



**2007 FORTALECIENDO LA  
FAMILIA HISPANA:  
APPROACHES TO STRENGTHENING  
THE HISPANIC FAMILY**

SUMMARY OF BEST PRACTICES



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Dear NCLR Affiliate:

It is with great pride that the National Council of La Raza (NCLR) presents its *2007 Family Strengthening Awards Best Practices Guide: Fortaleciendo la Familia Hispana*. Now in its fourth year, the NCLR/Annie E. Casey Foundation Family Strengthening Awards (FSA) Program has become a benchmark of excellence for Affiliate-based programs that strengthen the Latino family. NCLR staff and Affiliates have embraced it as a unique opportunity not only to recognize these programs, but to also circulate these model practices throughout the NCLR Affiliate Network.

One of the many opportunities for highlighting these model programs is through this publication, a compilation of FSA winners' programs. Each year, NCLR expands its library of award winners' best practices, which serves as a growing resource for Affiliate Network members when developing and enhancing their own programs. This year we are proud to highlight the five Affiliates selected to receive the NCLR/Annie E. Casey Foundation Family Strengthening Award: Conexión Américas, Dallas Concilio of Hispanic Serving Organizations, El Hogar del Niño, Luz Social Services, Inc., and Tiburcio Vásquez Health Center, Inc. This guide marks the beginning of the documentation and distribution process of the 2007 awardees' best practices for the NCLR Affiliate Network.

In addition to this publication, the award winners will share their program highlights at the workshop, "Strengthening Hispanic Families: Five Holistic Approaches" during the 2007 NCLR Annual Conference in Miami, which will provide a glimpse into each of the programs and give Affiliates a greater understanding of the family strengthening philosophy. Affiliates will also have an opportunity to gain a deeper knowledge of how the winning programs were developed and implemented, through technical assistance training sessions that will be offered at the end of the year. Both the Family Strengthening workshop, and the training sessions will give Affiliates a forum to discuss potential solutions to the challenges they face in addressing problems in their communities and serving Latino families.

NCLR's Family Strengthening Awards have been made possible through a valuable partnership with the Annie E. Casey Foundation (AECF). Since 1948, AECF has worked to build better futures for disadvantaged children and their families in the United States. The primary mission of the foundation is to foster public policies, human service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. AECF believes that, for children to have the opportunities necessary to achieve and grow up in a healthy environment, their families must have access to services and social networks that strengthen their ability to provide for and nurture their children. The factors necessary to strengthen families include opportunities to

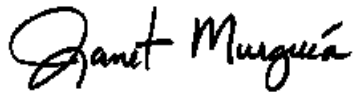
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work, earn a decent living, and build assets; social networks that help isolated families link with friends and neighbors as well as social, civic, and faith institutions; and accessible and responsive public services, such as good health care, decent schools, and fair and effective law enforcement. At NCLR, we are proud to know that our Affiliates provide these services and resources to the Latino community every day, offering support on multiple levels and strengthening families with a holistic approach.

All of the winning programs have demonstrated effective strategies to successfully meet the needs and challenges of their communities. They have demonstrated their commitment to serve and support Latino families in a comprehensive fashion, ultimately providing children an opportunity for advancement and success. I sincerely hope that the family strengthening best practices outlined in this publication will serve as a resource for NCLR Affiliates to enhance the services they provide to Latino families. I also hope this guide serves as a reminder of the power of our Affiliates to create solutions to improve opportunities for Latinos and advance our community.

Sincerely,

A handwritten signature in black ink that reads "Janet Murguía". The signature is written in a cursive, flowing style.

Janet Murguía  
President and CEO

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# Family Strengthening Programs for Hispanic Communities

## *Best Practices Guide*

### Conexión Américas ENLACES Information, Referral, and Support Services



#### **Program Summary**

The ENLACES Information, Referral, and Support Services Program connects Latino families with the information, resources, support networks, and tools they need to address immediate, mid-term, and long-range challenges and aspirations. This program uses two strategies for service delivery: the Spanish Help Line and on-site, face-to-face assistance. Latino families call the Help Line or seek face-to-face assistance to address different needs; one day, they could request assistance on filing a tax return, another day a referral to a bilingual lawyer. Other families come seeking support to realize the dream of buying a house or starting a family business.

#### **Background**

##### *Need for the Program*

**Absence of Safety Net:** Latinos come from societies rich in social capital with deep networks of kinship (immediate and extended family), and even entrance into these networks through “adoption” or camaraderie (e.g., a neighbor taking care of another family’s children). While many Hispanic families come to Nashville after a relative or friend has settled there, the need for our ENLACES program is often the result of the absence of support networks in their new community.

**Exclusion from “Formal” Economy:** Like many low-income individuals in the U.S., the majority of our Latino families operates on an “informal economy,” which is full of opportunistic service providers and unscrupulous businesses. Unfortunately, many low- and moderate-income Latinos rely on these businesses for various needs, including translations, tax advice, tax preparation, legal advice, and loans. Although this “informal sector” provides for short-term basic needs, it is an unhealthy and predatory system that drains Latino families’

financial resources and offers poor quality and often unethical services. ENLACES offers quality information, referrals to trusted service providers, and direct assistance by qualified personnel.

**Language and Cultural Barriers:** Our customers are Spanish-speakers with limited English proficiency. They often access our Spanish Help Line and face-to-face support services because they face linguistic and cultural barriers when attempting to interact with necessary services.

### *Population Characteristics*

According to data from the 2000 Census analyzed by the Urban Institute: “More than half of the immigrant population with limited English proficiency in the Nashville area speaks Spanish.” The study suggests that immigrants with limited English proficiency “tend to hold less desirable jobs, earn lower incomes, and generally fare worse on most indicators of well-being.” (Source: The Urban Institute, prepared for the Building the New American Community Project, *A Profile of the Foreign-Born in the Nashville Economic Market*, October 2003). According to the report, in Nashville and surrounding counties “poverty rates among the foreign-born population (18%) are almost double those of the native-born population (10%).”

ENLACES serves low- and moderate-income Latino families in Middle Tennessee. Its customers are all adults; 51% of them are females and 49% are males. Almost 60% of them are recent immigrants from Mexico. Families typically served by ENLACES have the following characteristics: Originally from Mexico, the parents came to this area for job opportunities; have low literacy skills in their native language, and face multiple barriers (e.g., language, culture, and affordability) accessing basic services; their two children go to public schools, learn English, and become interpreters for the parents in many interactions (e.g., doctor’s visits). Both parents work, often more than one job, in seasonal or sporadic occupations, such as construction, landscaping, and cleaning services. They are caught in the contradiction of a system that, on the one hand, needs their labor (and eagerly collects their taxes) but, on the other hand, has impractical immigration policies that do not grant them authorization to work in the U.S. They do not have health insurance. Their youngest child was born in Nashville, and is therefore a U.S. citizen. Only this child can access some publicly funded services and other resources available to low-income families. Despite all the difficulties and challenges, the future is brighter here than in their native Mexico. Thus, this family plans to stay permanently in Nashville and dreams of one day owning a home and even maybe their own small business.

### **Key Elements**

#### *Program Goals and Objectives*

**Goal:** Latino families will more fully integrate into the Middle Tennessee community by connecting with quality, culturally competent information, resources, and support.

**Objective:** At least 2,000 Latino adults and their families will solve immediate challenges or obtain the knowledge and tools to move toward achieving their dreams, including the following:

- 40 adult Latinos will improve their conversational English through weekly encounters with their English-speaking mentors, as reported in written self-evaluation.

- 400 Latino individuals will increase their understanding of the U.S. tax system and of their tax rights and responsibilities through community workshops, as reported in written evaluations.
- 200 Latino families will complete and file their annual tax returns correctly and on time through our direct assistance, as documented in filed tax returns.
- 100 Latino families will increase their general understanding of the homebuying process and of the rights and responsibilities of homeowners through our Homebuyer Education Classes, as reported in written evaluations.
- 100 Latino families interested in homebuying will identify the specific steps they need to take to achieve the dream of homeownership through our “Front Door” financial counseling sessions, as evidenced by completion of our action plan.
- 100 Latino individuals will increase their understanding of specific legal issues and of their rights and duties in this country through our workshops with guest volunteer lawyers and advocates, as reported in written evaluations.
- 100 Hispanic individuals will increase their understanding about their specific legal case through free individualized consultation with a pro bono lawyer, as reported in written evaluations.

### *Services Provided*

- Information and referrals through the Spanish Help Line
- Face-to-face assistance (e.g., document translations and mediation with other service providers)
- Taxes, information, and preparation
- Homeownership and individualized financial counseling
- Language exchange program (Adult English learners are matched with a mentor to improve conversational skills.)
- Legal consultations with pro bono lawyers

### *Program Design*

Our program includes two strategies for service delivery: the Spanish Help Line and face-to-face outreach and assistance. We offer information, referral, and face-to-face support from 9:00 a.m. to 6:00 p.m., Monday-Friday. We also provide direct assistance after those hours or on weekends for targeted services (e.g., individualized consultations with pro bono lawyers and educational workshops).

**Spanish Help Line:** This number is promoted in the Middle Tennessee region. Callers receive information or are referred to Conexión Américas’ own programs and to other community services. Depending on the nature of the caller’s need, a face-to-face appointment may be scheduled.

**Face-to-Face Support:** Latino families come to our office to address a generic need (e.g., translating a birth certificate) or for a particular service we provide (e.g., tax preparation, financial counseling for potential homeowners, and legal consultation with a pro bono lawyer).

All outreach and education efforts are conducted at places where Latino families congregate (e.g., churches and English classes).

Internally, there are two major components that comprise the core infrastructure of this program: an electronic customer database and an electronic directory of services and resources in the Middle Tennessee region. The latter must be continuously updated to reflect availability and capacity of other organizations to serve Latino families.

*Funding*

<b>A. Revenue</b>	<b>FY 2006 or 06/07</b>
United Way of Metropolitan Nashville (Outcome-based investment)	\$60,480
All other contributions (Direct and indirect public support)	\$51,500
Total contributions:	\$111,980
<b>Total Revenue:</b>	<b>\$111,980</b>
<b>B. Functional Expenses</b>	<b>FY 2006 or 06/07</b>
Specific assistance to individuals	
Salaries and wages	\$78,500
Employee benefits	\$3,925
Payroll taxes	\$7,065
Professional, accounting, and legal fees	\$3,450
Supplies	\$1,265
Telephone	\$2,940
Postage and shipping	
Occupancy	\$5,880
Equipment rental and maintenance	\$1,035
Printing and publications	\$1,400
Travel	\$1,000
Conference, conventions, and meetings	\$1,840
Depreciation	
Other expenses not covered above	\$3,200
<b>Total functional expenses:</b>	<b>\$111,500</b>
<b>C. Surplus (deficit)</b>	<b>\$480</b>

Major funding sources:

United Way of Metro Nashville: \$57,000  
 Memorial Foundation: \$20,000  
 Corporate donations: \$12,500  
 Special events: \$9,500  
 Earned income: \$7,500  
 Community Foundation of Middle Tennessee: \$5,000

<b>Total # of customers projected to achieve 2006-07 goal</b>	2,480
<b>Unit cost</b>	<b>\$45</b>
Full-time equivalents	2.25

- Foundations 74%
- Corporations/Banks 11%
- Events 8%
- Other 7% (Earned income from other programs)

### *Partnerships*

Through strategic collaboration with the primary information-and-referral service provider in Middle Tennessee, the Crisis Intervention Center (our local 211 provider), our information, the support service became the single Spanish Help Line in Middle Tennessee in July of 2002. Since then, the 211-number has been launched in our region and our Spanish Help Line has become the specialized help line for Spanish-speaking callers.

