

# 2005 Hispanic Needs Assessment Report Greater Prince William Area

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**City of Manassas  
City of Manassas Park  
Prince William County**

May 2005



Presented by:

Greater Prince William Area Hispanic Community  
Prince William Area Coalition for Human Services  
Prince William United Way

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# Hispanic Needs Assessment Report – 2005

## Introduction

The Greater Prince William Area (Prince William County, Manassas City and Manassas Park) has seen a remarkable growth of the Hispanic<sup>1</sup> populations since the 2000 census (**Appendix A**). All three jurisdictions now have Hispanic populations over 14.5%<sup>2</sup>. As this population includes both documented and undocumented individuals, it has been difficult to ascertain the various needs of those residing in the area. The Prince William United Way and Coalition for Human Services determined that more information was needed and made the decision to conduct an in-depth study in order to explore the priorities, needs and services for the Hispanic population.

Previous studies, including the 2002 Latino Forum, have indicated the need to better adapt community services to the changing needs of the flourishing Hispanic community. Human services including basic needs and child care, health care, life skills, transportation, domestic violence, substance abuse, and mental health are available to all residents of Prince William County regardless of ethnicity, however, not all cultural groups take advantage of these services due to a variety of circumstances. Results of the Latino Forum further demonstrated essential needs to develop an integrated, culturally competent community system that supports, values, and respects Hispanic families in the Greater Prince William County area.

The United Way Needs Committee Task Force and Prince William Coalition for Human Services determined that additional data was needed to complement the results from the Latino Forum and provide a complete picture of the needs of the Hispanic community. Additionally they wanted to explore methods to increase awareness among service providers, employers, and others members of the community based on the target demographic. In order to achieve their goal the Task Force conducted a three-step needs assessment consisting of a survey, and two focus groups concentrating on population and providers respectively. The data collected was statistically analyzed with the results described below.

The data gathered from the 2005 Hispanic Needs Survey (**Appendix C**) will provide many benefits for the residents and service providers in the Greater Prince William area. Not only will it help begin a community process for developing a “blueprint for action” that improves the quality of life for the Hispanic community, but will also raise awareness among service providers and community leaders about the need for continued information gathering and sharing. This process will lead to the development of an integrated, coordinated, culturally competent community system that supports, values, and respects Hispanic families within the Greater Prince William area.

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<sup>1</sup> In this document, the terms Hispanic and Latino will be used interchangeably to describe the target population. Currently, the term Hispanic is preferred by majority of the population (Hispanic Outreach and Leadership in Action (HOLA) Board, 2004).

<sup>2</sup> Prince William County: 14.5%, Manassas Park City: 15.0%, Manassas City 15.1%; U.S.: 12.5%: US 2000 Census and 2004 American Community Survey Data Profile Highlights (US Census Bureau)

## Method

### *PARTICIPANTS*

The survey was distributed at various predetermined locations throughout Prince William County. Participants were responsible for taking a survey, completing it truthfully, and returning it to the stated address. A total of 359 people (104 men and 248 women) between the ages of 13-80 volunteered to participate. All participants self reported being of Hispanic origin and currently reside in the Prince William County area. No reward or incentive was given to entice participation and no persons withdrew themselves from the assessment.

### *MATERIALS*

The United Way Needs Committee Task Force and Prince William Coalition for Human Services designed a 21-question survey consisting of yes/no, multiple choice, and fill in the blank questions (**Appendix B**). Surveys were available in both English and Spanish for the participants.

The responses were then analyzed using EPI Info, a computer based statistical analysis program.

### *PROCEDURE*

Members of the United Way Needs Committee Task Force and Prince William Coalition formulated the 21-question survey for Human Services. These members are also representatives of county entities such as ACTS, The Arc of Greater Prince William, BEACON, the Community Services Board, Department of Social Services, Northern Virginia Family Services, the Prince William Heath Department, Potomac and Prince William Hospitals, along with various other organizations. Collectively categories and questions were determined in order to reflect issues identified by service providers in the previous 2002 Latino Forum.

Known and respected members of the needs assessment committee translated the survey into Spanish. Which was then disseminated throughout the community using the county outlets available through the Task Force. Hispanics attending, soliciting, or receiving human services voluntarily obtained the survey, self-reported the answers to each question, and returned the form to the location they obtained it.

Once the surveys were collected and statistically analyzed (**Appendix C**), the Task Force determined that focus groups were needed to clarify Hispanic perceptions of services providers and services available in Prince William County. Spanish-speaking individuals facilitated discussion in each focus group.

