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STRENGTHENING BORDER FAMILIES

DATA HIGHLIGHTS FROM INTERVIEWS & FOCUS GROUPS WITH IMMIGRANT CAREGIVERS

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THE CENTER ON
IMMIGRATION
AND CHILD WELFARE

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TABLE OF CONTENTS

STUDY SUMMARY	4
SAMPLE.....	4
RECRUITMENT & DATA COLLECTION.....	5
PARTICIPANT DEMOGRAPHICS	6
EXPERIENCES WITH SERVICE ACCESS	8
MEDICAL & DENTAL CARE FOR CHILDREN	8
MENTAL/BEHAVIORAL HEALTH CARE FOR CHILDREN	9
MEDICAL & DENTAL CARE FOR SELF	10
MENTAL/BEHAVIORAL HEALTH CARE FOR SELF	11
HOUSING, FOOD, INCOME ASSISTANCE, & LEGAL SERVICES.....	12
EARLY CHILDHOOD, PRESCHOOL, CHILDCARE, AND SCHOOL-AGED SERVICES.....	13
FOCUS GROUP PERSPECTIVES ON SERVICE ACCESS	15
MENTAL, EMOTIONAL HEALTH, RESILIENCE + SERVICE USE	17
ACCESSING & MOBILIZING RESOURCES.....	17
ATTITUDES TOWARD HELP-SEEKING	17
CHILDHOOD TRAUMA	17
MENTAL HEALTH & DEPRESSION.....	18
IMMIGRATION-RELATED STRESSORS	18
RESILIENCE.....	18
POTENTIAL SOLUTIONS	19
ONE STOP SHOP.....	19
IMPLICATIONS & NEXT STEPS	23
APPENDICES	24
APPENDIX A: MENTAL, EMOTIONAL HEALTH, RESILIENCE SCALES.....	24
APPENDIX B: DISPARITIES IN SERVICE NEED VS. USE	27



STUDY SUMMARY

Recent years have been marked by increasingly exclusionary federal immigration and public benefits policies, creating an atmosphere of fear and vulnerability for immigrant families¹ as well as significant barriers to service eligibility and access. This environment is further complicated for immigrant families living in the New Mexico borderlands due to the complex border policies and dynamics that restrict access to needed supports in this region. While early childhood (ages 0-8) is a critical time for child development when supportive services such as health, mental health, early childhood education, childcare, and public assistance are crucial, emerging research shows that immigrant families are forgoing these key services in response to the aforementioned policies.^{2,3,4} These challenging circumstances have been further exacerbated by the COVID-19 pandemic, which disproportionately impacted immigrant communities.

This report details key findings of the third phase of a multiphase mixed-methods study that aims to: 1) understand the accessibility and quality of services for immigrant families with young children in Doña Ana County both before and during the COVID-19 pandemic; 2) identify barriers and facilitators to service access for these families; and 3) uplift community-informed practice and policy solutions to improve equity in access to key supportive services for immigrant families with young children in southern New Mexico and across the state.

The results of the first two phases of the study, which focused on the perspectives of community agency and local government leaders and of frontline practitioners, are available [here](#). This third phase of our research, conducted from June 2022 to March 2023, generated insights from immigrants themselves. We also completed a complementary [community resource mapping project](#) to identify the supportive services available to immigrant families in Doña Ana County, NM and to assess their level of inclusivity of the unique needs of this population. This report shares highlights from the phase 3 survey and focus group data.

SAMPLE

We collected in-person surveys from 240 immigrant caregivers of children between the ages of 0 and 8-years-old living in Doña Ana County and conducted 5 follow-up focus groups with select survey participants to delve deeper into themes that arose through the surveys and gain more insight into potential solutions to identified challenges. Participants were roughly evenly sampled from the three major areas of the county: 80 from Northern Doña Ana County (e.g., Hatch, Garfield, Salem, etc.), 84

¹ For the purposes of this report, “immigrant families” refers to families in which all family members are non-U.S. citizens as well as to mixed-status families, or those who have at least one family member (e.g., a parent) who is not a U.S. citizen, while other family members, often children, who are U.S. citizens.

² Jeanne Batalova, Michael Fix, and Mark Greenberg, *Millions will feel chilling effects of U.S. public charge rule that is also likely to reshape legal immigration*. (Washington, DC: Migration Policy Institute, 2019),

<https://www.migrationpolicy.org/news/chilling-effects-us-public-charge-rule-commentary>

³ Jennifer Haley et al., *One in five adults in immigrant families with children reported chilling effects on public benefit receipt in 2019* (Washington, DC: Urban Institute, 2020), <https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019>

⁴ Jennifer Haley et al. *Many Immigrant Families with Children Continued to Avoid Public Benefits in 2020, Despite Facing Hardships* (Washington, DC: Urban Institute, 2021),

https://www.urban.org/sites/default/files/publication/104279/many-immigrant-families-with-children-continued-avoiding-benefits-despite-hardships_0.pdf



from Las Cruces, and 76 from Southern Doña Ana County (e.g., Anthony, Chaparral, Sunland Park, Santa Teresa, and surrounding *colonias*). To be eligible, participants had to be an adult (18 years of age or older) primary caregiver of at least one child between the ages of 0-8, an immigrant to the U.S.⁵, and comfortable completing the interview in Spanish or English.

RECRUITMENT & DATA COLLECTION

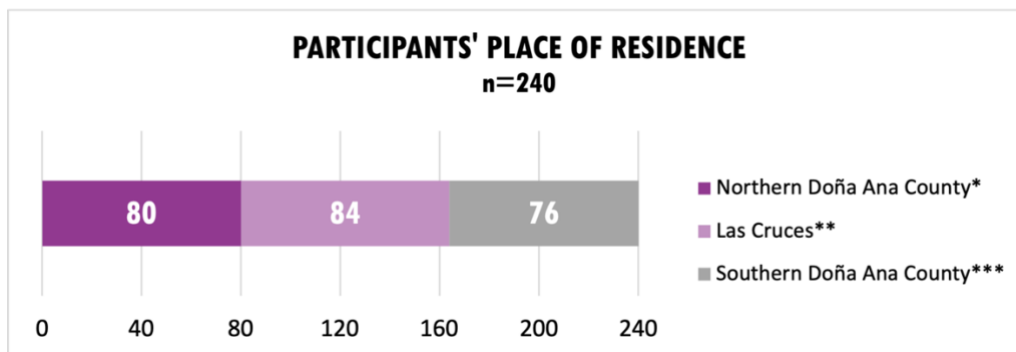
This study utilized a combination of purposive and snowball sampling to recruit participants. In alignment with a community based participatory research approach, recruitment and data collection efforts were led by a Community Research Consultant, who is the director of a community agency providing early childhood and wraparound services to children and families experiencing homelessness, in collaboration with a team of three field interviewers, including a local public-school administrator, a family services coordinator, and a community health worker. Two of the three field interviewers were also immigrant parents themselves. The Community Research Consultant leveraged strong relationships with local public schools and other community organizations serving immigrant families to identify and recruit eligible participants from throughout Doña Ana County. Primary recruitment methods included seeking referrals from community stakeholders; conducting on-the-ground recruitment e.g., via booths/tabling at local events, churches, etc.; advertising the study opportunity via print and media methods; and receiving referrals from participants. All in-person surveys and focus groups were conducted by the three field interviewers. The study design and procedures were approved by the New Mexico State University Institutional Review Board.

⁵ We did not ask participants about immigration status. Proxy questions were utilized to determine whether participants were immigrants e.g., In what country were you born?



PARTICIPANT DEMOGRAPHICS⁶

This data represents responses from one-on-one interviews with n=240 immigrant caregivers, who had at least one child between the ages of 0-8 years old. Among these participants, 80 live in Northern Doña Ana County, 84 live in Las Cruces, and 76 live in Southern Doña Ana County.

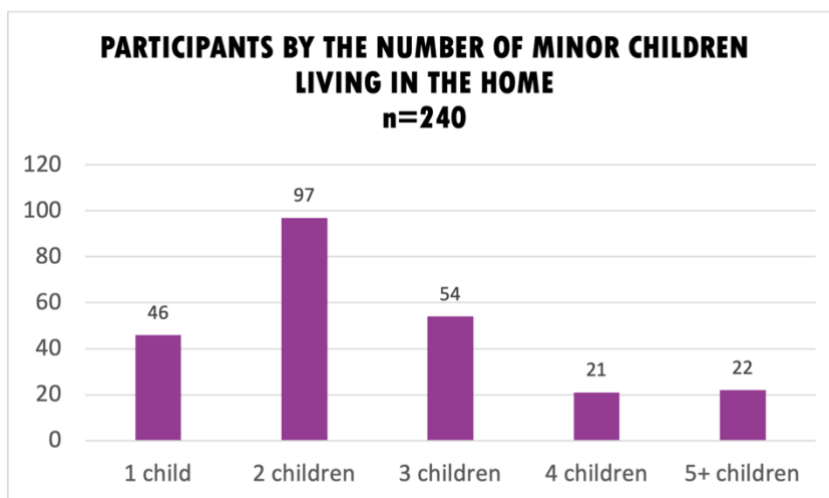


*Includes Doña Ana, Garfield, Hatch, Radium Springs, and Salem.