For legal clinics, we work with a network of volunteer lawyers.

For tax preparation, we are part of the Nashville Wealth-Building Alliance, which is convened by our local United Way. It is composed of other community organizations that offer free tax-form preparation for low-income families and promotes the Earned Income Tax Credit program. As a Virginia Information Technologies Agency (VITA) site, we partner with the IRS.

For homebuyers' financial counseling and our homeownership program in general, we partner with The Housing Fund.

Due to the nature of our program, we are always working with other entities for cross-referrals and information sharing (e.g., Metro Schools, Metro Social Services, Police Department, Social Security Administration, IRS, State Department of Human Services, State Department of Children Services, Legal Aid Society, Catholic charities, consulates, hospitals, and courts).

### **Program Development Timeline**

While program development could possibly occur in six to nine months, the development of ENLACES is best understood in the context of the remarkable demographic changes taking place in Nashville. The 2000 Census showed a 446% increase of the Hispanic population in Nashville from 1990. By 2000, public agencies and nonprofit organizations were dramatically challenged by this wave of newcomers. Although a few programs in large nonprofit organizations were addressing particular and isolated areas of these newcomers' needs by 2000, no organization was comprehensively focused on Latino families. Furthermore, no organization had full cultural competence to work effectively with our community's newest neighbors coming from Mexico and other Latin American countries. The founders of Conexión Américas understood that void and its challenges. In 2002, they teamed up with an existing small nonprofit group – the Hispanic Family Resource Center (HFRC) – which was exclusively dedicated to providing information-and-referral services for health-related matters. The merger facilitated an holistic approach to helping Latino families. While the HFRC served 450 families annually, Conexión Américas' ENLACES program now helps approximately 2,500 families per year.

**April 2002** – Hispanic Family Resource Center becomes Conexión Américas.

**May-July 2002** – Conexión Américas continues HFRC’s information-and-referral services focused on health-related issues only (half-time position).

**July 2002** – Conexión Américas and Crisis Intervention Center begin collaborating on an arrangement to promote and staff a single Spanish Help Line in Middle Tennessee, (615) 269-6900.

**October 2002** – Conexión Américas hires full-time information-and-referral specialist and begins expanding focus of assistance provided. We begin the development of an electronic directory of community services for referral purposes. We also start development of an electronic database to track customers (demographic information and outcomes).

**January 2003** – Conexión Américas begins using electronic database to track customer outcomes, replacing paper case sheets.

**February 2003** – Conexión Américas signs formal agreement with Crisis Intervention Center (CIC). CIC brings marketing dollars, information and referral expertise, and larger infrastructure strategy. Conexión Américas brings expertise working with Latino families.

**February 2003** – Conexión Américas adopts CIC’s standards, taxonomy, and coding to track customer outcomes to reflect best practices in the information and referral field.

**July 2003** – Conexión Américas/CIC receive four-year grant from United Way which allows program expansion and the hiring of a second full-time employee to provide face-to-face assistance and conduct community outreach.

**March 2004** – Conexión Américas begins *Consulte un Abogado/Consult a Lawyer* component to connect Latino families with legal needs with pro bono lawyers (first legal clinics were conducted quarterly, then monthly).

**January 2005** – CIC becomes 211, and collaboration with Conexión Américas evolves into cross-referrals (Conexión Américas becomes “specialty information and referral” serving Latino families similar to other help lines specializing in senior citizen services or people with disabilities).

**January 2005** – Conexión Américas begins tax education and preparation component responding to large volume of calls regarding taxes (seasonal campaign and preparation services are offered from January through March each year).

## **Outcomes**

### *Client Flow*

Through ENLACES we help approximately 2,500 Latino adults and their families annually (unduplicated number). When we combine last year’s data from all interactions with individual families (some families come to us several times during the year to address different needs), we averaged a total volume of more than 3,600 calls to our Spanish Help Line and face-to-face appointments annually.

### *Specific Results Over Time*

#### **ENLACES 2005-2006 Outcomes:**

<b>Total number of customers served</b> (Unduplicated count of individuals)	2,407 Latino individuals
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<b>Goal Achievement</b> (Total # of customers who reached goal)	2,237 Latino individuals
% of customers who achieved goal	93%

In the 2005-2006 fiscal year, 93% of the 2,407 Latino individuals we assisted through ENLACES achieved the desired outcome; they were able to solve at least one of their problems or obtained the information and resources needed to do so.

**Lessons Learned**

*Challenges*

The referral and advocacy/mediating part of our program means that we have constant interaction with other groups. One of the greatest challenges we have encountered stems from the very nature of working with other organizations. As mentioned earlier, our ENLACES program operated as a collaboration with CIC before that organization became the 211 provider. Simply said, the CIC’s major contribution to that collaboration was its expertise in delivering information-and-referral services (the product). Conexión Américas’ greatest contribution was its expertise and experience working with Hispanic individuals and families (the customer). This was “collaboration” at its best; we eliminated the duplication of our individual efforts (sustaining two different Spanish help lines) and adopted and promoted a single phone number, ultimately making it easier for Latino families to remember where to call for help and information in Spanish.

As part of our collaboration, Conexión Américas adopted the taxonomy and coding used by the CIC to track the nature of the assistance provided and customer outcomes. This and many other measures undoubtedly strengthened Conexión Américas as a provider of information, referral, and assistance services. However, in trying to standardize our models, we encountered several measures that would have been counterproductive to our efforts to serve Latinos. For example, while it is a standard practice among information-and-referral service counselors to use a pseudonym and to refrain from sharing personal information, this best practice would have become a barrier with our Latino customers. CIC had to learn that Hispanic culture highly values interpersonal relations; we earn the trust of our Latino families in part through casual conversation and self-disclosure. It took a great deal of education and negotiation before CIC accepted such new best practices when working with Latino families.

*What conditions must be met for the program to be successful?*

**The three Cs: Collaboration and Cultural Competence!** One single organization cannot strengthen Latino families. The challenges and opportunities Latino families face are complex, and we need to work with other organizations if we are to achieve true change. It is in the best interest of the families we serve, and of the sustainability of our own organizations, to deliberately help other groups increase their cultural competence and capacity to serve Latino families. At Conexión Américas, we are committed to increasing the availability and quality of services offered to Latino families by other organizations, primarily through strategic collaboration and our Latino Cultural Competency Training . We have helped more than 3,000 Tennesseans increase their understanding of their new Latino neighbors: why we are here, the

world we came from, the conditions we left behind, the dreams we brought with us, and the challenges we face in our new community.

### **Replication**

Financial and human resources are limited, so working in partnership with other organizations to strengthen Latino families is not only feasible but an imperative and responsible approach for any nonprofit group. In our experience, the following are key components of successful collaborations:

- **Reciprocity:** All sides have something concrete and tangible to contribute; the relationship is mutually beneficial.
- **Accountability:** Roles and responsibilities of each party are clearly defined.
- **Communication:** Each party clearly articulates expectations from others and from the process itself (wanted results); key communicators from each party need to be identified.
- **Chemistry:** A certain level of compatibility among individuals directly negotiating and working on a collaborative effort makes things run smoother.
- **Change and adaptability:** Few ideas are implemented exactly as they are originally proposed. We understand the marketplace; the needs of our customers; and the current roles of government, for-profit, and nonprofit groups in the social challenges we are addressing. Thus, we design our programs with flexibility to change as market conditions change.
- **Focus on social change (versus charity):** As Martin Luther King Jr. said, “Don’t give people in charity what they deserve in justice.” Conexión Américas strives to support Hispanic families in their own quest for a better quality of life; we build upon their creativity, their strong sense of family and solidarity, and other cultural assets. Ultimately, Conexión Américas exists to help Latinos address challenges encountered in their new community and to nurture their capacity and determination to achieve their short- and long-term dreams and aspirations. We promote this approach with other organizations.
- **Cultural competence (versus mere linguistic or cultural sensitivity):** Cultural competence requires more than hiring Spanish-speaking professionals or providing cultural sensitivity training to staff. Organizations must be committed to exploring and implementing innovative policies and practices that respond to the cultural values and beliefs of Latino families.

### **Contact Information**

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# Family Strengthening Programs for Hispanic Communities

## *Best Practices Guide*

### Dallas Concilio of Hispanic Service Organizations Community Health



#### **Program Summary**

The Dallas Concilio of Hispanic Service Organizations Community Health program provides Hispanics with multicultural and linguistically appropriate health and nutrition education, physical activity sessions, and referrals to affordable health care opportunities. Program staff are trained to assist clients with enrollment in CHIP (Texas Children’s Health Insurance Program) and provide them with recommendations to clinics with affordable medical attention, eye screenings, mammograms, and other health care services. The program also assists elderly Hispanics with understanding and enrolling in the Medicare-Approved Drug Discount benefit, providing these clients with access to necessary medication.

The program focuses on reducing the incidence and complications of diabetes in Hispanics through the Latino Initiative for Diabetes Education and Risk-Reduction (LIDER). LIDER provides diabetes awareness seminars and nutrition education; presents the chronic disease management course titled, *Viviendo con la Diabetes* (Living with Diabetes); offers support groups; and provides participants with referrals for necessary services. Both the seminar and the four-week course are offered at clinics, libraries, schools, churches, community centers, and worksites. In addition, support groups serve to continuously reinforce the importance of topics covered in the chronic disease workshop, serving not only individuals with diabetes but their families as well. Nutrition education involves many activities from taking grocery store tours and finding nutritional and diabetic-friendly food to cooking classes.

The walking program, *Pasos Saludables* (Healthy Steps), brings together the preventive strategy of the Community Health program and its focus on diabetes. Parents from various schools walk around the school or in a nearby park for approximately 30-60 minutes each week. Registered participants from the LIDER program can join a school group or start their own group; once registered, they are provided a T-shirt, water, and a pedometer. In addition, their glucose, weight, and blood pressure are monitored every six weeks.

The Community Health program evolved out of the original LIDER program, which began 14 years ago. The Community Health program was established in 2007 to encompass all areas of Dallas Concilio's work in health.

## **Background**

### *Need for the Program*

According to "The Diabetes Epidemic Among Hispanic and Latino Americans" (a fact sheet published by the National Institute of Diabetes and Digestive and Kidney Diseases and the National Institutes of Health, updated November 2005): "On average, about 2.5 million, or 9.5% of Hispanic and Latino Americans age 20 years or older have been diagnosed with diabetes. On average, Mexican Americans are 1.7 times as likely to have diabetes as non-Hispanic Whites of similar age." The high prevalence of diabetes and its complications among Hispanics, along with barriers to medical care, health education, and preventive services, greatly burden the community. Many Hispanics are unaware of the importance of taking control of the disease by monitoring their blood sugar levels, eating right, being physically active, and taking their medications as prescribed.