Four focus groups were formed with 57 participants in each group, with the goal of determining gaps in services identified by the target population. This was accomplished through group discussions on current services available, barriers to accessing services, and additional services needed (**Appendix D**).

To further analyze the focus group data, a group of ten key informants (including Prince William County Community Service Board, Manassas Department of Social Services, HOLA, Manassas Park Department of Social Services, Prince William Area Free Clinic, etc) reviewed the information, clarified major issues, and decided on appropriate recommendations during a three hour session facilitated by members of the needs assessment committee (**Appendix E**).

## Focus Area Commentary

Following are the comments from the human services specialists, by Focus Area, followed by relevant survey data for each Focus Area:

### *BASIC NEEDS*

Culture affects access to various basic needs services. While persons who are Hispanic tend to use thrift shops, emergency financial assistance and food banks in large numbers, very few use homeless shelters. Many persons who are Hispanic seem to prefer to live several families or several single men to a residence rather than go into a shelter. Persons who are Hispanic also tend not to access formal childcare assistance programs, either because they are not eligible, they do not know what is available, or because they do not need child care. Many persons who are Hispanic simply use informal babysitters, friends or family, or take their children with them. Some even take their children to work if they are allowed to do so.

Emergency assistance programs have had to modify eligibility requirements for families who are Hispanic, based on their living situations. Where several families may share a residence, they still view themselves as separate families. Often they do not cook or eat together. So, where emergency assistance programs used to consider an entire household, regardless of relationship, as an entity, some now consider only the income of the family unit identified by the applicant and acknowledge that finances, food and food preparation may remain separate by family, even in a single household.

It is also noted that many persons who are Hispanic do not ask for specific services. In some cultures it would be considered “rude” to ask. Therefore, emergency assistance programs have found that they need to lay out available services and allow the family to indicate what they might need, rather than waiting for the family to ask for specific services.

### Relevant Data:

- 8.3% of households are receiving food stamps, 9.9% have been without food, 15.6% of households receive reduced price lunches
- 38.1% of households occasionally ran out of money for basic needs in the past 12 months, they turn to family 41.5%, or friends 26.4%, for assistance
- The Hispanic community has difficulty in securing housing, noting discrimination as a barrier to accessing services; they would like to have assistance with food
- Providers recommend promoting the use of existing agencies and services through education

## *SPANISH SPEAKING CHILD CARE*

Prince William County area has experienced a significant growth in its Hispanic population. This growth is also reflected in the number of Spanish speaking families who are seeking child care assistance and the numbers of Hispanic people who are interested in becoming child care providers.

The area's Department of Social Services is attempting to meet the needs of our Hispanic population by increasing the number of staff that speak Spanish. The department also employs two full time Spanish interpreters. Some of the materials offered are in Spanish. PWC DSS has established a work group that is looking at the needs of customers who have Limited English Proficiency.

With all these efforts, there still some unmet needs and gaps in services. It has been very challenging to serve non-English speaking people who wish to become childcare providers. The existing materials are all in English and the licensing requirements require enough English proficiency to read a prescription and make an emergency phone call. At this time there are no Spanish-speaking instructors at this time. There are also many people who want to be providers who speak languages other than English.

The Prince William Area Quality Child Care Partnership, PWAQCCP, which is made up of representatives from Prince William, Manassas City and Manassas Park DSS, as well as NOVA Community College, Extension Service, Child Care Center Directors, Home Child Care Providers and anyone who care about child care, has chosen to use some of our Quality Initiative grant to offer a Child Development (CHD101) class at NOVA in Spanish. The class will be starting soon. This is very exciting first step and if it works well, it is hoped to do more in the future.

Unfortunately, the PWC subsidized childcare program has a waiting list, so families cannot be served immediately. The wait is approximately 10 months at this time and Manassas City DSS has 65 on their waiting list. It is my understanding there is also a waiting list of Head Start in Prince William.

### Relevant Data:

- 25% of households need assistance in finding childcare or taking care of children
- 8% of households ran out of money to pay for basic needs including childcare last year
- The Hispanic community would like to have more affordable childcare and after school activities
- Providers find funding for childcare services is limited, causing many people to use unregulated neighborhood babysitters

## *HEALTH*

*Access to health care services* is perhaps the most significant health issue for non-Hispanic whites. Nationally, only 66% of this population under the age of 65 is insured, compared with 87% of non-Hispanic whites (Morbidity and Mortality Weekly Report [MMWR], October 15, 2004). Without insurance, these persons will only seek health care for the most pressing medical needs. Prevention, detection and early intervention services will likely be ignored. For example, Hispanics trail non-Hispanic whites in such health indicators as percent of children adequately immunized, percent persons with on-going source of health care, percentage of children adults who are obese and tobacco use.