**Includes Las Cruces & Mesilla Park.

***Includes Anthony, Chaparral, La Mesa, Mesquite, Santa Teresa, Sunland Park, and Vado.

The majority of participants (n=151) had 2 or 3 minor children living in their home. The age of the youngest child in each household ranged from 8 days old to 8 years old, with an average age of 3.8 yrs. The majority of these children (n=225) were born in the U.S., with Mexico (n=10), Honduras (n=3), and South America (n=1) making up the remaining countries of birth.



The table below describes key characteristics of the participants and their households. The majority of participants were female (81.3%) and between the ages of 25-34 (41.3%) with an average age of 35.7. 63.8% became parents between the ages of 18-24 years old; on average, participants became parents at the age of 21.3. The majority of participants (69.6%) identified as mothers, living in two-parent households (66.3%), and married (53.3%). 97.1% of participants speak Spanish at home and 18.4% speak English at home.

⁶ Some percentages presented in these data highlights may not add up to 100% because some participants selected "Prefer not to answer."



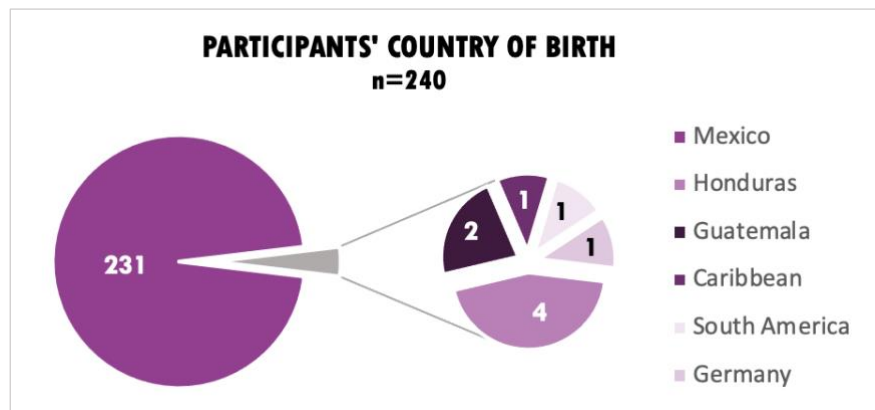
PARTICIPANT CHARACTERISTICS

	n	%		n	%
Gender			Household structure		
Female	195	81.3%	Two-parent household	159	66.3%
Male	44	18.3%	Single-parent household	65	27.1%
Non-binary	1	0.4%	Grandparent guardian	13	5.4%
Age			Foster guardian	1	0.4%
18-24	25	10.4%	Other guardian	1	0.4%
25-34	99	41.3%	Marital Status		
35-44	82	34.2%	Married	128	53.3%
45-54	20	8.3%	Domestic partner	38	15.8%
55+	14	5.8%	Single	35	14.6%
Age became parent			Separated	25	10.4%
Under 18	39	16.3%	Divorced	7	2.9%
18-24	153	63.8%	Widowed	7	2.9%
25-34	46	19.2%	Language spoken at home		
35-44	2	0.8%	Spanish	233	97.1%
Relationship to youngest child			English	44	18.4%
Mother	167	69.6%			
Father	40	16.7%			
Grandparent	26	10.8%			
Legal Guardian	3	1.3%			
Primary Caregiver	2	0.8%			
Other Caregiver	2	0.8%			

With respect to country/region of birth, the majority of participants were born in Mexico (96.3%), with Honduras (1.7%), Guatemala (0.8%), the Caribbean (0.4%), South America (0.4%), and Germany (0.4%) making up the remaining countries/regions of origin. Most participants entered the U.S. more than 5 years ago (83.8%), while 10.0% entered the U.S. in the last five years (since 2017), and 6.3% in the last 3 years (since 2020).

YEAR OF FIRST ENTRY TO U.S.

	n	%
2020-2022	15	6.3%
2017-2019	24	10.0%
Before 2017	201	83.8%

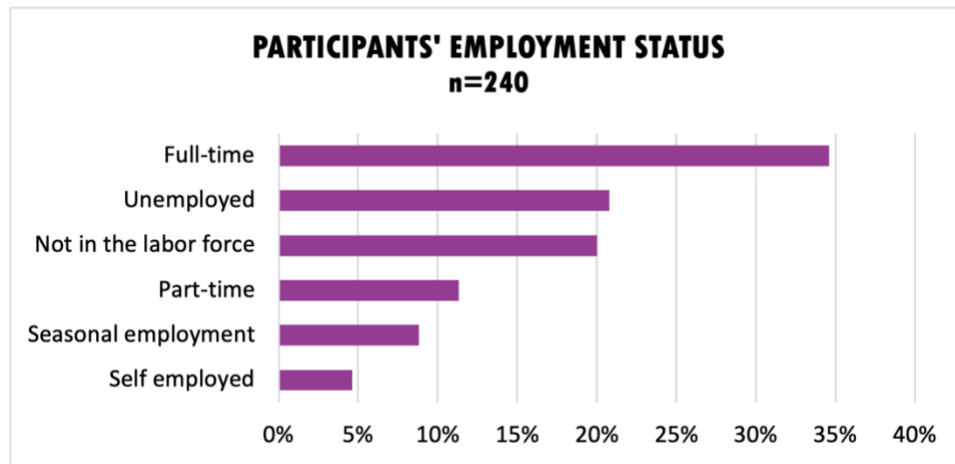


For the majority of participants, their highest educational degree received was a high school diploma or equivalent (42.1%). Most participants reported being employed full-time (34.6%), while 20.0% were not in the labor force and 20.8% were unemployed. Participants' most common areas of employment included agriculture (24.8%), the food industry (14.5%), and housekeeping (10.3%). They reported an average annual income of \$24,670.20. Most participants either rent (44.2%) or own (41.3%) their homes. 33.8% of participants reported having had difficulty paying for their housing, 12.5% reported trouble getting housing, and 25.4% reported structural or environmental concerns with their housing.

HIGHEST LEVEL OF EDUCATION COMPLETED*

	n	%
Primary school	20	8.3%
Some secondary school	5	2.1%
Secondary school	24	10.0%
Some high school	7	2.9%
High school diploma/equivalent	101	42.1%
Trade/technical/vocational training	11	4.6%
Some college/associate degree	17	7.1%
Bachelor's degree or higher	8	3.3%
None or N/A	9	5.1%
Prefer not to respond/missing	38	15.8%

*Primary, secondary, and high school refer to grade levels in Mexico/South America where primary school includes 1st-6th grade, secondary school includes 7th-9th grade, and high school includes 10th-12th grades.



EXPERIENCES WITH SERVICE ACCESS

The following describes participants' experiences accessing a wide variety of supportive services, including medical/dental, mental/behavioral health, housing, food, income assistance, legal, and early childhood, preschool, childcare, and school-aged services. Participants were asked where they go in the community for each of these services. They also answered questions both about whether they have ever *needed* each of these services and whether they have ever *used* the service as well as about any challenges or barriers they've experienced while accessing these services.

MEDICAL & DENTAL CARE FOR CHILDREN

Participants reported the following as the most common places they go to for medical and dental care for their children.



MEDICAL PROVIDERS FOR CHILDREN			DENTAL PROVIDERS FOR CHILDREN		
	n	%		n	%
La Clinica de Familia (LCDF)	62	25.8%	Ben Archer Health Centers	65	27.1%
Ben Archer Health Centers	78	32.5%	Kids Kare	35	14.5%
Memorial Medical Center	34	14.2%	La Clinica de Familia (LCDF)	34	14.2%
Independent doctor	24	10.0%	Children's Dental Clinic	32	13.3
MountainView Regional Medical Center	17	7.1%	Independent dentist	9	3.8%
MMC Family Medicine Center	14	5.8%	Familia Dental	6	2.5%
Medical provider in El Paso	6	2.0%	Dental provider in El Paso	6	2.5%
Little Steps Pediatrics	5	2.1%	Anthony Dental	2	0.8%
Rio Grande Medical Group	5	2.1%	Memorial Medical Center	2	0.8%
New Mexico Dept. of Health	5	2.1%	Mountain View	2	0.8%
Amador Health Center	3	1.3%	Sonoma Dental	2	0.8%
Health care provider in Mexico	3	1.3%	Other	18	7.5%
Other	15	6.3%			

MENTAL/BEHAVIORAL HEALTH CARE FOR CHILDREN

18.3% of participants reported ever having needed mental health services for their children, while 17.1% reported ever having used mental health services for their children. The following include the most common places participants have gone for mental/behavioral health services for their children.