Weight-related illnesses such as diabetes affect Hispanics at a high rate because unhealthy lifestyles are prevalent in the community. According to the Centers for Disease Control and Prevention, only 23% of Hispanics reported participating in regular moderate physical activity. Consequently, Hispanics also have higher obesity rates than the general population. The *Pasos Saludables* program addresses the need to increase exercise among this population.

### *Population Characteristics*

The program serves families primarily through the mothers, the majority of whom are between the ages of 25 and 44. The Greater Dallas community includes approximately 818,222 Hispanics living in Dallas County, accounting for 35% of the total population; 22% of this group lives in poverty (according to the United Way of Metropolitan Dallas *2005 Community Needs Assessment*). As noted by Dallas Indicators ([www.dallasindicators.org](http://www.dallasindicators.org)): "Hispanics account for the largest percentage of [the] uninsured population in the state and the county." The Dallas Indicators' website has also determined that "[i]nadequate access to appropriate medical care can adversely affect the lives and well-being of Greater Dallas area residents and the overall well-being of the Greater Dallas community." In addition to lack of insurance, Hispanic community members – many of whom are recent immigrants – face other obstacles to disease prevention and the achievement of good health. These challenges include illiteracy, language barriers, lack of financial resources, and lack of awareness of health issues and the health system in this country.

To address the health needs of the Hispanic community, the program tackles language barriers by providing all of the educational materials and conducting all of the program activities in Spanish. In addition, all program activities are held at neighborhood venues, such as schools, churches, libraries, senior centers, and clinics. Program clients often cannot afford a vehicle or public transportation, so services are brought directly to them.

## Key Elements

### *Program Goals and Objectives*

Goal: To connect Hispanics with health resources and educate them on the importance of preventive health care.

#### Objectives:

- The Community Health program will assist clients with general and children's health education, physical activity participation, and access to health care.
- 75% of clients who complete the diabetes self-management course will make a change to get healthier and maintain the change for at least six months.

### *Services Provided*

- Diabetes awareness seminars
- Chronic disease self-management course *Viviendo con la Diabetes*
- Walking program *Pasos Saludables*
- Support groups
- Referrals to services
- Education on services for the uninsured

### *Program Design*

The Community Health program includes the following components:

**Diabetes Awareness Seminars:** These seminars educate individuals on the prevention of obesity and diabetes and their complications. Trained staff conduct classes at different community sites: clinics, churches, libraries, schools, and other locations.

**Chronic Disease Self-Management Course:** The four-week *Viviendo con la Diabetes* course includes the following topics: 1) defining diabetes and the importance of goal-setting in its control; 2) defining physical activity and its benefits in a healthy lifestyle; 3) defining proper nutrition and its benefits (includes grocery store tours); and 4) introducing diabetes complications and prevention issues.

**Walking Program:** *Pasos Saludables* encourages participants to walk 10,000 steps per day and increase their activity. In addition, awareness sessions are offered to participants. As the majority of participants are parents of school-aged children, they can impart what they learn to their children, creating a cycle of healthy habits.

**Support Groups:** These groups serve to continuously reinforce the importance of topics covered in the chronic disease self-management course. They are open to individuals with diabetes as well as their families.

**Referrals:** Program staff remain involved with the health care community of Dallas as they are needed, usually in relation to the uninsured and those with low incomes. Their knowledge of this network allows them to provide clients with recommendations to clinics for assistance with medical attention, free eye screenings, mammograms, and other health care needs.

**Education on Services for the Uninsured:** Program staff are trained to assist clients with enrollment in CHIP (Texas Children’s Health Insurance Program) and the Medicare-Approved Drug Discount benefit. In addition, staff keep abreast of other programs that offer free or discounted health and prescription benefits to the uninsured and make presentations on these opportunities to our clients and to service providers.

The program educates the local Hispanic population on obesity and diabetes and motivates them to adopt changes in their diet and lifestyle as preventive measures. By taking full advantage of our presentations, courses, support and walking groups, and referrals, participants will receive the tools to change their habits, eat healthier, and engage in more physical activity.

In addition, the Community Health program collaborates with various groups, providing them with technical support to incorporate their own obesity and diabetes programs. Employers, youth organizations, and the community at large are targeted for participation. Public service announcements are also broadcast to the Dallas community with messages on the prevention and management of obesity and diabetes.

#### *Funding*

Foundations: 16.5%

Local Government: 0%

State Government: 12.8% (Texas Department of State Health Services)

Federal Government: 0%

Corporations/Banks: 18.1%

Events: 5.6%

Other: 47% (23.8% National Alliance for Hispanic Health and Dallas Independent School District, 17.5% United Way, 4.6% fees for services provided, 1% individual donors, 0.1% endowment/interest income)

Community Health Total Annual Budget for 2007: \$218,577

#### *Cost per Person Served*

The cost per client is \$146.

#### *Partnerships*

**University of Texas Southwestern Medical School:** Undertakes studies of health disparities in the west sector of Dallas. Dallas Concilio assists them with outreach to the Hispanic community in the area. They have studied the Community Health program to determine the outcomes of the walking program.

**Childhood Obesity Coalition:** Dallas Concilio is part of this initiative to reverse the trends of childhood obesity. The Community Health program provides education to parents on type 2 diabetes in children at a number of elementary schools.

**Promotores de Salud Program:** Involvement in training *promotores de salud* (lay health educators) through the state certification program. Once certified, these individuals provide health care outreach in their communities.

**East Dallas Diabetes Project:** Ensures that there is a unified message for the diabetes program, without a duplication of efforts, and that the program is making the best use of available resources.

**Schools:** Parental education on how to prevent obesity and diabetes in their children. This includes the implementation of the walking program in which parents and their children participate on a weekly basis.

**American Diabetes Association:** The program provides recommendations on how to effectively reach diabetics in the Hispanic community.

**Community Clinics:** Dissemination of diabetes information to patients.

**Hispanic Media:** Publication of public service announcements to inform Hispanics about diabetes and alert them to resources for obtaining assistance.

### **Program Development Timeline**

The time to develop this program depends on the infrastructure of the organization and its ability to collaborate with others. The Community Health program depends heavily on partnerships with churches, schools, clinics, community centers, and other neighborhood organizations. Working with outside groups allows the classes and presentations to take place at various sites convenient to the clients. These partnerships also allow for better recruitment of clients.

Furthermore, before launching the program, staff must receive training on the courses they will teach and the referrals they will make to other health services. Once the program begins, it will take six to nine months to measure the initial results.

### **Outcomes**

#### *Client Flow*

The program assists approximately 1,200 individuals each year. Clients who have participated in classes or in the walking program ask for more education or additional physical activities. Approximately 80% of those who attend our classes held at schools join the walking program.

Collaborating with other programs, institutions, and organizations has also helped increase the number of people reached.

### *Specific Results Over Time*

The program is successful in strengthening Hispanic families. Individual client progress is documented and monitored for weight, glucose level, and blood pressure. Using referrals for medical care has helped clients receive treatment for illness. Some have been able to reduce their diabetes medication due to their participation in the walking program. Others are cooking with healthier ingredients that benefit their entire family, and the entire family is walking regularly. Clients with no financial or insurance resources testify to losing weight and making healthy lifestyle changes.

Measurable impact is demonstrated through the number of people served. All participants are learning principles that will help them lead healthier lives. The program collects several types of data to help measure effectiveness. Surveys are provided after each presentation. Pre- and post-tests are given for each self-management class to measure how much knowledge participants have gained from the class. In the post-course evaluation, participants are asked what changes they have made to become healthy as a result of the course, and the issues for which they need referrals or further information. The program follows up in six months to monitor if they have sustained the healthy changes or have begun any new ones. Throughout the walking program, glucose levels, blood pressure, and weight are monitored every six weeks.

### *Unanticipated Results*

Working with the community, the program has had to respond to calls for medical attention and health education, and provide individuals with resources and appropriate referrals to services. The program is not only helping the community increase its knowledge and level of physical activity but it is also providing basic health care services, such as referrals to eye care and glucose screenings, treatment for diabetics, assistance with receiving free prescriptions, etc. Although referrals to health services were not part of the program upon inception, they quickly became one of the most important components.

The hiring of *promotores* for the walking program is necessary to respond to the demand for walking groups. The initial goal was to implement the program at four schools. The program has extended to 12 schools, with multiple programs each, plus additional sites such as parks. The program needs more individuals to assist as *promotores* and serve as the connection between the program and the individuals participating.

To adequately respond to the needs of the participants, we need to include a registered nutritionist/dietitian, a physical activity coordinator, and a nurse to assist the groups and the *promotores* by making available not only classes but more individualized health care services.

## **Lessons Learned**

### *Challenges*

The main challenge is the need for funding to support the growth of the program. The need to increase the number of walking groups and implement them in other areas of the community is very high. With additional funding, the program will be able to expand to include more schools and other sites as well as have the support of individuals on staff to provide assistance with nutrition and physical training. A recently hired Development Director will focus on increasing funding through donations, grants, and sponsorships.

It is important to cater the program to the population being served. A challenge in implementing the program has been illiteracy; some of our clients cannot read or write in any language, making it impossible for them to take tests or fill out evaluations after receiving services. To address this obstacle to collecting outcomes, the questions are read to them and oral responses are manually recorded. Another challenge is that many of the women say that their husbands will not allow them to make drastic changes in the family's menu. The wives learned in class that many of their traditional dishes were not healthy the way they were cooking them. The program found and provided recipes for the food they are used to eating, substituting the regular ingredients with healthier ones, allowing them to continue to serve their families the same meals but with a higher nutritional value.

*What conditions must be met for the program to be successful?*

- Services must be offered at several sites at various times. The program must be accessible to a large community.
- Adequate funding must be attained to continuously offer the program.
- Bilingual services must be offered to accommodate the needs of the clients.

## **Replication**

The program implements simple but effective strategies that fit the needs of the community served. The collection of results is a priority, and creative ways of retrieving the information within the culture, not in spite of it, are critical. A major factor of success for the Community Health program is that it provides all services for free. Therefore, no one is left out or is unable to benefit from these opportunities. In addition, the program achieves success through its collaboration with local organizations. By creating partnerships with other groups, the program has amplified education and access to health care in the community.

Criteria necessary to replicate this program:

- Trained Health Staff – As health educators, the staff must stay current on trends affecting the populations served. They must be aware of diabetes and its complications and know the proper ways to prevent and treat the illness. They should also have a working knowledge of local and state programs (i.e., insurance programs, health services) as well as proper information for referrals.