Persons from certain parts of Latin America die at greater rates from certain health conditions such as unintentional injuries, diabetes, and perinatal conditions than their non-Hispanic white counterparts (MMWR, October 15, 2004). Health education, lifestyle issues, detection and early intervention services can ameliorate the long-term effects of these conditions. Without ready access to health care services, these conditions can lead to disability and even death.

Locally, the Prince William Area Free Clinic, mobile clinics and the Prince William Health District see disproportionate numbers of Hispanics in their clinics. All of these services are operating beyond capacity, turning people away or are generating long waiting lists for services.

*Cultural/linguistic competence* of health care providers is a secondary access issue. While many health care providers do have some Spanish language capability among staff, providing medical care through an interpreter is both inefficient and dangerous. Even simple miscommunication in the area of medical issues can have life-threatening consequences. Beyond language, health care is more effective if the providers understand the cultural practices around health, health care and lifestyle behaviors that this population brings with them to the United States.

A health care system that provides a medical home for uninsured persons, that is also culturally competent, is needed to address these issues. In addition, current providers of care need to develop cultural and linguistic capability to serve this population safely.

### Relevant Data:

- 21.5% have received Medicaid, 24.7% of households been without medical care, 53.5% have problems getting healthcare mostly (73%) due to financial constraints
- 30.1% of households have gone without needed dental care in the past year or knew someone who did
- 44.9% had received health care at a free or reduced fee program
- 77.3% would use either the hospital or 911 in case of an emergency

## *LIFE SKILLS*

*English as another language* is perhaps the single most necessary skill for successful acculturation into the United States. Besides classes offered through public school divisions, classes and tutoring are offered through private sources such as BEACON and churches. Classes have to be structured for the varying levels of literacy of this population. Local ESL classes are at capacity, some with waiting lists.

*Appropriate use of financial institutions* such as banks, credit cards, and mortgage lenders, is identified as an acculturation issue for newly immigrated Hispanics. Education is needed to help this population understand the long-term consequences of credit and loans and the need to establish good credit ratings. Careful use of credit and banking practices will ultimately empower new immigrants to become homeowners, educate their children and otherwise improve their self-sufficiency.

*Parenting in the US* may also be an issue for Hispanic immigrants. Gender roles and other parenting practices from their home cultures may not be acceptable in the United States. Classes and programs are needed to address specific parenting issues such as raising a teen-ager, parenting children who have immigrated from the home country and expectations around child development and discipline in general.

#### Relevant Data:

- 25% of the respondents completed at least high school
- 12 % held a college degree or technical school education
- Roughly two-thirds of the respondents indicated the need for assistance in learning to speak, read, and write English
- Over 12% of those surveyed felt that they needed help learning to speak, read, and write Spanish
- Of those surveyed, 16% indicated that they needed no help in learning to speak, read, or write English or Spanish

#### *TRANSPORTATION*

The Hispanic Needs Assessment Survey highlights the fact that accessibility is a significant barrier to accessing services by Hispanic persons, but neither the focus group discussions nor other forms of community input associated with this Needs Study were explicit enough to pinpoint the access problems this community faces. However, the Hispanic community comprises a significant percentage of the Potomac and Rappahannock Transportation Commission's, PRTC, local bus riders<sup>3</sup>, so the insights gleaned from PRTC's recent opinion surveys and research it did in the course of preparing a bus service strategic plan earlier in 2004 provides the best available insight about access problems facing all local bus users including the Hispanic community.

The findings of PRTC's survey efforts can be summarized as follows:

- 46.5% of those surveyed said the absence of weekend OmniLink service is a somewhat or very important need (survey noted Saturday service is beginning on eastern Prince William OmniLink routes Fall 2004)
  - ✓ 37.6% indicated Manassas area Saturday only service
  - ✓ 34.6% indicated eastern Prince William Sunday service
  - ✓ 27.0% indicated Manassas area Saturday and Sunday service
- 32.7% said more frequent OmniLink service is a somewhat or very important need

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<sup>3</sup> 20% of all riders on Potomac Rappahannock Transportation Commission's local bus services ("OmniLink") identified themselves as Hispanic in PRTC's most current rider survey



- ✓ 27.8% indicated eastern Prince William routes
- ✓ 19.6% indicated Manassas area routes
- ✓ 13.9% indicated all routes
- 46.2% said service to Innovation is a somewhat or very important need
- 38.5% said service in Montclair is a somewhat or very important need
- 35.4% said service in Gainesville/Haymarket is a somewhat or very important need

The survey efforts were supplemented by a self-evaluation of PRTC's existing bus services using a set of evaluation criteria developed nationally for this purpose. Services were found to be wanting in the same areas as those flagged by the surveys.