MENTAL HEALTH PROVIDERS FOR CHILDREN

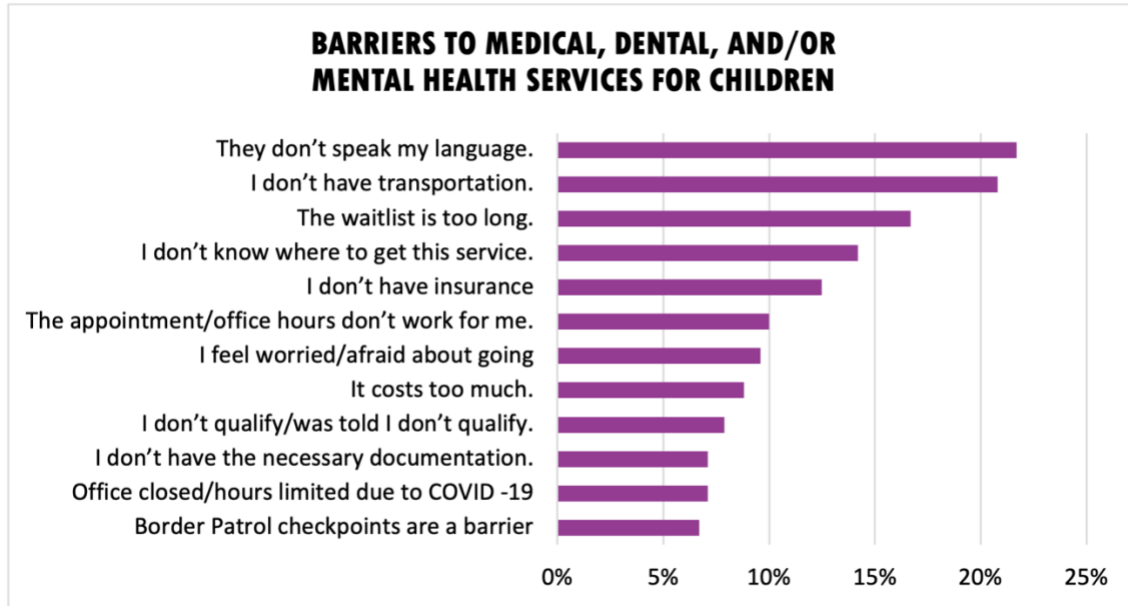
	n	%
Families and Youth Innovations + (FYI+)	8	3.3%
Aprendamos Family of Services	7	2.9%
La Clinica de Familia (LCDF)	7	2.9%
Counseling Las Cruces	7	2.9%
Amanecer Community Counseling Center	5	2.1%
Ben Archer Health Centers	5	2.1%
Alegria Family Services	2	0.8%
Mesilla Valley Hospital	2	0.8%
Provider in El Paso	2	0.8%
School-based services	2	0.8%
Other*	6	2.5%

*Other providers include La Piñon, MECA Therapies, Amistad Family Services, Tresco TOTs, A New Hope Therapy Center, and provider in Mexico.



Barriers to accessing medical, dental, and/or mental health services for children.

25.8% of participants reported experiencing language barriers and 30.0% experienced other barriers in getting medical, dental, and/or mental health services for their children at least sometimes. The following comprised the types of barriers experienced, with language (21.7%) and transportation (20.8%) barriers being the two most commonly cited.



MEDICAL & DENTAL CARE FOR SELF

Participants reported the following as the most common places they go to for medical and dental care for themselves.

MEDICAL & DENTAL HEALTH PROVIDERS FOR SELF

	n	%
La Clinica de Familia (LCDF)	64	26.7%
Ben Archer Health Centers	66	27.5%
Health care provider in Mexico	11	4.6%
Memorial Medical Center (hospital)	7	2.9%
Independent provider	6	2.5%
Amador Health Center	6	2.5%
MMC Family Medicine Center	5	2.1%
New Mexico Department of Health	2	0.8%
Chaparral Family Health Center	2	0.8%
Familia Dental	2	0.8%
Mountain View	2	0.8%
Sonoma Dental	2	0.8%
Other	14	5.8%



MENTAL/BEHAVIORAL HEALTH CARE FOR SELF

25.8% of participants reported ever having needed mental health services for themselves, while 17.1% reported ever having used mental health services for themselves, with 6.7% reporting that they are currently receiving mental health services. The table to the right depicts the most common places participants have gone for mental/behavioral health services for themselves.

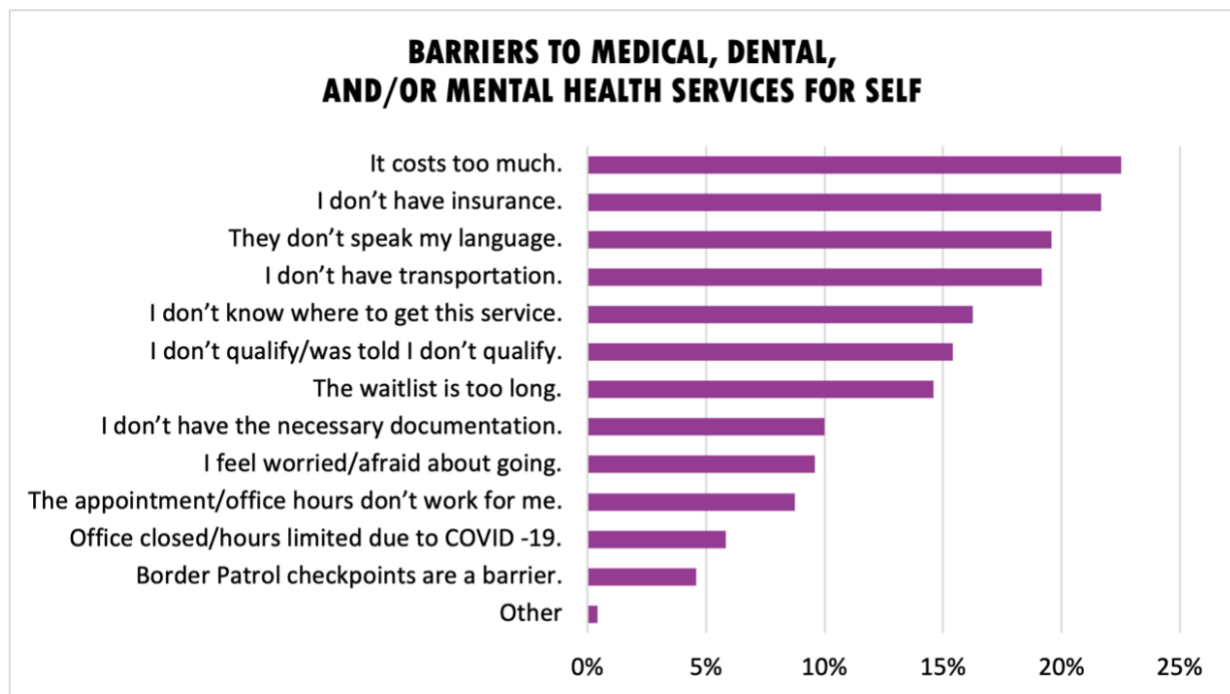
Barriers to accessing medical, dental, and/or mental health services for self.

24.2% of participants reported experiencing language barriers and 33.3% of participants experienced other barriers in getting medical, dental, and/or mental health services for themselves at least sometimes. The following comprised the types of barriers experienced, with cost (22.5%) and lack of insurance (21.7%) being the two most commonly cited barriers.

MENTAL HEALTH PROVIDERS FOR SELF

	n	%
La Clinica de Familia (LCDF)	12	5.0%
Ben Archer Health Centers	5	2.1%
Independent provider	3	1.3%
Amanecer Community Counseling Center	3	1.3%
Counseling Las Cruces	3	1.3%
Families and Youth Innovations+ (FYI+)	3	1.3%
Amador Health Center	2	0.8%
Alegria Family Services None	2	0.8%
A New Hope Therapy Center	2	0.8%
La Piñon	2	0.8%
La Casa, Inc.	2	0.8%
Other*	3	1.3%

*Other providers include a clinic in Alamogordo, Casa de mi Alma, and a provider in Mexico.