- Relationships with Community Cornerstones – To fully ensure that the program reaches the desired population, the organization must have ties with community service providers with whom the Hispanic population holds strong relationships. This includes churches, schools, community centers, clinics, etc. Partnering with these organizations is essential to serving a greater number of clients.
- *Confianza* (Trust) and Cultural Experience – The Hispanic community must have trust in the service organization. Having staff members who are bilingual and culturally sensitive increases the comfort level for clients, making them more willing to trust the information provided. Dallas Concilio is known and trusted by the Hispanic community of Dallas. This trust and the recognition of the organization as an expert on Hispanic needs, challenges, and contributions are essential in community-based work. This goes a long way toward the success of our programs.
- Free Services – Many families are unable or unwilling to pay for the services provided through this program, therefore, offering free services ensures that every family can benefit from the program.

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# Family Strengthening Programs for Hispanic Communities

## *Best Practices Guide*

### **El Hogar del Niño Toddler/2-3-Year-Old Childcare Center**



#### **Program Summary**

The Toddler/2-3-Year-Old Childcare Center (“the Center”) helps to expand and strengthen El Hogar del Niño’s child care services mission by establishing and building a foundation of knowledge and experience on the unique developmental needs of bilingual/bicultural toddlers and 2- to 3-year-olds. It also allows the organization to reach out to immigrant parents, single parents, and younger parents (teenage mothers/fathers) and build partnerships with them to address: a) their child care needs; b) the emotional, cognitive, social, physical, cultural, intellectual, and developmental needs of their children; c) their parenting skills and challenges; and d) their life circumstances.

The Center has been carefully designed to address children’s educational needs and parental involvement and integration. It has highly trained staff members, including head teachers, assistants, teacher’s aides, a nurse, an Early Childhood Development Program Specialist, and a Clinical Psychologist. The Creative Curriculum methodology is used to encourage children to develop self-directed learning, problem-solving, and conflict resolution skills. Decision-making and communication skills are learned through play therapy activities. Parents attend parent/staff meetings and workshops to discuss their children’s progress and receive counseling on parenting skills and other issues. This team approach helps to establish continuity in the child’s life (at the Center and at home) and provides the emotional stability and support he/she needs.

For more than 34 years, El Hogar del Niño has assessed the immediate needs of Chicago’s Pilsen and Little Village residents and developed programs to meet them. The agency’s primary mission is to provide quality comprehensive bilingual/bicultural early childhood development programs and meet the needs of the entire family so that children can develop in environments that are culturally, emotionally, psychologically, socially, and financially strong.

## **Background**

### *Need for the Program*

Chicago's Pilsen and Little Village communities are vibrant neighborhoods. Once ports of entry for German, Slovak, Polish, and other ethnic Europeans, today these communities welcome, nurture, and celebrate a predominantly Mexican and Mexican American population. While these communities thrive commercially and culturally with hardworking people who invest in both their businesses and heritage, these two communities also have their share of social, economic, and personal problems that unfortunately prevent the population from reaching its fullest potential.

Both Pilsen and Little Village have poverty rates of 27%. Many individuals must take low-paying jobs because they may not have the adequate education, a solid command of the English language, or strong marketable skills required for higher paying jobs. Oftentimes, individuals must take on two jobs to support their family in Chicago and to send remittances to family members abroad. Crime also forces many individuals to live precarious lives and to be vigilant of their surroundings and dealings with others. Gang violence, family violence, drug dealings, predatory practices (i.e., predatory lending, questionable contracts), and other negative activities are played out in residents' homes, streets, and commercial districts which leads individuals to live stressful daily lives. Finally, a lack of adequate primary resources – primary and secondary schools, affordable health care facilities, and affordable housing, parks, and other recreational facilities – prevents individuals from having a well-rounded, healthy family environment and community.

The Toddler/2-3-Year-Old Childcare Center is necessary because it provides quality infant/toddler child care, a comprehensive network of services for the entire family, and a chance for parents to pursue personal goals. Parents know that their children are in a safe and nurturing environment, that they are receiving quality bilingual/bicultural early childhood development education, and that they can be involved without having to sacrifice job opportunities, schooling, family commitments, or other personal development activities. To maintain and strengthen parental involvement, El Hogar del Niño has modified Center services to respond better to parents' needs by holding parent/staff meetings at times convenient for their schedules; offering volunteer classroom opportunities; and conducting evening parent educational workshops.

### *Population Characteristics*

According to 2002 U.S. Census data for Chicago proper, 89% or 44,013 of Pilsen's residents were of Hispanic origin with a median household income of \$27,763 and a poverty rate of 27%. Little Village registered 91,071 or 88% residents of Hispanic origin, and the median household income was \$32,238 with a poverty rate of 27%. The majority of our Toddler/2-3-Year-Old Childcare Center clients are Mexican or Mexican American, and the parents are immigrant parents, single parents, and/or teen parents – all of whom face diverse cultural, social, and economic problems.

El Hogar del Niño is acutely aware that many families move from Mexico and other Latin American countries in search of economic stability and improved life chances for their children. Once in the U.S., they must confront the realities of low-paying jobs, job insecurity (particularly if they are of undocumented status), little job mobility, and lack of benefits that secure the household with a steady income and financial security. In addition, many recent immigrants, longer-term residents, and single parents who have not learned English, confront many language barriers that limit opportunities to further their education, career, housing status, and other life circumstances and those of their children. Furthermore, many parents, regardless of their legal or marital status, must make difficult decisions on how they spend their “free” time. They often must choose between family time, a second job, commitments with extended family or friends, or inconveniently scheduled classes for ESL, GED, U.S. Civics, or other life-enhancing training. Finally, for teen parents, inappropriate parenting skills, lack of economic security, lack of completed education, and possible family, alcohol, and/or drug abuse serve as obstacles for both their development and that of their children.

### **Key Elements**

#### *Program Goals and Objectives*

Goal: Infants and toddlers receive quality bilingual/bicultural child care that addresses their physical, emotional, social, linguistic, aesthetic, and cognitive development.

Objectives:

- Using Creative Curriculum methodology, 77 infants and toddlers will achieve age-appropriate development.
- 80% of children’s time spent in day care is dedicated to free play (guided by the Creative Curriculum which incorporates all areas of child development).

Goal: Parents are educated on and involved in the childhood development of this age group.

Objectives:

- 100% of parents will participate in 10 parent/staff meetings.
- 80% of parents will attend educational workshops – all designed to increase knowledge of infant/toddler development.

Goal: Staff are highly trained to meet the educational and developmental needs of this age group.

Objectives:

- All Center staff will attend a minimum of 24 on-site workshops and trainings to increase their knowledge of infant/toddler education and expertise on Creative Curriculum methodology.
- All Center staff will attend a maximum of 4 off-site classes and/or workshops to increase their knowledge of infant/toddler education and expertise on Creative Curriculum methodology.

## *Services Provided*

For children:

- Early childhood education and child care services that address toddlers and children's emotional, cognitive, social, physical, cultural, intellectual, and developmental needs
- Primary services (i.e., medical, nutritional)
- Specialized services (i.e., speech therapy, counseling)
- Healthy Families Program (see **Program Design** for description)
- Extensive referral network for out-of-agency services

For parents:

- One-on-one parent/staff meetings
- Parental educational workshops
- Healthy Families Program (see **Program Design** for description)
- Family Case Management Program (see **Program Design** for description)
- Extensive referral network for out-of-agency services

For staff:

- Staff on-site workshops and trainings
- Staff off-site classes and workshops
- Technical assistance from collaborative partners (i.e., universities, colleges)

## *Program Design*

The Toddler/2-3-Year-Old Childcare Center offers early childhood development education and child care in a bilingual/bicultural environment. Through Creative Curriculum methodology, educational and play activities address toddlers and children's emotional, cognitive, social, physical, cultural, intellectual, and developmental needs. Children are encouraged to learn and grow at their own pace through self-directed learning, problem-solving, conflict resolution, decision-making, and communication skills activities. Each classroom is staffed with bilingual personnel who possess dual language abilities that can best be represented on a continuum from dominant Spanish (minimal English) to minimal Spanish (dominant English). Hence, staff serve as important bilingual/bicultural role models who celebrate and reinforce children's dual heritages.

Staff are responsible for planning and implementing lesson plans, developing assessment tools, conducting observations, and maintaining children's files. Staff conduct observations to ensure that each child's holistic development is recorded and monitored. Observations also serve to identify special needs and assistance, and appropriate referrals are made to ensure that a child is receiving specialized services either within the agency or with one of our collaborative partners.

Children and their parents are encouraged to participate in either the Family Case Management Program or the Healthy Families Program to help address issues within the family and home

environment. Healthy Families ensures that women and their children are receiving pre- and post-natal care, well-baby care, medical services, early childhood development education, and nutritional education. The Family Case Management Program helps parents to develop a plan of action to address their most immediate daily needs; they can seek assistance through the agency's mental health services, emergency food and energy assistance, day care and child care programs, and family reintegration/remedial reading programs.

Finally, parents are required to attend regular parent/staff meetings and encouraged to participate in trainings and workshops. Both the meetings and the trainings/workshops inform the parents of their respective child's development and educate parents on early childhood development issues and different aspects of parenting skills.

### *Funding*

Total Program Budget: \$641,470

- Foundations: 7.0%
- Local Government: 31.36% (Chicago Public Schools – Toddler (0-3) State Government: 61.64%; Illinois Department of Children and Youth – Child Care)

### *Cost per Person Served*

Cost per child is \$8,331.

### *Partnerships*

El Hogar del Niño has developed its own referral directory to facilitate the identification of collaborative partners, resulting in much-needed services, space, trainings, and programming. Examples of resources we seek include: legal services; shelter; medical care; transitional housing; space for therapy; domestic violence groups; girls' domestic violence groups; services for the developmentally disabled; staff technical assistance and training; physical and occupational therapy; substance abuse programs; art, sports, and testing programs and services; and hospitalizations and medications.

Illinois NCLR Affiliate Network:

- Alivio Medical Center
- Mujeres Latinas en Acción
- The Resurrection Project
- Latinos United
- Instituto del Progreso Latino
- El Valor Corporation
- Gads Hill Center
- Erie Neighborhood House
- Association House of Chicago

Other local partners:

Medical Services:

- Women, Infant, and Children (WIC) clinics – Lower West Side, Jorge Prieto and Fantus Cook County
- Mercy Hospital
- Fantus OB/GYN Clinic
- North Lawndale Symphony of Services
- OB/GYN at Jorge Prieto Health Center

Chicago Public Schools:

- Pilsen Academy
- Curie High School
- Manuel Perez Elementary School
- Benito Juarez High School
- Farragut High School

Local nonprofit organizations, parks, churches, universities, and colleges:

- Centro Comunitario Juan Diego
- Harrison Park – Chicago Park District
- St. Adalbert's Church
- Northeastern Illinois University
- National Louis University
- Kendall College

### **Program Development Timeline**

For another NCLR Affiliate to replicate and establish a similar toddler/child, bilingual/bicultural early childhood development center, administration and staff must be prepared to dedicate two to three years to its development and implementation. First, a community assessment must be conducted to determine the specific child care needs of the community's population. Results must be analyzed to determine the appropriate child care facility. Administrators must apply for the appropriate city and state licenses and work with governmental agency officials to ensure that the facility, various equipment, and program components meet the respective governmental standards for early childhood education. As part of the license application, an agency must be prepared to address and follow Head Start Performance Standards, Day Care Licensing Regulations, and Department of Human Services guidelines that include eligibility. Concurrent with license application, administrative staff must seek early childhood development staff with the appropriate education, certification, and/or licensing. In addition, all potential staff must have a comprehensive background check.

