. Cumulatively, these efforts helped us to gain participants' trust and to ensure high levels of participation.

Confidentiality is not just a word but an activity—In working with a population that is vulnerable due to immigration status, educational background and health status, verbal assurances that confidentiality protects participants are not enough. We must actively educate research participants about confidentiality. Our approach was to reiterate that participants were both data providers and guardians of the information shared during each research encounter. This education of participants took the form of an ongoing process that went beyond the consenting stage and continued well into each focus group series. For example, during the individualized consenting process, and in later focus group sessions, we described confidentiality breaks using cultural expressions such as *chisme*, *bochinche* (gossip), and *cotorreo* (idle talk). When subjects described talking about the focus group experience with non-participants, we distinguished what could be shared outside the focus groups session (schedule, research nature, and goals), and what should remain confidential (the content of our conversations and the participant names).

The complicated nature of language—In collecting basic demographics, we asked participants for their language of preference. All of them reported that Spanish was their first language, and stated being proficient in it. None reported speaking English. However, it was only after we had conducted several sessions that some of the participants disclosed that their first languages were indigenous dialects (specifically, Mixteca and Náhuatl). First they shared this information in private with the moderator, and then spoke about it in the group setting. Some later stated that their ability to communicate in Spanish was limited, and explained that their lack of participation in the group discussions was sometimes related to their poor Spanish proficiency. Interestingly, two participants did not inform their own service providers about this language barrier, due perhaps to the stigmatization of indigenous cultures in Mexico. We learned that mothers' initial self-reports may reflect a social desirability bias that may be less likely after a more personal relationship has been established between mother and research staff.

More generally, researchers, even those who share a broad culture with participants, can find themselves puzzled when conducting focus groups with participants of an unfamiliar subculture. Even within the Mexican population, there is great diversity based on participants' place of origin (e.g., urban vs rural) and as mentioned above, language (i.e., Spanish vs indigenous). It is incumbent upon researchers and service providers to create cultural bridges to effectively communicate with participants. In our focus groups, the moderator's national origin became clear when speaking Spanish because of cultural expressions and accents, which elicited curiosity among the participants. We found it useful to answer questions candidly regarding nation of origin, year of immigration, and acculturation. We believe that the moderator's disclosures fomented *personalismo* among the group, contributing to the building of *confianza*. Contrary to more conventional notions of boundaries in research and service settings, we found that our Mexican participants expected a certain level of openness from the researchers, especially because they were expected to disclose their own personal and private information.

Part of the learning experience with our population was to become familiar with the terms and cultural schemes our participants used to conceptualize constructs of interest. This was an issue that would affect the face validity of our questions, and could ultimately compromise our data integrity. In order to ensure the comprehensiveness of our questions, the moderator used as many localisms and cultural expressions as possible. We asked participants and clinical staff working with this population to provide us with an appropriate vocabulary to use in asking questions. For instance, we used the words *caprichos*, *berrinches* and *pataletas* for temper tantrums. When we found that certain words did not elicit answers, we role-played the behavior we were inquiring about and asked the participants to describe how they would name it. Ultimately, our experience in running the focus groups underscored the notion of language as a complex tool of communication and challenged our assumption that speaking Spanish, in and of itself, was sufficient in eliminating all communication barriers with this population of Mexican immigrants.

Cultural norms shape the group process—The focus group setting allowed us to take advantage of the norms of sociability common in the cultures of Hispanics, namely the cultural values of *personalismo* and *confianza*. Both *personalismo* (personalism) and *confianza* (trust, confidence in) are relevant to the interpersonal commerce between individuals and are essential in reducing hierarchical or power dynamics. After all, the advantage of focus groups is their sensitivity to patterns of interpersonal and group dynamics (Kamberelis & Dimitriadis, 2005). *Personalismo* implies the creation and maintenance of warm, friendly and respectful interactions (Bachrach & Mawr, 1958). *Confianza* grows as a result of a reciprocity born of the repetition of positive personal interactions in which genuine *respeto* (respect) is conveyed. Through *confianza*, individuals feel a mutuality within which they extend favorable treatment to one other. *Confianza* provides interactions with a “special quality of openness” (Lewis-Fernandez & Kleinman, 1994, p. 69), thus exceeding and, at the same time, encompassing familiarity, confidence, and trust. *Respeto* promotes deference towards others and aligns with the Hispanic cultural emphasis on lineality and power differentials (Bracero, 1998). For example, the moderator

always used the formal *usted* rather than the informal *tu* that if used too early in an encounter can be seen as indicative of disrespect.

Given that *confianza* develops over time, and in spite of our determined efforts to be guided by these cultural scripts to help participants feel comfortable in the first focus group sessions, participants remained mostly silent during the initial phase of the project. We addressed this challenge through our persistent efforts to embody *personalismo* and earn *confianza* by building a positive relationship between the participants and moderators. We began to call participants in advance of meetings to remind them of the coming focus group sessions, socializing lightly on the telephone call. We engaged in social conventions and mild banter as the mothers arrived at the clinic, and sent personalized Spanish greeting cards on holidays and other special occasions. When taking to the mothers in the waiting room, we spoke about topics that could highlight common interests, like Spanish recipes, music, and crafts. This paid off in the form of enhancing the mothers' own investment in the groups.