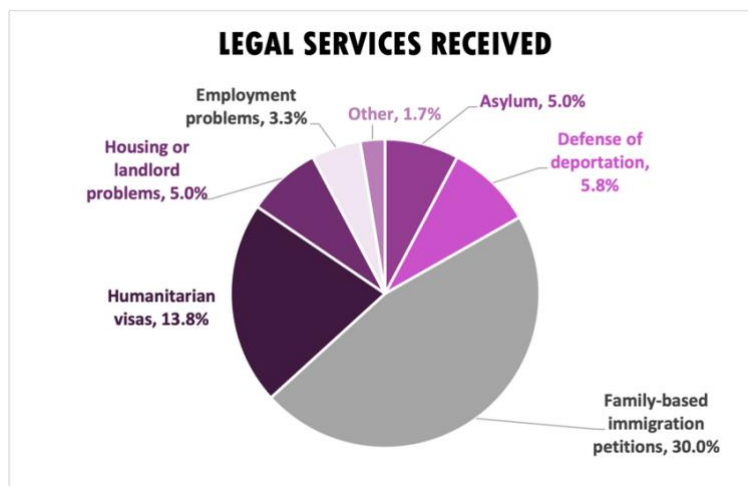
HOUSING, FOOD, INCOME ASSISTANCE, & LEGAL SERVICES

38.3% of participants reported ever having needed housing services for their families, while 14.6% reported ever having used housing services. 93.8% of participants reported ever having needed food assistance services for their families, while 89.6% reported ever having used food assistance services. 50.4% of participants reported ever having needed income assistance services for their families, while 38.3% reported ever having used income assistance. The following include the most common places participants have gone for housing, food, and income assistance services.

With respect to legal services, family-based immigration petitions were the most common type of legal service (30.0%) participants reported ever having received, followed by legal services for humanitarian visas (13.8%), defense of deportation (5.8%), asylum (5.0%), housing or landlord problems (5.0%), employment problems (3.3%), and other (1.7%), which included assistance with DACA applications, work visas, notary services, and other non-immigration related services.

HOUSING, FOOD, & INCOME SERVICES PROVIDERS

	n	%
Housing services providers		
Mesilla Valley Housing Authority	14	5.8%
La Casa, Inc.	9	3.8%
Family members or friends provide/assist with housing	4	1.7%
Valle Verde Housing	3	1.3%
Community of Hope	2	0.8%
Tierra del Sol Housing Corporation	1	0.4%
Other	7	2.9%
Food assistance providers		
SNAP/Food stamps	174	72.5%
WIC	106	44.2%
Casa de Peregrinos	61	25.4%
Local churches	25	10.4%
Roadrunner Food Bank	16	6.7%
El Caldito	9	3.8%
Salvation Army	4	1.7%
Loaves and Fishes	2	0.8%
Jardin de los Niños	2	0.8%
Local schools	2	0.8%
Income assistance providers		
NM Human Services Department	59	24.6%
NM Dept. of Workforce Solutions/Connection	34	14.2%
Salvation Army	4	1.7%
Local churches	6	2.5%
Other	3	1.3%



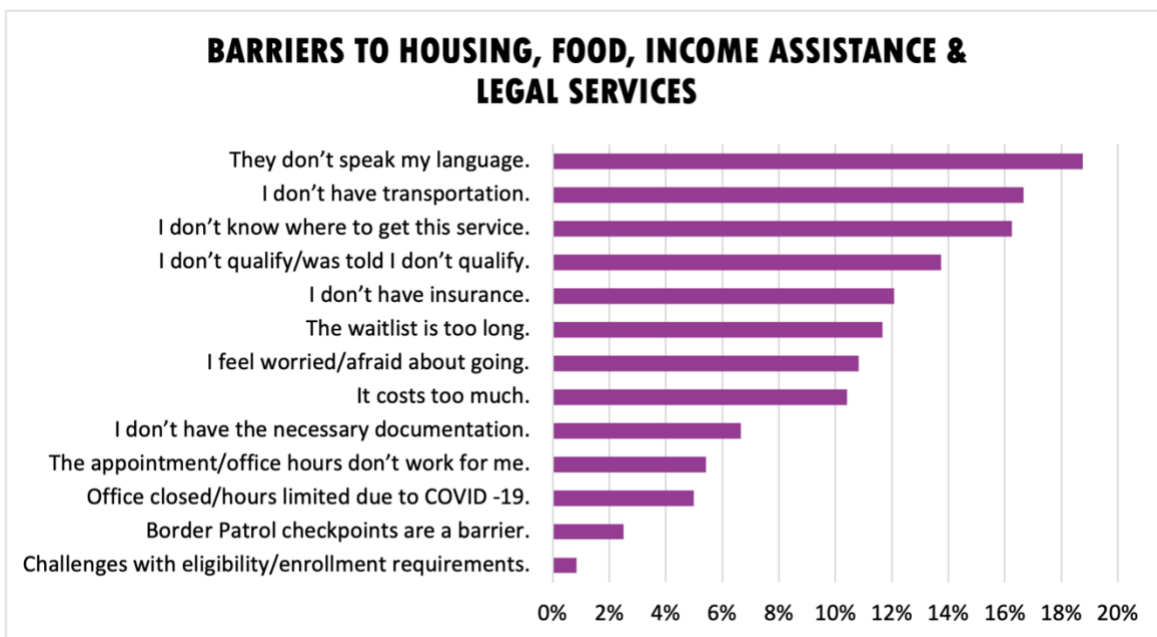
The most common places participants reported going to for legal services included the following.

LEGAL SERVICES PROVIDERS

	n	%
Catholic Charities of Southern NM	35	14.6%
Private lawyer or attorney	34	14.2%
Colonias Development Council	27	11.3%
La Casa, Inc.	8	3.3%
New Mexico Legal Aid	5	2.1%
Notary public	5	2.1%
Origin Immigration Law	1	0.4%
Other	5	2.1%

Barriers to accessing housing, food, income assistance, and legal services.

22.1% of participants reported having experienced language barriers and 29.2% reported experiencing other barriers in getting housing, food, income assistance, and legal services for their families at least sometimes. The below comprised the types of barriers experienced, with language barriers (18.8%) and lack of transportation (16.7%) being the two most commonly cited barriers.



EARLY CHILDHOOD, PRESCHOOL, CHILDCARE, AND SCHOOL-AGED SERVICES

60.4% of participants reported ever having needed early childhood services for their children, while 57.1% reported ever having used early childhood services. 73.8% of participants reported ever having needed preschool programs for their children, while 71.3% reported ever having used preschool programs. 45.0% of participants reported ever having needed childcare services for their children, while 34.6% reported ever having used childcare services. 35.4% of participants reported ever having needed school-aged services for their children, while 34.9% reported ever having used school-aged services. The following include the most common places participants have gone for these services.



EARLY CHILDHOOD SERVICES PROVIDERS

	n	%
Aprendamos Family of Services	80	33.3%
MECA Therapies	33	13.8%
Tresco TOTs	33	13.8%
CHI St. Joseph's Children	3	1.3%
Ben Archer Welcome Baby	3	1.3%
Thriving Kids Home Visiting	3	1.3%
MCH Family Outreach	1	0.4%
Other	4	1.7%

PRESCHOOL PROGRAM PROVIDERS

	n	%
Las Cruces Public Schools	45	18.8%
Gadsden Independent School District	41	17.1%
Hatch Valley Public Schools	38	15.8%
Little Footprints	14	5.8%
Doña Ana County Head Start	12	5.0%
Jardin de los Niños	7	2.9%
Bumble Bee Learning Center	4	1.7%
Children's Garden	4	1.7%
Provider in El Paso	3	1.3%
Other	7	2.9%

CHILDCARE PROVIDERS

	n	%
Jardin de los Niños	17	7.1%
Home daycare	14	5.8%
Discovery Child Development Ctr.	8	3.3%
Little Footprints	8	3.3%
Children's Garden	7	2.9%
Bumble Bee Learning Center	7	2.9%
Cri Cri Learning Center	4	1.7%
Kid's Kountry	4	1.7%
NM Children First Learning Center	3	1.3%
Corazones Felices	3	1.3%
Toy Box Daycare	2	0.8%
Other	11	4.6%