Once licensing standards are met, a license is issued which then allows the agency to employ staff, choose the appropriate teaching curriculum, and begin the recruitment of families for

program participation. Various marketing strategies must be employed to inform parents of the specific qualifications and requirements for program participation. Appropriate paperwork must be completed on each family, and the child/children must have documentation of a full physical examination. A comprehensive waiting list must also be established. Developmentally appropriate furniture, toys, materials, and equipment must be purchased, and lesson plans and observation and assessment tools must be developed. Agreements with local agencies must be secured, and the agency's additional programs should be prepared to provide services to children and their families as needed. Finally, you must ensure that you have the public and private funding for both financial and technical support. Now you are ready to cut the ribbon and open the doors to your toddler/2-3-year-old childcare center!

## **Outcomes**

### *Client Flow*

Seventy-seven (77) children participate in the Toddler/2-3-Year-Old Childcare Center. In addition, the children's parents, siblings, grandparents, and other designated guardians seek and receive assistance through other agency programs and services.

One-hundred percent (100%) of the children in the Toddler/2-3-Year-Old Childcare Center continue on to the agency's day care, preschool, and after-school programs. Families also continue to participate in staff/parent meetings and parental workshops as well as seek and receive assistance through other agency programs and services.

### *Specific Results Over Time*

The agency employs a Program Logic Model and the Outcome Measurement Framework (a.k.a., Indicators/Data Worksheet) to determine the progress, challenges, and success of its programs. The Logic Model allows us to establish activities, outputs, and outcomes (initial, intermediate, and longer-term), and the Outcome Measurement Framework helps us to measure the outcomes through indicators, data sources, and data collection methods. To date, the Center's outcomes have remained consistent.

### Initial Measurable Outcomes – Children

- Children show ability to adjust to new situations and demonstrate trust in adults (social/emotional development)
- Children demonstrate age-appropriate development of gross and fine motor skills (physical development)
- Children demonstrate learning, problem-solving, and logical thinking (cognitive development)
- Children demonstrate listening, speaking, reading, and writing skills in both English and Spanish (language development)

### Initial Measurable Outcomes – Staff

- Program Specialist and Program Associate produce report on staff skills and levels of education and training
- Program Specialist and Program Associate train staff in Creative Curriculum methodology, other early childhood developmental topics, and bilingual/bicultural educational issues (ongoing)
- Program Specialist and Program Associate produce reports on data from program
- Program Specialist and Program Associate produce reports on current curricula and lesson plans

#### Intermediate Measurable Outcomes

- Executive Director, Unit Directors, and other upper-management staff review findings of all reports, provide additional comments/data, and share information with staff, board members, parents, agency's parent policy council, funders, governmental agencies, and partner agencies

#### Long-term Measurable Outcomes

- Children are prepared for next age-appropriate program and/or formal education

#### *Unanticipated Results*

As staff followed our proposed plan and met all the components of our measuring tool, the Logic Model, staff experienced professional growth that led to the positive development of a Toddler/2-3-Year Childcare program beyond our expectations. At the initiation of the Center, teachers and other staff wanted to teach only in Spanish, provide supervision of the children, conduct observations, and “serve the community.” But as they received trainings and became more familiar with the Creative Curriculum, their experience gave them the confidence to develop more developmentally appropriate activities. They began to see themselves as bilingual/bicultural professionals who could identify children's needs and commit to the development of the child both through documentation and parental partnership. The teachers' commitment grew stronger when Northeastern Illinois University, National Louis University, and Kendall College became involved with the Center and provided trainings, workshops, assessments, and other resources and technical assistance.

As a result of this higher education involvement, the Toddler/2-3-Year-Old Childcare Center is currently in the process of seeking accreditation through the National Association for the Education of Young Children. For the staff of the Center, the accreditation process is mentally and conceptually step up, and they understand that the commitment to quality is to the child and parent. As we have seen the staff exhibit this commitment, the parents feel comfortable, and they return the same commitment through strong parental involvement. As a result, parental meetings and workshops are well attended, and parents often offer suggestions and assistance.

## **Lessons Learned**

### *Challenges*

Perhaps the biggest challenges experienced were in the minds of the teachers. Many of the teachers had experience with preschoolers (3- to 5-year-olds) but not with toddlers. As a result, many teachers and staff had to undergo various trainings. This different age group required “turning teachers’ minds around” with curriculum and lesson planning to develop age-appropriate activities. It also required teachers and staff to learn how to play again and to incorporate learning and teaching alongside toddlers and 2- to 3-year-old children. This philosophy is greatly emphasized through the Creative Curriculum which discusses and demonstrates education through play, and emphasizes that teachers must be trained to “play first, then educate” before developing activities, lesson plans, and observation tools. Teachers learned that guidance, rather than discipline, helps to develop a child’s sense of responsibility, identity, and independence. Furthermore, classroom arrangements were made to make the rooms feel more open and spacious for children’s activities. This also made it easier for the teachers to develop activities that were developmentally appropriate and for them to “get dirty” – to be mobile, to sit on the floor, to sit in circles, and to simply have fun!

*What conditions must be met for the program to be successful?*

- Staff must have a strong knowledge of both the unique early childhood developmental needs and bilingual/bicultural educational requirements of children ages 18 months to 3 years.
- Parents and other family members must be committed to the development not only of their toddlers and children but also to the development and well-being of the entire family and home environment.
- Private and public sources must commit to a partnership with the agency which includes consistent financial support and technical assistance in program and fund development.
- Local governmental agencies, universities, and colleges must be fully committed to provide technical assistance and training to staff and conduct community-relevant assessments on bilingual/bicultural early childhood development and education.

## **Replication**

- Consistent financial and other support from private and public sources
- Highly qualified and trained staff
- Curriculum that addresses both children’s (18 months to 3 years old) unique early childhood development needs and bilingual/bicultural education
- Age-appropriate space, furniture, games, toys, books, and other developmentally suitable materials and equipment
- Highly committed parents and other family members

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# Family Strengthening Programs for Hispanic Communities

## *Best Practices Guide*

**Luz Social Services, Inc.  
Luz Southside Coalition**



### **Program Summary**

Luz Social Services, Inc. is a private, nonprofit community organization that has been committed for the past 36 years to providing leadership in the development and delivery of culturally competent prevention services, education, and health services for Tucson's Latino community through advocacy, community mobilization, and research. Luz has been recognized nationally for its service to children, youth, and families through its provision of comprehensive community-based prevention programs and school-based education via its charter schools: Luz-Guerrero Early College and the Adalberto M. Guerrero Middle School. Luz's approach to strengthening families is centered on the premise that it is necessary to build a comprehensive system, combining the collective strengths of youth, parents, schools, leaders, and the community in a collaborative effort against crime, school desertion, substance abuse, youth pregnancy, youth violence, economic disadvantages, and the loss of cultural tenets.

The Luz Southside Coalition (LSSC) program targets Tucson's Southside community and its families through three components. The first provides culturally appropriate parenting classes focused on the reduction of drug and alcohol use, teen suicide, juvenile delinquency, and domestic violence, as well as on the improvement of parenting skills through the Strengthening Multi-Ethnic Families and Communities curriculum. The second component integrates parent graduates from the Strengthening Multi-Ethnic Families program into P.A.D.R.E.S. (Parents Against Drugs through Recreation, Education, and Service) where they can receive further training and become *promotores*. An environmental prevention effort, the third component, mobilizes the Latino community to decrease laws, policies, and norms favorable to substance abuse.

## **Background**

### *Need for the Program*

Family-related risk factors are high in the target area: 55% of eighth-graders and 54% of tenth-graders surveyed reported high levels of family conflict. Environmental risk factors, including low neighborhood attachment, community disorganization, laws and norms that condone drug use, and availability of drugs and firearms, also put the population at risk. The target area falls within the Arizona Partnership of the Southwest Border High Intensity Drug Trafficking Area, and there are 255 per 100,000 alcohol sales outlets in the Southside of Tucson, compared with the county-wide rate of 127 per 100,000. Latino communities like Tucson’s Southside have five times as many alcohol advertisements as predominantly White communities. Studies show that exposure to alcohol advertising is associated with increased use of alcohol, which in turn has been linked with injuries and violence. As a consequence, the Southside of Tucson has been referred to as the “killing zone.” While the leading cause of death for children in the U.S. is accidents, the leading causes of death for youth in the target area are homicides and suicides.

As a result of these risk factors, Tucson’s Southside community is faced with serious problems of youth substance use and antisocial behavior. For example, the ages of onset for cigarettes, regular alcohol use, marijuana, and methamphetamines are all younger for youth in the Southside of Tucson than the comparable mean state age. Rates of past 30-day use for alcohol, marijuana, inhalants, ecstasy, cocaine, heroin, and LSD are also higher among target area youth than youth statewide.

**Percentage of Youth Who Used ATODs During the Past 30 Days\***

	<b>Southside</b>	<b>Arizona</b>
Alcohol	37.0	34.4
Marijuana	14.0	13.1
Inhalants	4.2	4.1
Ecstasy	1.9	0.9
Cocaine	4.8	2.5
Heroin	1.47	.07
LSD	1.6	1.4

\*Data are from the 2006 Arizona Youth Survey.

Findings from the 2006 Arizona State Epidemiological Profile support the Arizona Youth Survey data. The epidemiological profile for Tucson SE (Tucson Southeast), which includes the Luz Southside Coalition target area, shows that 28% of youth in the Tucson SE area reported binge drinking in the last two weeks, compared to 23% at the state level; 26% of youth in the Tucson SE area reported using any drug in the last 30 days, compared to 21% at the state level.

Moreover, Latino youth in the Southside of Tucson are also at risk for antisocial behavior. As the chart below shows, more youth living in the Southside of Tucson have been suspended, arrested, carried a handgun, attacked someone to hurt them, or have been involved in a gang, than youth statewide.

**Percent of Students Who Reported Engaging in Antisocial Behaviors\***

	<b>Southside</b>	<b>State</b>
School Suspension	33	28
Arrest	18	12
Carried Handgun	12	9
Attacked Someone to Hurt Them	24	21
Gang Involvement	10	8

\*Data are from the 2006 Arizona Youth Survey.

*Population Characteristics*

The Luz Southside Coalition serves youth and other community members living in the barrios of the Southside of Tucson. Data from the 2000 Census indicate that 83,055 people live in the LSSC target area (males 48.4%, females 51.6%). The median age is 27.9 years old, with 37.6% of the population under the age of 20. The majority of the population (80.1%) is Hispanic, and 68.5% of the area’s population five years and older report speaking Spanish at home. Almost a quarter of the population 25 years old or older has less than a ninth-grade education level. A full 47.3% have less than a high school degree/equivalency, compared to a rate of 19.6% for the U.S. as a whole. Of the households in LSSC’s target area, 22.6% are faced with crowding (11.8%) or severe overcrowding (10.7%), while nationally the rates are 3.0% and 2.7%, respectively.