As a result, PRTC has recommended the following local bus service improvements staged over the next five years as part of the strategic plan, which PRTC's governing board has adopted:

- A new local bus route in the Route One corridor permitting travel from one end of the corridor to the other without the need for a transfer between routes;
- Increased service frequency on all existing local bus routes in the peak periods;
- A new local bus route serving the Montclair community;
- Saturday and Sunday service on all the local bus routes on the eastern side of the County;
- Saturday service on the local bus routes on the western side of the County;
- Extended local bus service to Fort Belvoir; and
- A new local bus route providing access to the Innovation development area west of Manassas

Guided by this plan, PRTC will be seeking local government sponsorship of the recommended services as part of the annual budget process.

#### Relevant Data:

- This Hispanic Community would like to have their own transportation and sees the lack of identity cards as a barrier; they do not understand all the current services that are available
- Providers recommend promoting the use of existing services through education (of routes and how to use them), increasing bus routes from high density housing areas to the Health Department or government agencies

#### *DOMESTIC VIOLENCE*

Domestic violence has a detrimental impact on the overall health and well being of the community. Yet as individuals we tend to see it only in a familial context. As a community, we must consider its broader effects regarding human services and public safety. We too must always remember that ignoring a human services issue too often turns that issue into a public safety issue, the solution for which is far more costly in terms of both dollars and human suffering. The use of law enforcement, the court system, the medical community, schools, social services, loss of production in the workplace, etc. must all be considered when discussing the need for additional or future services. In the past five years, the number of individuals served by the ACTS/Turning Points Domestic Violence Program grew from 1,424 unduplicated individuals

in FY2000 to 2,104 in FY2004. The Court Services office in Manassas assisted 792 primary victims with protective orders, court accompaniment, and referral services. Bed nights in the battered women shelters have increased by 44% from 2,451 to 4,403 over the same five-year period. All areas of the program have experienced similar growth. The good news is awareness of available services creates opportunities for victims to reach out. The bad news is that the ability to continue to meet the need is directly related to program resources.

Of particular concern to the domestic violence service providers are the increasing numbers of Hispanic, particularly Spanish-speaking-only, clients whose situations are often complicated by other issues (*e.g.*, language barriers). In FY2004, the battered women's shelter in Eastern Prince William County served a total of 53 Hispanic women and children. However, in only five months since the Western battered women's shelter opened its doors, it has provided shelter and services to 62 Hispanic women and children. There is a growing need for language and culturally appropriate domestic violence services for families in the Manassas area. In FY2004, the ACTS/Turning Points Hispanic Women's Program Coordinator provided a myriad of services to 176 unduplicated Spanish-speaking victims of domestic violence. In the first quarter of FY2005, of the 185 men enrolled in the Batterer's Intervention Program, BIP, 69 are Hispanic men who participate in classes that are conducted in Spanish. The increasing need for services to this geographically diverse Hispanic population is problematic for both those who need services as well as for those who deliver them.

Relevant Data:

- Hispanics need or would like to have more information about domestic violence and other laws pertaining to family and individuals
- Providers note that there are no affordable preventative domestic violence programs in Spanish

*SUBSTANCE ABUSE*

The Prince William County Community Services Board (CSB) offers substance abuse prevention and treatment services to all area residents, including members of the Hispanic/Latino community. Available substance abuse (SA) services specifically targeting Spanish-speaking or bi-lingual individuals include:

- 1) School-based education focused on SA prevention,
- 2) Community-based programming for Latino youth and their parents (*e.g.*, health fairs, parenting groups), and
- 3) An education group for adults identified as possible substance abusers (*e.g.*, arrested for DWI or domestic violence).

One prevention specialist/therapist, who is bi-lingual, provides all these services. Other CSB services such as individual and family therapy, case management, programming in local jail, and prevention efforts in Georgetown South are provided with interpreters of staff with varying fluency in Spanish.