SCHOOL-AGED SERVICES PROVIDERS

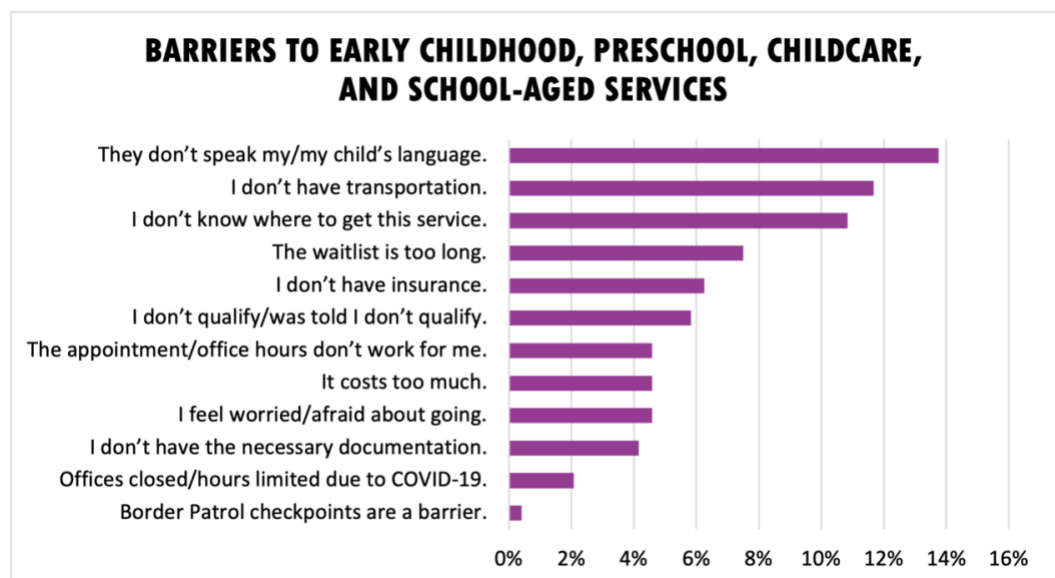
	n	%
Las Cruces Public Schools	29	12.1%
Gadsden Independent School District	20	8.3%
Hatch Valley Public Schools	15	6.3%
Jardin de los Niños	5	2.1%
Boys & Girls Club	4	1.7%
Bumble Bee Learning Center	3	1.3%
Las Cruces Parks & Rec	2	0.8%
Raices del Saber	2	0.8%
Big Brothers Big Sisters	1	0.4%
Other	5	2.1%

Barriers to accessing early childhood, preschool, childcare, and school-aged services.

13.3% of participants reported having experienced language barriers and 20.0% reported experiencing other barriers in getting early childhood, preschool, childcare, and school-aged services for their children at least

sometimes.

The graph to the right depicts the types of barriers experienced, with language barriers (19.0%) and transportation (16.5%) being the two most commonly cited barriers.



Childcare assistance subsidy

32.1% of participants reported ever having received a childcare assistance subsidy. For those who have not received it, the most commonly cited reasons were that they did not need it (40.0%), they did not know about the program (19.6%), and they were not working (17.9%).

FOCUS GROUP PERSPECTIVES ON SERVICE ACCESS

Focus group participants echoed many of the service needs and challenges that arose in the surveys, speaking to barriers such as lack of information about available services, language barriers, transportation barriers, long waitlists, and eligibility issues. Participants in the focus groups also highlighted some additional needs and considerations impacting service access and receipt for immigrants, including lack of service options; fear of border patrol, border patrol checkpoints, and of the public charge rule; experiences of discrimination; and cost of services, especially for medical care. In addition, many participants described poor experiences with providers, particularly medical providers, contributing to feelings of discomfort or mistrust.

Lack of service options

Participants, especially those from the northern and southern parts of Doña Ana County described a lack of services and providers, particularly for medical services (e.g., pediatrics, women's health, emergency and specialty services) and therapy (e.g., mental health and physical therapy). For example, participants from Hatch highlighted the lack of service options available nearby and the burden of having to go to Las Cruces to receive services.

Es que entre lo que vas a ir a una cita de dentista y una cita con el terapeuta, otra cita con el doctor, se le va uno todos los días yendo para Cruces, y es tanto el tiempo como la gasolina.

What happens is that by attending an appointment with the dentist, another appointment with the therapist, and one with the doctor, we pretty much spent every day going to Las Cruces, and it is not only the time, but the gasoline.

Porque de aquí los pasaron a mis niños a Las Cruces. Porque no estaban. Tenían que ir con un especialista a Las Cruces de niños

They referred my children to Las Cruces because they needed to see a specialist in children, and they didn't have one here.

Fear

Many participants expressed how fear is a significant factor that prevents many immigrant families from seeking services. This may include fear around the process of enrolling in services e.g., having to provide personal information, fear around repercussions to legal status, or fear about detection by immigration officials. A Las Cruces resident shared the following about the impact of border patrol on their mixed-status family and repercussions for their child's education experience.

Hay varias cosas que me preocupan. La primerita, como dijo, este es la patrulla fronteriza. Este. Le tengo mucho miedo, la verdad. A veces no duermo. En veces...tengo dos niños ciudadanos y una niña que. Que no es ciudadana. Ni yo tampoco ni mi esposo. Entonces hay días que no llevo a mi niña a la escuela porque anda rondando migración. Entonces le ha afectado mucho a mi niña, al grado que la maestra ya me ha hablado y me dice que que qué pasa con la niña.

There are several things that I worry about. The very first, like they said, the border patrol. I mean, I am very afraid, that is the truth. Sometimes I can't sleep. Sometimes... I have two boys



that are citizens and one daughter that is not a citizen. Neither me nor my husband are citizens. Then, there are days that I don't take my daughter to school because immigration (border patrol) is hanging around. Of course, this affects my daughter a lot, to the point that her teacher would ask me what is going on with my daughter.

A participant from Hatch described how the border patrol checkpoints act as a barrier to service access and often cause people to forgo needed services.

Y las barreras de puestos de control de la patrulla fronteriza. Bueno, yo no, ¿verdad? Pero aquí sabemos que hay mucha gente que no tiene, que no están legal pues, y eso es un impedimento. Como decía, nosotros batallamos por los servicios y hacemos el esfuerzo de ir para cruces, pero hay personas que no pueden ir para allá y es ahí a lo mejor se pasan para consecuencias o como decimos o se aguantan o lo que tengan, la necesidad que haya.

And the barrier of the border patrol check points. Well, not me, right? But we know that there is a lot of people that don't have papers, they are illegal and that is an impediment. Like I said, we struggle for services, and with an effort we go to Las Cruces, but there are people who can't go there, and they might just face the consequences, or like we say, they just endure and go without, whatever the need they have.

Participants also spoke to how the public charge rule, and confusion about whether it applies to them, create fear around seeking services or even caused them to stop using public benefits like food stamps. One Las Cruces resident spoke to how public charge and changing presidential administrations impact service seeking decisions.

Pero aquí lo que mantiene la política, lo que he entendido es que entra un presidente y cambia todo, ¿no? Ahorita Biden tiene sus reglas, esto de la carga pública, pero entra otro. Entonces cada quien es libre de hacer, decir lo que piensa y de poner reglas de todo. Entonces no sabemos si otro presidente que entre, ponga la carga pública como las estampillas, el WIC o el seguro, no sé, algo, entonces, no sabemos. Es algo incierto en que nos va a perjudicar o en que nos va a beneficiar.

But where politics stands, the way I understand it, is that a new president comes and changes everything, right? Right now, Biden has his rules in matter of public charge. But then a new president comes. Each one of them is free to do and say as he thinks and make new rules for everything. Then we don't know if other president will come and reestablish the public charge rule for stamps, WIC, insurance... We don't know. It is uncertain if it is going to be bad for us, or in our benefit.

Discrimination

Participants discussed experiences of discrimination that have occurred in agency settings and the broader community, as well as situations in which they were discriminated against for speaking Spanish. A participant from Southern Doña Ana County described how legal status and discrimination impacts job opportunities and experiences.

Uno a veces por la situación migratoria, a muchos se les niega el trabajo y se les hace. Y cuando se lo dan se les hace menos a esa persona.

Sometimes due to our immigration status, many are denied a job, and if they give you a job...they give it to you but put you down or think less of you.



MENTAL, EMOTIONAL HEALTH, RESILIENCE + SERVICE USE

In addition to understanding the most common barriers and challenges immigrant caregivers face when trying to access needed services, we also sought to explore other experiences and characteristics among participants that might influence service seeking decisions. As such, we utilized and adapted various scales designed to measure individuals' knowledge and comfort around finding community resources; their attitudes toward seeking professional help; their experiences of childhood trauma, depression, and immigration-related stress; their capacities for resilience and coping; and their relationship with religion/spirituality. The following section describes results related to these topics to illuminate how participants' mental and emotional health and resilience relate to service need and use.

ACCESSING & MOBILIZING RESOURCES

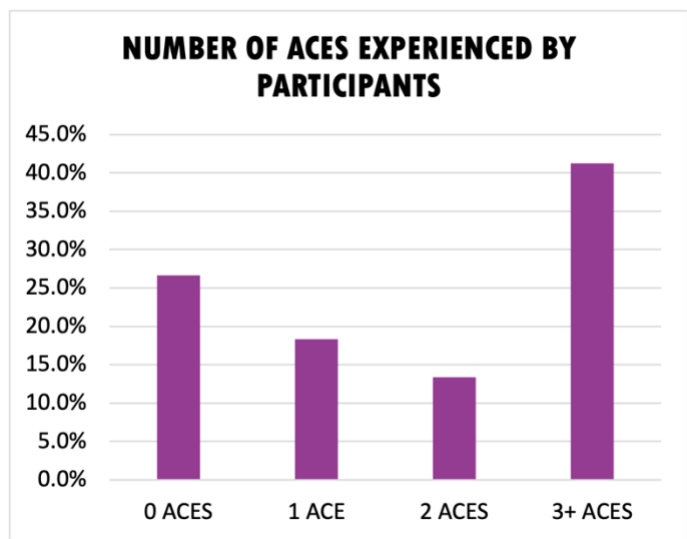
To measure participants' experiences accessing and mobilizing resources for their families, we utilized the *Healthy Family Parent Inventory – Mobilizing Resources Subscale* (see Appendix A, Table A1). These five questions asked participants about if they know where to find resources for their families and where to go for help. Participants responded on a scale of 1-5 of rarely or never, a little of the time, some of the time, a good part of the time, or always or most of the time. The mean response was 3.16. 14.4% of participants had an average score of 4 or higher, indicating high capacity to access or mobilize resources. Those who used medical/dental care for themselves and their child, mental health care for themselves, food assistance, childcare subsidy, and legal services for victims of violence, trafficking or maltreatment, scored higher on the capacity to mobilize resources.