Access to services is limited for a significant portion of the population, as 14.8% of the households in the catchment area have no vehicle available to them. The unemployment rate (9.4%) is higher for LSSC’s target population than it is at the state (5.6%) or national level (5.3%), with unemployment rates as high as 17.7% in some census tracts. Similarly, poverty rates are high: 28.4% of the individuals living in LSSC’s target area in 1999 were in poverty, compared to a state poverty rate for individuals of 13.9% and a national rate of 12.4%. The rate of poverty for female-headed households in Luz’s catchment area was even higher, at 41.1%.

**Key Elements**

*Program Goals and Objectives*

Goal 1: To increase family bonding.

Objective 1.1: Families participating in the Barrio Families program will demonstrate a 5% increase in family bonding, measured using the Parent-Child Affective Quality Scale.

Objective 1.2: Families participating in the Barrio Families program will demonstrate a 5% improvement in family conflict, measured using the Family Conflict Scale.

Objective 1.3: 75% of P.A.D.R.E.S. participants will demonstrate an increase in knowledge in areas related to family management, parenting skills, health promotion, alcohol, tobacco, and other drugs, risk and protective factors, cultural competency, and community mobilization, as measured by retrospective training evaluation surveys.

Goal 2: To increase community cohesion.

Objective 2.1: P.A.D.R.E.S. participants will demonstrate a 5% increase in community cohesion, measured using the Sense of Community Scale.

Goal 3: To decrease laws, policies, and/or norms favorable to substance abuse.

Objective 3.1: Luz staff will ensure there is representation from staff or neighborhoods at 90% of the billboard and sign code hearings that affect the target area, as evidenced by program logs.

Objective 3.2: 50% of media literacy and awareness presentation attendees will show an increase in knowledge regarding negative advertisements, as measured by presentation surveys.

Objective 3.3: Luz staff will ensure there is representation from staff or neighborhoods at 90% of the hearings on new or transfer liquor licenses the neighborhoods choose to protest, as evidenced by program logs.

### *Services Provided*

- Free community mobilization/parenting classes, with meals and child care provided as incentives. Transportation is also provided as needed.
- Free ongoing training and parenting support for graduates of the parenting classes, with meals and childcare provided as incentives. Transportation is also provided as needed.
- Community development and community involvement opportunities for graduates of the parenting classes.
- Alcohol-free, community-wide, cultural events, such as Thanksgiving in the Barrio, Las Posadas, and Cinco de Mayo con Orgullo.
- Free media literacy presentations for youth and adults, with a focus on the way the alcohol industry targets Latinos.
- Other environmental prevention services, including mobilizing the community to address the over saturation of liquor licenses and billboards with negative advertisements.

### *Program Design*

The first component – Barrio Families – focuses on providing culturally appropriate parenting classes for Latino parents, which are designed to reduce drug/alcohol use, teen suicide, juvenile delinquency, and domestic violence, and improve parental skills, parent-child relationships, and communication within families. Barrio Families uses the Strengthening Multi-Ethnic Families and Communities curriculum, which emphasizes the importance of community involvement by Latino parents and a need for responsive coordinated efforts by the major socializing agents of children, i.e., church, school, family, community, and media. Parents are connected with community resources and encouraged to form a multiethnic parent community action group to address social, political, and economic issues related to violence prevention. The curriculum also recognizes the need for Latino youth to become ethnically and culturally proficient before they can resist tendencies to be violent against self (drugs) and others (gangs, crime, and family violence). The Barrio Families program consists of a weekly course of 13 three-hour sessions. The curriculum includes five major components: Cultural/Spiritual Focus; Rites of Passage;

Positive Discipline; Enhancing Relationships; and Community Involvement. This program uses a variety of teaching practices: modeling, role-play, lecture, discussion, and follow-up activities. Upon completion of the curriculum, participants are invited to celebrate at a graduation ceremony, where they receive certificates of completion.

P.A.D.R.E.S. is the second component. Upon graduation from the Barrio Families classes, parents are invited to join P.A.D.R.E.S. Through trainings and community involvement activities, P.A.D.R.E.S. members meet approximately once a week. P.A.D.R.E.S. members are provided with trainings on the topics of their choice, which include domestic violence, financial education, women's health, and inhalant abuse prevention. Using the *promotores* model, P.A.D.R.E.S. members are also mobilized to change their community, planning and implementing community-wide, alcohol-free cultural events together with Luz staff and serving the community in a variety of other ways. These community-wide cultural events present an opportunity for Latino families and other community members to celebrate their culture in a healthy, safe environment, free from alcohol, tobacco, and other drug use. Luz's cultural celebrations provide community members with a view of their culture that is varied, rich, and strong. By drawing attention to the achievements and celebrations of the Latino culture, Luz's cultural events address problems of cultural conflict and low self-esteem, which have been shown to be risk factors for alcohol, tobacco, and other drug abuse, as well as violence. In addition, the cultural events provide community bonding and attachment. These events help community members become more invested in the community at large by emphasizing a shared heritage that provides *orgullo* (pride). Through the three major annual cultural events – Thanksgiving in the Barrio, Las Posadas, and Cinco de Mayo con Orgullo – approximately 2,400 community members were reached in 2006.

Luz's environmental prevention efforts comprise the third component. Using the Communities Mobilizing for Change on Alcohol and Razalogía Community Mobilization models, Luz mobilizes Tucson's Latino community to decrease laws, policies, and norms favorable to substance abuse. Luz partners with Latino families and local social, civic, and faith-based organizations to address issues like the over saturation of liquor licenses and negative advertisements in Tucson's Latino community. Luz staff attend local neighborhood association and other community coalition meetings. Staff also convene monthly Luz Southside Coalition Steering Committee meetings. The Steering Committee is composed of community members from different sectors, including neighborhood association representatives. The Steering Committee plays a particularly active role in attending liquor license and billboard hearings. Staff from Luz also provide media literacy presentations for community stakeholders which focus on negative advertising for key holidays, such as Cinco de Mayo, where Mexican culture is co-opted to sell alcohol.

### *Funding*

Total Program Budget: \$228,110.60

The majority of program costs for the Luz Southside Coalition are covered by an ongoing grant from the Community Partnership of Southern Arizona, the regional behavioral health authority. Other costs – particularly those associated with the community-wide cultural events – are

covered through one-time donations from community members and organizations including Bank of America, Wells Fargo, Arizona Federal Credit Union, LULAC, and the Southern Arizona AIDS Foundation.

- Foundations: 11.21%
- Local Government: 0 %
- State Government: 74.30% (Arizona Department of Health Services, via the local RBHA, Community Partnership of Southern Arizona)
- Federal Government: 12.58% (U.S. Department of Education)
- Corporations/Banks: 1.60% (Arizona Federal Credit Union, Wal-Mart, Wells Fargo)
- Events: 1.90% (local Tucson businesses)
- Other: 20% (donations from private individuals)

### *Cost per Person Served*

The cost per person served is \$88.24.

### *Partnerships*

Luz's projects and activities build and develop collaborative relationships among groups and communities. This is to create viable, long-term solutions to issues and problems identified by community members and develop long-range action plans that utilize the creativity, talents, and energy within the communities. Luz has nurtured lasting, collaborative working relationships with other community agencies, with regional and local alliances, task forces, partnerships, and coalitions in the Southside and other parts of Tucson. Through the Luz Southside Coalition, the organization has been able to establish collaborative relationships with many stakeholders to expand existing resources. The Luz Southside Coalition collaboration involves stakeholders from a variety of sectors including youth, parents, businesses, media, education, law enforcement, faith-based, civics, and health care. Other groups include elected and government officials; neighborhood associations; social service agencies; and individual community members who participate as policy-making individuals Luz Southside Coalition collaborates with 136 stakeholders.

### **Program Development Timeline**

The time it would take for another NCLR Affiliate to establish a similar program depends on various factors such as the capacity of the staff, the level of community involvement, and financial resources.

**Barrio Families Program:** To establish a similar parenting program it would take at least one month but as long as six to 12 months to fully execute. First a staff or community member would need to be trained in the curriculum. (For information about the facilitator training schedule, NCLR Affiliates should contact Parenting Across Cultures at (323) 936-0343.) Once someone has been trained, the staff would need to begin recruiting parents. Working with other local agencies, such as Head Start Centers, schools, or churches, can facilitate this process. Frequently, through these types of agencies staff will be able to recruit a group of parents relatively quickly.

Often these agencies are willing to let a program use their facilities without charge. Prior to the first class, details such as child care, stipends, etc. should be settled. An Affiliate may wish to offer small monetary incentives for parent participation in the evaluation components of the parenting program. Based on its experiences running the Barrio Families program, the Luz Southside Coalition would recommend beginning cycles of the parenting classes in August/September and January/February. This allows parents to complete the curriculum at approximately the same time as the school semesters end.

A program similar to the P.A.D.R.E.S. program could be established as soon as the first cohort of parents graduated from the parenting program within three to six months of the start of the Barrio Families Program. What Luz has found by holding focus groups at the end of the Barrio Families program is that most parents want to continue with an ongoing parenting support group. The vast majority of parents Luz has served enjoyed having the opportunity to meet with other parents and to learn as a group and were excited to be invited to continue as part of the P.A.D.R.E.S. group. To make it easy for parents to attend, the program could maintain the same meeting time for their new ongoing P.A.D.R.E.S. support meetings, or the group could be polled to see what would be most convenient for them. The group should also be asked what types of topics are of interest in terms of trainings. A training schedule should then be developed, with individuals from other community agencies serving as resources and guest speakers.

**Cultural Activities:** Depending on the funding situation and the scope of the cultural activities planned, this component could be initiated relatively quickly. Allow planning time for events. For example, a small event under 200 participants at a school or church will take less resources and time to plan and execute than a community event for more than 500 people. If extensive fundraising needs to be done, or if an Affiliate wants to start with a big event, it will take longer to plan. Also, to ensure that the community is involved from the beginning, it may make sense to incorporate the first cohort of parenting program participants into the cultural event planning process. Details that will need to be worked out in terms of the event planning are: 1) the target audience, 2) location, 3) the budget, 4) types of activities planned, 5) participation of community groups, either as financial sponsors or as resources, 6) promotion, and 7) evaluation.

**Environmental Prevention:** To implement the third component, the environmental prevention piece, the Affiliate would need to hire a qualified community organizer. This individual and other staff would also need to be trained in the Communities Mobilizing for Change on Alcohol model. Luz supplements this with the Razalogía model of community mobilization, making it more relevant for Latino populations. The amount of time it would take to get this component off the ground depends on how much experience the Affiliate has in community development work. If the Affiliate is already well-connected in the community, this will be easier to implement and could take about three to 12 months. If not, it will take more time, as the Affiliate works to build relationships. The Affiliate would need to form a local strategy team, develop a specific organizing strategy, select alcohol policy and enforcement targets, and mobilize citizens of the community to push for those targets. It is important to note that the environmental prevention/community organizing approach is best implemented for at least four or five years continuously to have the necessary time to achieve policy change.