The overall demand for substance abuse services at the CSB has steadily increased over the past few years. In 2002, the number of clients receiving SA treatment totaled 2397; of this number 197 were identified as Hispanic. By 2004, however, the total number of CSB clients receiving SA treatment was 2576, of which 242 was Hispanic. Not only did the number of Hispanic clients increase, but the percentage of the total increased as well: in 2002, Hispanic clients were 8.22% of the total; by 2004, the percentage was 9.39%. Prevention services are not included in these statistics.

Despite CSB efforts to improve services for Hispanic residents, barriers (e.g., limited availability of Spanish-speaking staff) continue to persist. The demand for Spanish language SA services outweighs current resources. One example is the lone SA Education Group, which often has a long waiting list due to serving clients from both the western and eastern ends of the county. Recently, a few bi-lingual staff members have been identified to provide translation services, as needed and if available. For all other situations, the CSB contracts with an interpreting service. Due to CSB budget constraints, however, interpreting services are usually limited to telephonic arrangements, which can erect an artificial barrier between client and counselor. In addition, SA therapists and case managers confront frustrating obstacles in their efforts to locate affordable detoxification and rehabilitation facilities for Spanish-speaking population, specialized SA services are sorely needed to help prevent and treat at-risk individuals and their families.

Relevant Data:

- 74.5% of those surveyed stated that someone in the family consumes too much alcohol

*MENTAL HEALTH*

The Community Services Board (CSB) frequently works with families where the children are bilingual, but the parent(s) do not speak English at all or are very limited in their ability to speak and understand English. In these situations, absolutist is not desirable to use the children to translate because this elevates them in the family hierarchy to a level that is neither healthy nor productive. It would be best if the therapist spoke Spanish to conduct sessions in the language most familiar to the family. Since CSB does not currently have any Spanish-speaking therapists in the program, interpreters are used, either by phone or in person. Clearly, this is not the best way to conduct treatment (individual, couples/martial and family therapy) – so the identified need is for more Spanish speaking therapists to serve an often financially challenged population.

Similarly, for those clients referred to our psychiatrists for medication evaluation/reviews it would be best if the CSB had a psychiatrist who is fluent in Spanish.

As a far distant second, if funding were not sufficient to satisfy the above two requirements then sufficient funding for on site interpretation/translation services would be helpful.

Additionally, having a centralized resource (perhaps web-based) that therapists can access to provide information to clients about jobs, support groups, etc. would be a welcome aid.

Relevant Data:

- Those most common disability was mental health
- 11 respondents, or one-thirds of those who indicated a disability, indicated mental health as the disability

## *DISABILITY*

Hispanic families are hesitant to seek services for family members who are disabled, as the social norm is “to take care of their own.” History has shown in several cases that when local services had long waiting lists Hispanic families will not continue to pursue placement.

Significant inroads have been made to families of very young children with disabilities as demonstrated in the early intervention services sponsored by the Community Services Board. Several professional staff members speak Spanish and the numbers of Hispanic families have increased. 42 Hispanic families were served during the past year or roughly 12% of the total number of children served which closely mirrors the community population of Hispanics.

During 2004 the Prince William Disability Services Board received three calls from Hispanic day laborers. They did not have health insurance, had become disabled on the job and were now seeking services.

Greater community outreach needs to be made into the Hispanic community, making people aware of the services available in our community. In addition, developmental childcare and respite care through trained Hispanic providers are required. Professional literature has stated that it is estimated that 31% of children with disabilities have been subject to maltreatment. (Kendall-Tackett. 2002) Additional respite care and childcare options are key components of easing the stress of caring for a child with a disability.

### Relevant Data:

Nearly 10% of the total number of respondents indicated that they, or a family member, had a disability.

## **Recommendations**

Upon reviewing the observations collected from human service specialists and data collected from the 2005 assessment, the United Way Needs Task Force and Coalition for Human Services proposed a community plan of action in order to assist service providers in expanding their reach within the Hispanic community. It was determined that multiple interrelated barriers were preventing Hispanics from accessing services, seeking help in an emergency, and integrating into society. The Task Force determined eight prevalent barriers and concentrated on providing recommendations to overcome each barrier. They focused on general life skills, community education and empowerment, language, identification, lack of resource centers, inadequate access to primary care, domestic violence, and lack of transportation. While each issue is presented separately it should be noted that many of the items raised are indelibly linked with one another.