ATTITUDES TOWARD HELP-SEEKING

To measure participants' attitude toward help-seeking, we utilized the 10-item *Attitudes toward seeking professional psychological help – Short form* (see Appendix A, Table A2). The items asked participants about their feelings about various aspects of seeking professional help for mental/emotional distress or problems. Items were rated on a 4-point Likert scale (3 = Strongly Agree, 0 = Strongly Disagree), and items 2, 4, 8, 9, and 10 were reverse scored. The mean response was 2.84. Those who used mental health services for themselves, as well as early childhood services/home visiting, childcare, and childcare subsidy, had higher average scores on attitudes towards help-seeking.

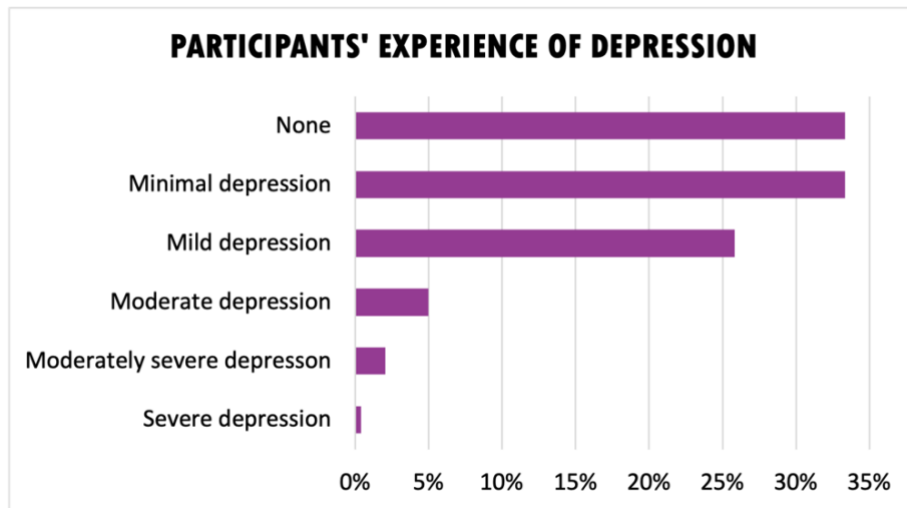
CHILDHOOD TRAUMA

To measure participants' experiences of childhood trauma, we utilized an adapted 12-item version of the *Adverse Childhood Experiences (ACEs)* questionnaire (see Appendix A, Table A3). 41.3% of participants reported experiencing 3 or more ACEs. The average number of ACEs was higher among those who used mental health services for themselves (3.97 versus 2.48) and their children (4.02 versus 2.47) compared to those who didn't use these services. The average number of ACEs was also higher among those who had used childcare services (average 3.36 versus 2.4 ACEs) and received a childcare subsidy (3.3 versus 2.4 average ACEs), but no different for those who had received early childhood services (average 2.7 ACEs).



MENTAL HEALTH & DEPRESSION

To understand participants' experiences of mental health and depression, we utilized the *Patient Health Questionnaire* (PHQ-9) screening tool (see Appendix A, Table A4). The majority of participants scored as having minimal or mild depression (59.2%). 7.5% scored as having moderate to severe depression. Caregivers who used mental health services for themselves and for their children (center or school-based) had higher levels of depression than those who did not use mental health services. Those who used housing services or received legal services for housing issues also had higher levels of depression compared to those who did not. Finally, those who have received childcare had higher levels of depression than those who have never used childcare.



IMMIGRATION-RELATED STRESSORS

To understand participants' experiences as an immigrant, we utilized items from the *Border Community and Immigration Stress Scale* and the *Stress of Immigration Survey* (see Appendix A, Table A5). Items asked about how much stress participants have experienced in the past two years due to things like encounters with immigration officials or local police, worries of potential deportation, language barriers, documentation problems, cultural differences, and experiences of discrimination. Participants responded as to how much stress each item has caused them on a scale of 0 = never experienced this, 1= no stress, 2 = a little stress, 3= moderate stress, 4 = a lot of stress, and 5 = severe stress. The mean response was 2.01. Additionally, 35.0% of participants reported that someone close to them has been deported.

Immigration stress was higher on average among those who reported ever *needing* mental health services for themselves or their children, housing, food, income assistance, and school-aged children's services, compared to those who did not indicate a need for these services. Higher immigration stress was also associated with higher levels of depression. Higher immigration stress was associated with the *use* of food assistance, legal services, and school-aged children's service. However, those with the highest average levels of immigration stress (4 or above) less often used mental health services for themselves or their children, and less often used childcare or received the childcare subsidy.

RESILIENCE

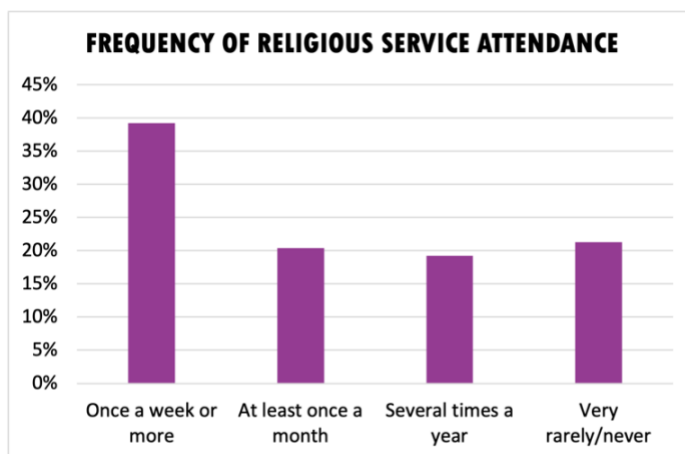
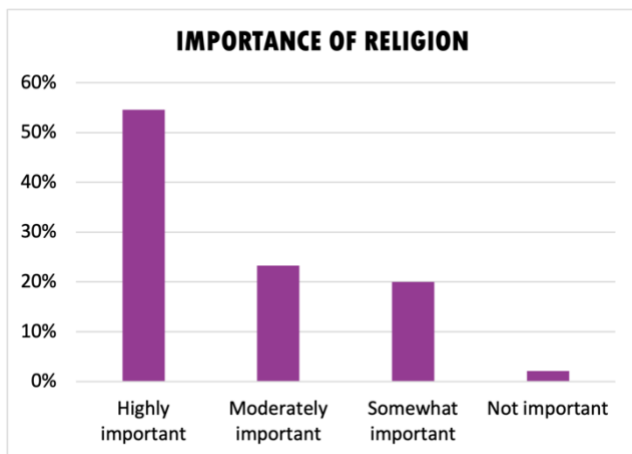
Finally, we aimed to understand the level of resilience among participants. We utilized the 10-item *Connor-Davidson Resilience Scale* (see Appendix A, Table A6). Items asked about participants' perceptions of things like how they adapt to changes; cope of stress, hardship, and challenging



situations; and achieve their goals despite obstacles. Participants responded on a scale of 1 to 5, where 1 = not at all true, 2 = rarely true, 3 = sometimes true, 4 = often true, and 5 = true nearly all the time. The mean response was 3.86. Those who needed and used income assistance and dental assistance for their children had lower levels of resilience.

Spirituality

Participants were also asked about their spirituality. 54.6% of participants reported that religion or spirituality is highly important to them, and 39.2% reported that they attend religious services once a week or more. Those for whom spirituality is considered highly important less often reported *needing* childcare, but spirituality was not associated with the use of any services. However, those for whom spirituality is highly important had lower levels of both immigration stress and depression.



POTENTIAL SOLUTIONS

To address identified challenges and barriers, focus groups participants emphasized the need for more information about services in the community, transportation, language access/bilingual staff, and documentation/access to work legally. For example, one participant from Las Cruces spoke to the need for more Spanish-speaking staff in community organizations,

Pues yo cambiaría al personal, que hubiera personal adecuado...para dar la información y, el idioma, que trataran de buscar gente que habla español, porque propaganda sí he mirado bastante, he mirado folletos que sí dan para ayudar a la comunidad. So, yo diría que el hablar el idioma para que la gente tenga la confianza de ir a preguntar y este, y a veces cambiar de personal para para que sea mejor, porque si hay personal muy déspota.