As time went on, we also asked for recommendations for how we could build *confianza* with participants. The mothers requested that the moderator be “patient to explain” (*tener paciencia para explicar*) and “show a willingness to learn” (*parecer interesada*). They were concerned with how to *parecer buena* (look good, compliant) to the moderator. At the end of one focus group series, several participants stated that letting the moderator know that they could not understand her questions would have made the moderator look “dumb” (*tonta*) which would have implied disrespect. By remaining silent, they protected the moderator from feeling as if she could not communicate with them. Throughout, this process of acclimating to one another was imbued with the importance of *dignidad* (dignity) and *respeto*, both which reduce the potential loss of face and allowed mothers to maintain a dignified posture in the face of this uncertain experience that they had embarked on with us.

Appreciating the value of taking time—As noted above, time was an important factor in helping to build the positive rapport that had eluded the researcher-subject relationship during the first weeks of focus group sessions. This was only possible because our research design allowed for plenty of time to generate a positive environment favoring *personalismo* and the building of *confianza* between researchers and participants. In addition, we found it necessary to follow the participants' pace within each group. Oftentimes, they were slow to respond to our questions, which seemed to reflect several factors including a lack of understanding of some questions, a desire to be thoughtful in their response, and a response style that was indirect. To address a potential lack of understanding, questions had to be reworded multiple times, until we were able to find a path that encouraged responses. This process was frustrating at times because participants became silent and their attention drifted occasionally.

In addition, questions that were too open ended failed to elicit answers. Instead, presenting “scenarios” as a way to illustrate our queries elicited more discussion. Likewise, we learned that our participants preferred to respond to questions through stories. As part of a culturally based deferential approach to communication that tries to avoid any indication of confrontation, disrespect, or disagreement, consistent with the emphasis on *personalismo* and *respeto*, many of our participants spoke in a circular, non-direct manner. This meant that

delivering their message depended on descriptions of multiple subtopics that were integrated in a meaningful manner at the end of the story. As participants used personal stories to illustrate their points, we found it necessary to adjust our timeline and reduce the number of questions posed in each session.

Gender definitions affect group interaction—When conducting focus groups with Mexican women, we took into consideration the construct of *marianismo*. The term *marianismo* refers to gender roles expectations in the Hispanic culture that women's roles are deeply influenced by the qualities ascribed to the Virgin Mary (Virgen María). These qualities include self-sacrifice, chastity and virtue, modesty, and obedience (Ramos-McKay, Comas-Diaz, & Rivera, 1988). This translates into traditional socialization practices, in which women are expected to be passive, demure, and hyper-responsible for family obligations, unity and harmony (Gil & Vasquez, 1997). One quality of *marianismo* that we may have observed in our groups was the traditional Mexican norm, *controlarse* (self-control). Women are expected to ensure harmony in the context of interpersonal interactions by dissociating from any negative emotions (Bracero, 1998), and expressing disagreement in subtle ways. When participants in our groups opposed something presented by the moderator, they either did not express their disagreement, or expressed it through the use of non-verbal cues. Only because our design allowed us the time needed to learn some of the participants' idiosyncrasies, were we able to recognize and address them. For instance, after several groups, when personal relationships had been formed, the moderator felt free to make direct observations such as, “You are making a funny face; please tell me what you are thinking!” These interactions generated a personal, relaxing environment for the participants and thereby improved the quality of our data.

Conclusion

In setting out to conduct focus groups with immigrant Mexican mothers of young children with developmental problems to learn more about their parenting and cultural values, we learned several valuable lessons related to the design and process of the focus groups themselves. On several levels, we found it necessary to make culturally informed adaptations given barriers related to language, legal status and cultural beliefs, norms and scripts. Specifically, we paid close attention to the Hispanic cultural constructs relevant to interpersonal and socialization practices, such as *personalismo*, *confianza*, and *respeto*, as well as gender roles, such as *marianismo*. We were able to develop a research protocol that provided ample opportunities to interact with the participants generating *confianza* with and among participants. The team found that being cognizant of the uncertainties and fears faced by undocumented immigrants and stressing the confidential and voluntary nature of their participation eased their involvement into the project. Actively approaching the participants in Spanish, being open to new ways of communicating in Spanish that were most congruent with the Mexican culture, helped to create an environment in which participants recognized our interest in learning from them. Finally, by coupling effective research methods with cultural-centered strategies, we sought to maintain fidelity to the focus group's core components while enhancing the validity of our findings. Given the lack of empirical data to support our clinical impressions, we are unsure about the generalizability of our findings to

other Mexicans. Still, we encourage the field to acknowledge culture as a central construct in all phases of research and services endeavors and advocate for the use of an emic approach to maximize opportunities to learn directly from the Mexican families we serve.

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