## **Outcomes**

### *Client Flow*

The program serves approximately 2,500 clients per year. Luz graduates a minimum of 30 parents each year from the Barrio Families program, and a minimum of 25 Barrio Families graduates become active P.A.D.R.E.S. members each year. A minimum of 100 individuals are served through the media literacy presentations. During FY 05-06, a total of 2,585 individuals were served through this program. Forty-five of 59 parents graduated from the Barrio Families program. During this same time period, the P.A.D.R.E.S. group had 25 active participants who attended prevention trainings or participated in community events. This year 2,501 people participated in other aspects of the Luz Southside Coalition programming, attending coalition meetings and billboard and liquor license hearings, participating in needs assessment focus groups, attending media literacy presentations, attending the community-wide alcohol-free family cultural events, and/or receiving information from Luz at health fairs.

### *Specific Results Over Time*

The Luz Southside Coalition has been very successful in strengthening Latino families. Outcome data from all three program components are positive. To gauge program impact with respect to these objectives, Luz uses the Parent/Child Affective Quality Scale, the Family Conflict Scale, the Strengthening Multi-Ethnic Families and Communities Curriculum-Based Pre-/Post-test Questionnaire, and focus groups. Last year, Luz surpassed its objectives for Barrio Families. The Latino families participating in this component of the program demonstrated a 10% improvement in family functioning as measured by the Parent-Child Affective Quality Scale (5% higher than the stated objective) and a 13% improvement as measured by the Family Conflict Scale (8% higher than the stated objective).

The P.A.D.R.E.S. component of the program is similarly successful. To show measurable impact in terms of Luz's ongoing training and support for Hispanic parents, Luz has as its objective that 75% of P.A.D.R.E.S. participants will demonstrate an increase in knowledge in areas related to family management, parenting skills, health promotion, alcohol, tobacco, and other drugs, risk and protective factors, cultural competency, and community mobilization, as measured by retrospective training evaluation surveys, which are administered annually. For FY 05-06, 100% of P.A.D.R.E.S. participants demonstrated an increase in knowledge in these areas. Paired sample t-tests (n=24) indicate that the change in knowledge was significant at  $p < .005$ . To assess Luz's efforts to increase community cohesion, P.A.D.R.E.S. participants are also asked to complete annual retrospective surveys which contain the Sense of Community Scale. In 05-06, P.A.D.R.E.S. reported a 17% increase in community cohesion as measured by the Sense of Community Scale, which is 12% higher than the stated objective of 5%.

To assess the impact of the Environmental Protection component of the program, Luz has a number of measurable objectives. For FY 05-06, Luz staff participated in five out of six (83%) billboard hearings and meetings, exceeding the expected participation rate by 33%. Luz staff contacted the relevant neighborhood associations regarding 15 liquor license application hearings from businesses in the target area (100%) and staff members attended eight of the 15 (53.3%)

hearings, exceeding the stated objective of a 50% participation rate. Staff also met Luz's objectives of mobilizing three additional neighborhood associations/community organizations to work with Luz in its efforts related to Goal 3. In addition, 91% of media literacy and awareness presentation attendees showed a change in knowledge regarding negative advertisements as measured by presentation surveys, exceeding the stated objective of a 50% change in knowledge by 41%. This change was significant at  $p < .005$ .

These outcomes are relatively consistent over time. For example, families participating in the Barrio Families program in FY 04-05 also demonstrated a 10% improvement in family bonding as measured by the Parent-Child Affective Quality, and they showed a 7% improvement in family functioning as measured by the Family Conflict Scale. Preliminary findings from the 2006-07 fiscal year indicate that this year's cohort of Barrio Families demonstrated a 10% improvement in family functioning from pretest to posttest, as measured by the Parent-Child Affective Quality Scale and showed a 13% improvement in family conflict, as measured by the Family Conflict Scale.

### *Unanticipated Results*

Some of the unanticipated results include the level of involvement of the P.A.D.R.E.S. group. When the program was originally planned, this group was not intended to do as much as it has. The group has become a great source of volunteers to conduct community outreach and educational programs. The group was originally intended simply to provide booster sessions and support for graduates from the parenting program. The group has taken on a life of its own, however, and it has gotten involved in many of Luz's prevention efforts. For example, the P.A.D.R.E.S. group got involved in Luz's inhalant abuse prevention efforts. For this project, the group gave a total of 422 educational presentations about inhalant abuse to other community members. While both staff and P.A.D.R.E.S./*promotores* received positive feedback from the presentations given over the three-year funding cycle, the P.A.D.R.E.S. and other *promotores* members' results were significantly higher for every item on the survey. These results indicate the extreme effectiveness of the strategy Luz has employed by mobilizing and empowering community members and having them reach out to their own community.

### **Lessons Learned**

#### *Challenges*

One of the biggest challenges encountered in implementing the Luz Southside Coalition program has been getting busy Latino parents and other community members to commit their time and energy to the program. These individuals are already dealing with the stresses of working and raising their families in the face of problems such as racism, immigration, unemployment/underemployment, drugs and violence, and lack of resources. It is a lot to ask parents to commit three hours a week for 13 weeks to the Barrio Families program or for other community members to spend their valuable time attending liquor license or billboard hearings.

To meet this challenge, Luz provides food, child care, and transportation, reducing the barriers to participation for Latino parents and other community members. Luz also strives to hire bilingual,

bicultural staff members who come from the community they serve. This helps increase *confianza* (trust) and makes Latino community members more willing to participate. Staff members work to build personal connections with program participants, which also increases their willingness to get involved.

Another challenge is the fact that environmental change does not happen quickly. It is difficult to change the number of alcohol outlets in a given area or the amount of negative advertising targeting Latinos. These changes take time, and community members can get discouraged. It is important to be realistic in planning for change. It is also important to recognize and celebrate community members' efforts and successes to help keep them inspired and involved and to continually recruit new participants. Finally, it is important to work on these issues in collaboration with other organizations and agencies.

*What conditions must be met for the program to be successful?*

Several conditions that lead to success for Luz include the emphasis on cultural competence and community involvement and the use of a multipronged approach to family strengthening, which encompasses Latino families as well as the community at-large. Luz takes its family strengthening program beyond the family to promote community attachment and active engagement by community members in changing community norms, policies, and laws favoring substance use. Family and community attachment are important protective factors in helping reduce substance use among Latinos, and it is Luz's commitment to strengthening these protective factors that lays the foundation for the program's success. Taking Latino cultural values and norms into consideration also makes for a more successful program. A certain level of trust and community connectedness must also exist for the programs to work. An Affiliate would have to have some way of recruiting and engaging parents and community members, or the program will not work. Developing positive connections with issues governmental officials are supporting is also helpful to make progress in the environmental prevention area.

### **Replication**

To replicate this program an organization must have:

- A minimum of two full-time and one half-time staff members, who are bilingual and bicultural and who can relate to community members. For the parenting program, it is important that the program coordinator be a parent, so they can have credibility with the parents in the program. It can be useful to recruit the Barrio Liaison to work with the P.A.D.R.E.S. group from among the cohort of graduated parents. For the environmental component of the program, it is important to hire someone who is interested in policy change and who is good at making connections, both with community members and with government officials. This individual or the Project Director must research city codes, state laws, and processes related to alcohol, such as what is the process for protesting a liquor license application. It is also important to hire someone who will not feel conflicted about working against the alcohol industry and/or the billboard industry.
- Staff members (or consultants) who are able to handle the evaluation components of the program. As Luz implements the program, there is a good deal of evaluation to ensure positive outcomes.

- Sufficient funds to be able to offer services for free and to be able to provide child care and food as incentives.
- A willingness to work hard to establish and maintain connections with other organizations and community gatekeepers. This may entail attending a large number of health/resource fairs, attending other coalition meetings, participating in school meetings, participating in neighborhood association meetings, etc. Developing positive connections with governmental officials who are supportive is also important in terms of making progress in the environmental prevention area.

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# Family Strengthening Programs for Hispanic Communities

## *Best Practices Guide*

### **Tiburcio Vásquez Health Center, Inc. Promotores/as de Salud**



#### **Program Summary**

Since 1971, Tiburcio Vásquez Health Center, Inc. (TVHC) has delivered multicultural and linguistically appropriate health care services to underserved communities in Southern Alameda County, California. TVHC operates a centralized and effective system of licensed medical providers, complemented by community health education, social work, and nutrition services. TVHC has been successful in providing an holistic approach that not only addresses family health but is also effective in outreach and educational activities that incorporate clients and their families into the governance, direction, and implementation of all programs.

The Promotores de Salud (lay health educators) Program began in 1999 and is based on the empowerment concept of Brazilian education theorist Paulo Freire. That is, people should actively participate in and take responsibility for their own education, and their community should take control of health and disease prevention awareness. TVHC community health educators recruit and work with a network of adult community volunteers who serve as health educators in their neighborhoods and schools. These *promotores* are trained in outreach, planning, and health topics that include the importance of immunizations, diabetes, HIV prevention, cancer, and cardiovascular disease prevention. They reach other Latino families by conducting community presentations, attending local health fairs, offering peer and door-to-door counseling, and teaching chronic disease self-management. Thus far, TVHC's lay health educators have been low-income, Spanish-speaking, stay-at-home mothers without previous health experience. But since the program began in 1999, more the 160 women have trained in leadership, health issues, and community resources. TVHC plans to extend its training to men *promotores* in the near future.

**Background**

*Need for the Program*

Health outreach programs and health information often do not reach underserved communities. Often individuals in these communities have limited English skills and lack formal education. With the current health care crisis, which increases the number of uninsured persons, and the escalating expense of health care, focusing on preventative care is a crucial part of the effort to improve the overall health of families and underserved communities. The programs are based on successful programs in Mexico and Latin America which provide outreach and public health services to those without sufficient access to medical care and support services.

TVHC’s Community Health Education (CHE) department implements key principles for health promotion in its program design founded on the belief that: “Health is a basic human right, essential for social and economic development and is a valuable investment.” Increasingly, health promotion is being recognized as an essential element of health development. These values are embedded in our program delivery and allow us to help people increase control over and improve their health and that of their families.

**Key Elements**

*Program Goals and Objectives*

TVHC’s goals and objectives depend on the specific needs of the local community. The following are examples of these goals and objectives, set for the chronic diseases health education program which addresses the leading cause of death for Latinos in South Alameda County, California.