I would change the personnel to make it more adequate... to give the information in the language, that they try to look for people that speak Spanish...because I have seen a lot of propaganda, I have seen brochures that they give to try to help the community. So, I would say that if they spoke Spanish, the people would feel more confident to ask questions...and sometimes to change the personnel, to make it better, because sometimes the personnel are very despotic.

ONE STOP SHOP

In addition to providing their perspectives on the various factors impacting service seeking decisions among immigrant families with young children in Doña Ana County, focus group participants also shared their thoughts and ideas about a potential solution to improve service access and receipt for immigrant



families – a one-stop-shop. In previous phases of this research, both community leaders and frontline practitioners discussed a need for some kind of one-stop-shop for services for immigrant families, meaning a central location, hub-and-spoke, or mobile model that would connect immigrant families to various types of needed services. The following represent participants' thoughts and insights related to the concept of a one-stop-shop for services for immigrant families, focusing on the ideal format, location, types of services, outreach, and staffing.

Format

Participants agreed on the need for a centralized one-stop-shop to provide key services for immigrant families. In particular, they thought that a mobile unit format would be the most effective for reaching families, especially for those with transportation challenges or who are unable to pass through border patrol checkpoints. Participants from Las Cruces shared:

Pienso que la unidad móvil sería más mejor porque poner un lugar sería igual. No toda la gente sabría para poder ir ahí para poder ir. Yo pienso que la unidad móvil es mejor andar en los lugares para que más gente se pueda enterar... También ayudaría a los que no tienen transporte.

I think that the mobile unit would be better, because a central unit would be the same. Not everyone would know and go. I think the mobile unit is better because more people will know about it. Plus, it will reach those that don't have transportation.

Creo que sería bien el móvil, porque si se mueve a varios lugares y varias personas lo conocen, porque si está en un solo lugar. Hay en un solo lugar, aquí está en un solo lugar. Y no todas las personas saben de ese lugar... Es que me di cuenta, pero con el móvil creo que sería algo bueno.

I think the mobile unit would be good, because it would go to several places and more people will know about it. If there is only one location, like here is only one place, not everyone knows about this place...But with a mobile unit, I think it will be something good.

A veces también no puede entrar para allá uno. Porque uno no puede ir a Hatch. Para eso se necesita también el camioncito.

Sometimes we can't go there. We can't go to Hatch. That's why we also need the little van.

Similarly, participants pointed out the need to offer "tele-services" to make services accessible to those who are not able to go in-person to receive services.

Sí, en algunos casos sí, porque hay personas mayores que ya se les dificulta mucho salir. O en mi caso, que no tienen transporte propio, ¿verdad? Y ahí anda uno sacando la gente del trabajo, o de otro lado para que le den el aventón a la clínica o algo así. Entonces pues sería muy bueno.

Yes, in some cases yes, because there are older people who find it very difficult to leave their home, or that don't have any means of transportation, like me, right? There we are, pulling people out of their job or their occupations to ask them a ride to the clinic...yes, it would be very good.

Location

If a one-stop-shop were to be located in a specific location vs. a mobile unit, Las Cruces participants suggested central, well-trafficked places, such as the downtown Las Cruces plaza, shopping centers, or the Las Cruces mall as an ideal place. Participants from Hatch noted the need for services to be located in their area so that they don't always have to travel to Las Cruces.

En el centro o en un centro comercial...En el Mall, todo el mundo va al mall.



In downtown or in a mall...In the mall, everyone goes to the mall.

Pues la mayoría de la gente pasa mínimo una o dos veces por el centro. Entonces este, si sería más difusión. O sea, hay es que yo necesito un lugar...Ah, mira, sabes que yo pasé por el centro y vi por allí hay. O sea, sería más fácil.

Well, most people pass by downtown at least once or twice. Then it would have more diffusion. I mean, hey there is that... I need a place.... Oh, look, you know that I passed by downtown and saw this there!... I mean, it would be much easier.

Ya no queremos ir a Las Cruces. Vamos a decir que uno ocupa terapia física, como dice ella. Pues que traigan un terapeuta. Ese de las citas que va a tener en vez de ir a Cruces. Venir aquí.

We don't want to go to Las Cruces anymore. Let's say that one occupies physical therapy, as she says. Well, bring a therapist. That one of the appointments you will have instead of going to Cruces, just come here.

One participant also suggested establishing a one-stop-shop location in El Paso as well as Las Cruces.

Y porque a mí me gustaría por lo menos que tal vez no, nomás una instalación, sino dos, a una en cruces, otra en El Paso. Porque también hay gente que viene de Juárez y pues el primer lugar que llega hasta El Paso.

And because I would like not only one facility, but at least two, one in Las Cruces and one in El Paso. Because there are people who come from Juarez and the first place they arrive is to El Paso.

Participants emphasized that the one-stop-shop must be a safe place for immigrants where they won't be at risk of being detected or detained by immigration enforcement.

Types of services offered

With respect to the types of services that should be offered at a one-stop-shop, participants suggested a wide variety of services, including medical (including affordable and accessible insurance), mental health, housing, food assistance, legal aid, childcare, student support, as well as information about services available in the community.

Pues en la unidad física, pues todo ¿verdad? La información sobre todos los servicios.

Well, in the physical unit...well, everything, right? The information about all services.

También la ayuda a para el médico, lo de housing, pues de alimentos.

Medical, housing and food assistance.

Médicos como... este, ¿cómo se llama? De alimentación, bancos de alimentación, este, cuidado de niños, o sea, todos los servicios que se pudieran requerir, ¿verdad? Y en la unidad móvil pues, igual ¿verdad? Que estuviera la información de todo.

Doctors...food, food banks, day care, I mean, all the services that are required right? And in the mobile unit, well the same, right? They should offer information of everything.

Pues... Que hubiera más espacio para para los niños. Para que muchas madres solteras y las que no, a las que también. Para los para las que no, no son solteras. Pudieran tener la ayuda para...Para tener sus hijos con ese lugar como este. Porque pues ahorita que yo miro este lugar a veces me da mucha, me da mucha alegría, pero me da mucha nostalgia y mucha tristeza



¿Sabes? Porque viví aquí, tengo ya viviendo como unos 13 años, batallé tanto. Tanto como. No tenía con quién dejar a mis hijos. Y apenas supe de este lugar.

Well...That there be more space for the children. So that many single mothers and those who are not single could have the help to... To have their children in a place like this. Because right now that I look at this place sometimes it gives me a lot of joy, but it also gives me a lot of nostalgia and a lot of sadness. Because I lived here, I have already lived for about 13 years, I struggled so much. As much as... I had no one to leave my children with...And I just found out about this place [local childcare center for families experiencing homelessness].

Outreach

Participants highlighted that a key issue facing families in need of services is the lack of information/awareness of existing services.

Se necesita eso, se necesita gente, se necesitan los folletos que nos están informando. Porque en realidad las estaciones ya las tenemos, ya tenemos aquí, ya tenemos el Mesquite, tenemos en Hatch, tenemos en Doña Ana, o sea, sí están las ayudas, sino que no está la información.

We need that, we need people, we need brochures that inform the people, because the places we already have, we have here, we have in El Mesquite, we have in Hatch, we have in Dona Ana...I mean, there is the assistance but there is no information.

Mucha falta de información entre la comunidad, porque yo batallé tanto, todos estos años, mis niños estaban chiquitos y yo no tenía a donde irlos a dejar, no tenía con quién dejarlos. Busqué y busqué, intenté y no lo encontré. Y hasta apenas hace un año que supe de este lugar. Yo no sabía de este lugar...Por eso y ahorita me da mucha nostalgia, me da mucha tristeza por eso, porque hay mucha falta de información entre la comunidad.

[There is] a huge lack of information among the community, because I struggled so much, all these years, my children were little and I had no place to take them, no one to leave them with. I searched and searched, tried, and didn't find. Until about a year ago I found this place [local childcare center for families experiencing homelessness]. I didn't know about this place...For that reason now I feel a lot of nostalgia, a lot of sadness, because there is a huge lack of information among the community.

As such, they suggested the following methods of conducting outreach and disseminating information about the one-stop-shop: social media, television, large events, schools, word-of-mouth, and brochures in their language.

Pues ahorita las redes sociales es lo más... o sea, en una casa mínimo hay uno o dos teléfonos con redes sociales.

Well, right now social networks are the most... I mean, in a household, there is at least one or two phones with social networks.

Mire, con un folleto o uno de estos que uno tenga, o con esto que tenga. Si no hay nadie quien sepa de información, de ayudas, tú oyes que alguien necesita ayuda. Usted mira aquí, aquí están, ayuda aquí, aquí también. O sea que cuando tú miras a esa persona y te dice así, sabes que es una gran bendición para ti, para tu familia.

Look, with a brochure or one of these that you have, or with this that you have [a list of agencies in the community]. If there is no one who knows about the information, about help, you hear



that someone needs help... You look here, here they are, help here, here too. So, when a person tells you... you know? it's a great blessing for you, for your family.

Staffing

Finally, with respect to who should staff the one-stop-shop, participants said it should be people who have experience with immigrants and speak their language and who are trained to provide information about and connections to needed services.

El buen trato, amabilidad, que puedan hablar este, pues, los idiomas para cada persona.

Good service and kindness. Well, that they speak the languages of each person.

Pues sí, sería como que fuera como un edificio donde hubiera personas capacitadas para, Para, brindarle una información acerca de todos los temas que que estamos hablando, cómo buscar este como servicios mentales o de trabajo.

Yes, it would be like... like a building where there were people trained to...to give you information about all the issues that we are talking about. Like how to search for mental services or look for work services.

IMPLICATIONS & NEXT STEPS

These results highlight some important insights related to immigrant caregivers' and their children' service needs in addition to their mental and emotional health and resilience, and ideas for improving access to needed services. Future analyses will parse out relationships between mental and emotional health and resilience factors and the use of services, and their potential implications for providing targeted supports. Specifically, analyses will examine the unique contributions of immigration-related stress, depressive symptoms, and ACEs to the use of mental health and early childhood services. Further analyses will also explore factors that may be influencing disparities between service need and service use, especially with respect to housing and income assistance, childcare, and medical, dental, and mental health services for immigrant caregivers (see Appendix B for a table comparing service need and use across the various service areas). Finally, the focus group insights about a one-stop-shop concept may prove particularly useful to various Doña Ana County initiatives exploring the implementation of one-stop-shops/hubs/mobile units to serve and engage parents and families in the community, especially to ensure that these initiatives are attentive to the unique experiences and needs of immigrant families.

Overall, this research has generated essential knowledge on the factors that positively and negatively impact service access and receipt for young immigrant children and their families in Doña Ana County, and where community organizations can make improvements and build capacity to meet the complex needs of this population. We hope that the results of this research and its recommendations will improve equity in access to services and well-being outcomes for young children in immigrant families in the NM borderlands. To this end, the next steps of this work will include: 1) the development and implementation of a training series for organizations and professionals focused on trauma-informed, immigrant-inclusive service provision for working with immigrant families, including a model for implementing immigrant specialist family navigators within organizations; and 2) assessment and development of a multidisciplinary statewide network for organizations serving immigrants in NM, to include peer education, resource sharing, and training on best practices for serving immigrant families with young children.



APPENDICES

APPENDIX A: MENTAL, EMOTIONAL HEALTH, RESILIENCE SCALES

TABLE A1. ACCESSING & MOBILIZING RESOURCES

Healthy Family Parent Inventory – Mobilizing Resources Subscale

Please answer whether the statement applies to you rarely or never, a little of the time, some of the time, a good part of the time, or always or most of the time. You should select the answer that best matches how you have felt in the last month.

1. I know where to find resources for my family.
2. I know where to find important medical information.
3. I am comfortable in finding the help I need.
4. I know community agencies I can go to for help.
5. It is hard for me to ask for help.

TABLE A2. ATTITUDES TOWARD HELP-SEEKING

Attitudes Toward Seeking Professional Psychological Help – Short Form

Please answer whether you strongly agree, agree, disagree, or strongly disagree with each of the following statements.

1. If I thought I was having a mental breakdown, my first thought would be to get professional attention.
2. Talking about problems with a psychologist seems to me as a poor way to get rid of emotional problems.
3. If I were experiencing a serious emotional crisis, I would be sure that psychotherapy would be useful.
4. I admire people who are willing to cope with their problems and fears without seeking professional help.
5. I would want to get psychological help if I were worried or upset for a long period of time.
6. I might want to have psychological counseling in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she is more likely to solve it with professional help.
8. Given the amount of time and money involved in psychotherapy, I am not sure that it would benefit someone like me.
9. People should solve their own problems, therefore, getting psychological counseling would be their last resort.
10. Personal and emotional troubles, like most things in life, tend to work out by themselves.

TABLE A3. CHILDHOOD TRAUMA

Adapted 12-Item version of the Adverse Childhood Experiences (ACEs) Questionnaire

For these questions, think back to when you were a kid – before you turned eighteen. For each question, you can choose ‘yes’ or ‘no’. At any point before you turned 18 years old...

1. Your parents or guardians were divorced or broke up.
2. Someone who lived in your house served time in jail or prison.



3. You lived with someone who was depressed, mentally ill, or attempted suicide.
4. You saw or heard people who lived in your house hurt or threaten to hurt each other.
5. More than once you went without food, clothing, a place to live, or had no one to protect you.
6. You lived with someone who had a problem with drinking or using drugs.
7. You were in foster care. (Clarification: you had to live with someone else for a period of time because your parents could not take care of you)
8. You experienced harassment or bullying at school.
9. You lived with a parent or guardian who died.
10. You were separated from your primary caregiver through deportation or immigration.
11. You had a serious medical procedure or life-threatening illness.
12. You often saw or heard violence in the neighborhood or in your school neighborhood.

TABLE A4. MENTAL HEALTH & DEPRESSION

Patient Health Questionnaire (PHQ-9)

For these questions, think back about how you have been feeling over the last 2 weeks. For each question, please answer how often you have been bothered by any of the following problems over the last 2 weeks...

1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless
3. Trouble falling asleep, staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

TABLE A5. IMMIGRATION-RELATED STRESSORS

Adapted from the Border Community and Immigration Stress Scale and the Stress Of Immigration Survey

For the following questions, please respond with how much stress or worry you have experienced in the past two years with each statement. For each question you may answer *no stress, a little stress, moderate stress, a lot of stress, severe stress, or have you never experienced this*. In the past two years, how much stress or worry have you experienced because of:

1. limited contact with your family or friends due to immigration status.
2. the feeling that you'd be deported if you went to a social or government agency.
3. feeling that it is harder to succeed because of your ethnic background.
4. worrying about your family or friends having problems with immigration officials.
5. encounters with immigration officials.
6. encounters with local police.
7. how hard it is to learn how to do things here in the US (such as signing up your child for school or registering your car)?
8. you can't communicate in English well enough to enjoy life in this country?
9. documentation problems keep you from getting the things that you need for you and your family?
10. you feel emotional and sentimental when thinking of your life back in your country?



11. you don't have a job where you can take time off when you need it (sick days or vacation)?
12. you feel Americans think that you don't really belong in their country?
13. you are worried that you or your family might be deported?
14. documentation problems keep you from getting the health care that you need for you and your family?
15. you don't have a job with benefits like health insurance?
16. you feel that cultural differences in the US are causing conflicts within your family?
17. you feel people discriminate against you and you are treated as a second-class citizen?

TABLE A6. RESILIENCE

Connor-Davidson Resilience Scale

Please answer with how much you agree with each statement. For each question you may answer *not true at all*, *rarely true*, *sometimes true*, *often true*, or *true nearly all the time*. You should select the answer that best matches what has happened in the past two years. If the situation did not happen in the last two years, answer with how you would have felt if it happened. In the last two years, this has been...

1. I am able to adapt when changes occur.
2. I can deal with whatever comes my way.
3. I try to see the humorous side of things when I am faced with problems.
4. Having to cope with stress can make me stronger.
5. I tend to bounce back after illness, injury, or other hardships.
6. I believe I can achieve my goals, even if there are obstacles.
7. Under pressure, I stay focused and think clearly.
8. I am not easily discouraged by failure.
9. I think of myself as a strong person when dealing with life's challenges and difficulties.
10. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.



APPENDIX B: DISPARITIES IN SERVICE NEED VS. USE

TABLE B1. DISPARITIES IN SERVICE NEED VS. USE

	Ever Needed		Ever Used		Difference btw. need vs. use
	n	%	n	%	%
Medical, Dental, & Mental Health Services					
Medical services for child	218	90.8%	216	90.0%	0.8%
Dental services for child	210	87.5%	206	85.8%	1.7%
Mental health services for child	44	18.3%	41	17.1%	1.2%
Medical or dental services for self	208	86.75	184	76.7%	10.1%
Mental health services for self	62	25.8%	41	17.1%	8.7%
Housing, Food, & Income Assistance					
Housing assistance	92	38.3%	35	14.6%	23.7%
Food assistance	225	93.8%	215	89.6%	4.2%
Income assistance	121	50.4%	92	38.3%	12.1%
Services for Children					
Early childhood services	145	60.4%	137	57.1%	3.3%
Preschool programs	177	73.8%	171	71.3%	2.5%
Childcare services	108	45.0%	83	34.6%	10.4%
School-aged services	85	35.4%	83	34.9%	0.5%