<b>MAIN PROGRAM GOAL:</b> TVHC will enhance culturally and linguistically appropriate chronic disease education and outreach interventions for Spanish-speaking adults in Hayward, Cherryland/Ashland, and Union City areas in California.	
<b>OUTCOME OBJECTIVES</b>	<b>PROCESS OBJECTIVES</b>
1. By January 30, 2008, TVHC will empower 4 additional veteran <i>promotoras de salud</i> to recruit, train, and empower an additional 10 Spanish-speaking women from Hayward,	
	1. By December 1, 2007, TVHC will recruit 10 low-income Spanish-speaking women from Hayward, Cherryland/Ashland, and Union City areas to take part in Escuela de Promotoras. 2. By February 28, 2008, TVHC will conduct one (1) <i>promotoras</i> 6-week training for Hayward and Union City areas to empower women to develop community organizing and leadership skills using Escuela de Promotoras curriculum as Part I of the <i>promotora</i> empowerment and health education training series.

<b>MAIN PROGRAM GOAL:</b> TVHC will enhance culturally and linguistically appropriate chronic disease education and outreach interventions for Spanish-speaking adults in Hayward, Cherryland/Ashland, and Union City areas in California.	
<b>OUTCOME OBJECTIVES</b>	<b>PROCESS OBJECTIVES</b>
Cherryland/Ashland, and Union City areas to become <i>promotoras de salud</i> .	3. By March 30, 2008, TVHC will conduct one (1) train-the-trainer class using <i>Salud para su Corazón</i> (National Council of La Raza [NCLR] diabetes and cardiovascular prevention curriculum) and Healthy Living for Life (Alameda County Public Health Department, Nutrition Services) curriculum concepts as Part II of the <i>promotora</i> empowerment and health education training series.
2. By June 30, 2008, veteran and new <i>promotoras de salud</i> and the Community Health Outreach Worker (CHOW) will increase diabetes and cardiovascular disease awareness and early detection promoting exercise and healthy eating to 1,000 Spanish-speaking adults in southern Alameda County via casual contacts and community presentations at health fairs and community events.	
	1. By June 30, 2008 new and veteran <i>promotoras</i> will participate in at least seven (7) or more local health fairs and/or tablings outside Mexican Markets conducting one-on-one outreach and education on diabetes and cardiovascular disease through interactive demonstrations.
	2. By June 30, 2008 <i>promotoras</i> and CHOW will conduct at least seven (7) community presentations at local community organizations/centers in the Hayward, Cherryland/Ashland, and Union City area through interactive demonstrations/presentations with emphasis on exercise and healthy eating.
	3. <i>Promotoras</i> will organize and promote chronic disease education and prevention presentations among parents at schools, apartment complexes, community centers, and by word of mouth. “Tupperware party”-style presentations will encourage families in the community to attend.

*Services Provided*

**Promotores/as de Salud:** A program based on health promotion and Paulo Freire’s popular education models. *Promotores* are volunteers recruited from among community members.

**Community Presentations:** Risk factors and the importance of early screening and preventive measures for diabetes, high blood pressure, and breast and prostate cancer, HIV/AIDS; healthy eating; exercise; obesity; tobacco cessation; and immunizations for children.

**Casual Contacts:** Outreach at health fairs, outside Mexican Markets, and community events. One-on-one outreach by *promotores* and community health outreach workers help connect

community members to inform them about health promotion, disease prevention, and resources available to them and their families.

**De Casa en Casa (From Home to Home):** De Casa en Casa emerged out of the need to reach Spanish-speaking people in an environment that is accessible, comfortable, and safe. De Casa en Casa provides opportunities for TVHC to target hard to reach Spanish-speaking people who lack basic medical resources; we especially seek people who may not be connected to other resources in the community.

**Chronic Disease Self-Management Courses:** A six-week self-management class focusing on chronic disease prevention, culturally and linguistically appropriate cognitive techniques combined with healthy eating, health information, and exercise.

**Structured Workshops:** Presentations to increase knowledge, promote behavioral change in HIV reduction strategies, community resources, self-esteem, and to identify behaviors that place Latinos at risk of HIV.

#### *Program Design*

- Annual leadership course
- Recruitment at local venues
- Escuela de Promotoras: Six-week leadership training
- Graduation ceremony with local agencies invited
- Specific health prevention trainings based on local needs and funding
- *Promotoras* monthly meetings
- Community health education outreach and advocacy activities
- Promotion to veteran *promotoras de salud* status after one year of volunteer services
- Community leader development

#### *Funding*

- Foundations: 31%
- Local Government: 8% (Public Health Department)
- State Government: 38% (Public Health Department)
- Federal Government: 22%
- Corporations/Banks: 0%
- Events: 0%
- Other: 1%

#### *Cost per Person Served*

Approximately \$50.00 per person per activity.

#### *Partnerships*

The TVHC CHE department interacts with approximately 40 organizations including: Union City Adult School, Hayward School District, Alameda County Latino Cancer Coalition, CAP

Training Center, Congregation Organizing for Renewal, TVHC Family Support Services, Head Start Program, WIC Program, TVHC ECHO Housing, offices of various congressional members, Alameda County Food Bank, Centro de Servicios Resource Center, Hayward Family Resource Center, Vision Y Compromiso, and Promotoras State Network.

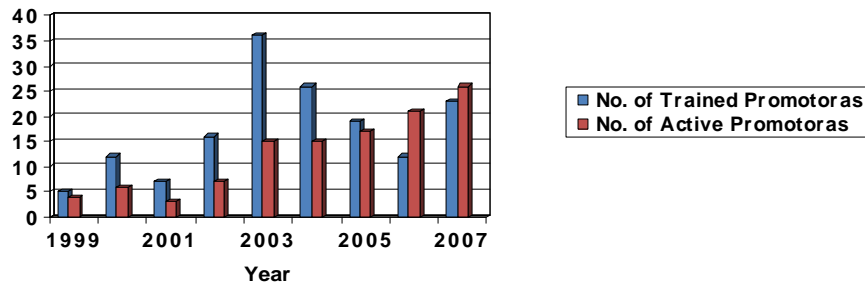
**Program Development Timeline**

The timeline of this program depends on structure (staffing and resources) and processes implementation based on local resources, needs, objectives, and expected results for the organization.

**Outcomes**

*Client Flow*

**Promotoras de Salud Development at TVHC**

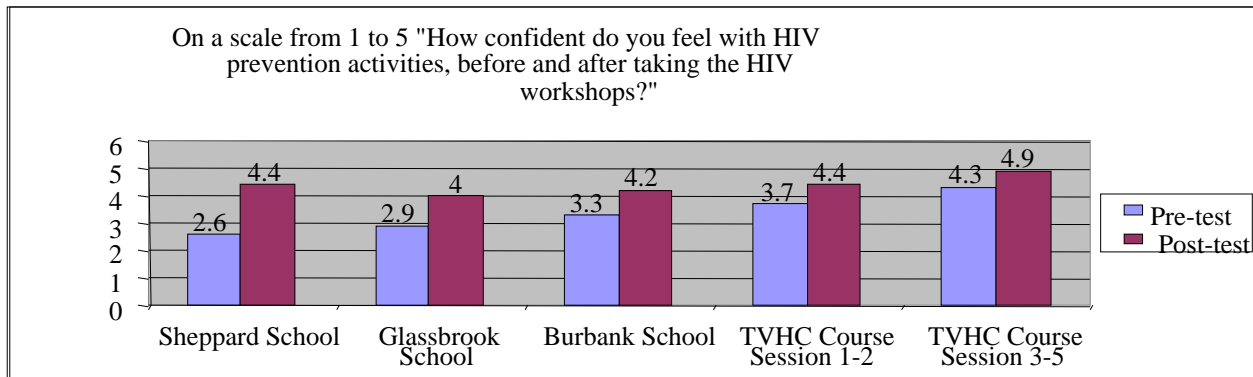
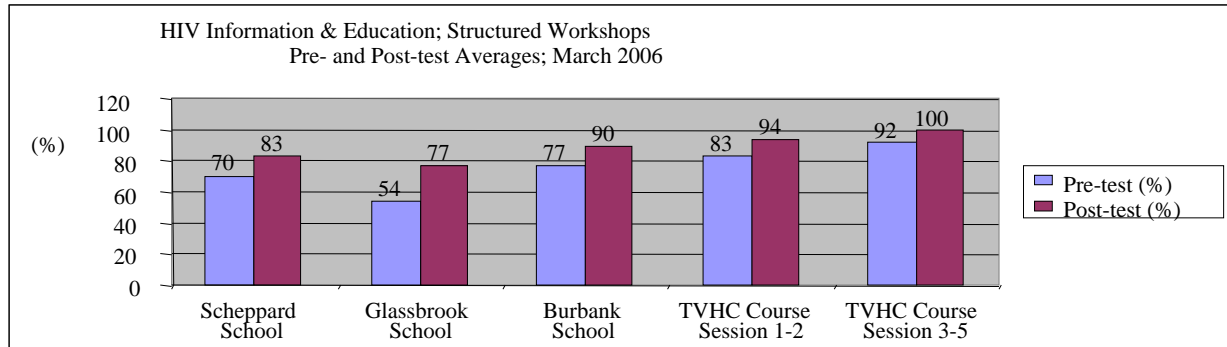


*Specific Results Over Time*

Number of Activities Conducted and People Reached by All CHE Department Community Health Education Programs: January 1-November 30, 2006

Type of Activity	No.	Total Contacts	Non-Duplicated People	Average People/Activity
<i>Promotoras</i> Training	26	440	22	17
<i>Promotoras</i> Meeting	11	151		14
Health Fair	14	777	777	56
Tabling	16	427	427	27
Community Presentation	57	1,882	1,882	33
Workshop	12	220	220	18
De Casa en Casa	1	9	9	9
One-on-one	58	58	58	1
Breast Cancer Support	49	273	20	6
Breast Cancer Support Call		148		
Focus group	1	15	15	15
Totals	245	4,400	3,430	

The following are examples of demonstrable outcomes for the HIV Prevention and Education Program Mujeres Saludables, conducted by CHE staff and *promotoras de salud*:



These data are collected through activity reports, monthly reports, sign-in sheets, and pre- and post-tests.

## **Lessons Learned**

### *Challenges*

**Initial type of training/curriculum:** 1999-2002 the programs did not incorporate the leadership training model (Escuela de Promotoras®), and we were reaching a very low number of Latino participants. Escuela de Promotoras leadership was introduced in 2002, and it has been successful in empowering community members to become Promotoras de Salud.

**Planning process:** At the beginning, the program planning was vertical (top to bottom). In 2002 a revised and more participatory process was created and included *promotoras* monthly meetings, retreats, evaluation meetings, and interactive activities during the year to collect ideas from *promotoras*.

**Documentation:** Even though the work plans were well written, *promotoras* had a difficult time documenting outreach activities. In 2003, NCLR Project PRONTO provided capacity-building to document *promotoras* activities with structured activity report templates and program trainings.

Funding has been the main challenge, and it is overcome every year by diversifying programs, creating and working with coalitions for capacity-building, and expanding TVHC with a strong emphasis on volunteer help.

*What conditions must be met for the program to be successful?*

- Organizational senior management support
- Trust in the community
- Link to organizational vision and mission
- Strong volunteer base

### **Replication**

- Program activities in accordance with organizational mission and health promotion principles
- Staff leadership (find or develop key staff members)
- Shape the program to local needs and be flexible

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