After completion of the 2005 assessment, the Task Force is now better able to identify gaps and barriers to service delivery for the Hispanic population; and will develop a service provider network with information regarding current available services available to all residents of Prince William County. This endeavor serves as another important step of an ongoing process to continually assess our community's needs and services so that all people living in the area will have accessibility.

### Recommendations Continued

BASIC NEEDS	Proactive outreach and community education concerning Services
CHILD CARE	Childcare licensing classes in Spanish Make daycare providers aware of Prince William Home Day Care Association
HEALTH	Increased capacity to serve the uninsured Spanish-speaking staff
LIFE SKILLS	Parenting in the United States, to include appropriate child discipline, gangs and sex with minors Appropriate use of financial institutions Gender role education Additional English as another language classes Access to official picture identification Classes on other acculturation issues
TRANSPORATTION	Addition of needed routes Strategic placement of bus schedules at community gathering places such as churches, local markets, gas stations, restaurants Method for immigrants to get a Driver's License in order to be able to legally use private transportation
DOMESTIC VIOLENCE	Increased capacity to meet the need Prevention and awareness programs targeting Hispanic community, men and women
SUBSTANCE ABUSE	Increased capacity to serve Hispanic community
MENTAL HEALTH	Spanish-speaking staff, including psychiatrist Access to "job bank"
DISABILITY	Developmental day care Respite care Community education concerning services
GENERAL	Support local advocacy efforts Determine best ways to disseminate information – radio, TV, Newspapers, classes, informal networks such as churches Advocacy for newly immigrated licensed professional to gain US licensure Support development of a Hispanic Resource Center

## Appendices

### Appendix A *KEY DEMOGRAPHICS*<sup>4</sup>

#### 2003 U.S. Census Data for Prince William County and the two independent Cities of Manassas and Manassas Park

Demographics Quick Facts	Manassas Park	Manassas City	Prince William County	Virginia
<b>Population, 2003 estimate</b> <sup>5</sup>	<b>10,990</b>	<b>37,166</b>	<b>325,324</b>	<b>7,386,330</b>
Population, percent change, April 1, 2000 to July 1, 2003	6.8%	5.8%	15.9%	4.3%
Population, 2000	10,290	35,135	280,813	7,078,515
Population, percent change, 1990 to 2000	51.4%	26.6%	30.6%	14.4%
Persons under 5 years old, percent, 2000	10.0%	8.6%	8.5%	6.5%
Persons under 18 years old, percent, 2000	31.0%	29.6%	30.4%	24.6%
Persons 65 years old and over, percent, 2000	4.3%	5.4%	4.8%	11.2%
Female persons, percent, 2000	49.1%	49.1%	50.1%	51.0%
White persons, percent, 2000	72.8%	72.1%	68.9%	72.3%
Black or African American persons, percent, 2000	11.2%	12.9%	18.8%	19.6%
American Indian and Alaska Native persons, percent, 2000	0.4%	0.4%	0.4%	0.3%
Asian persons, percent, 2000	4.1%	3.4%	3.8%	3.7%
Native Hawaiian and Other Pacific Islander, percent, 2000	0.1%	0.1%	0.1%	0.1%
Persons reporting some other race, percent, 2000	8.1%	7.9%	4.3%	2.0%
Persons reporting two or	3.3%	3.3%	3.6%	2.0%

<sup>4</sup> The term Hispanic includes current Prince William Area residents that have identified themselves as being from a) South America, b) Central America, c) Mexico, and the d) Spanish Caribbean

<sup>5</sup> US Population for 2003 is estimated at 282,909,885 (US Census)

<b>Demographics Quick Facts</b>	<b>Manassas Park</b>	<b>Manassas City</b>	<b>Prince William County</b>	<b>Virginia</b>
more races, percent, 2000				
White persons, not of Hispanic/Latino origin, percent, 2000	67.2%	66.3%	64.7%	70.2%
<b>Persons of Hispanic or Latino origin, percent, 2000</b>	<b>15.0%</b>	<b>15.1%</b>	<b>9.7%</b>	<b>4.7%</b>
Foreign born persons, percent, 2000	15.0%	14.2%	11.5%	8.1%
Language other than English spoken at home, pct age 5+, 2000	20.0%	18.5%	16.3%	11.1%
High school graduates, percent of persons age 25+, 2000	76.4%	81.3%	88.8%	81.5%
Bachelor's degree or higher, pct of persons age 25+, 2000	20.3%	28.1%	31.5%	29.5%
Persons with a disability, age 5+, 2000	1,483	4,430	31,603	1,155,083
Mean travel time to work (minutes), workers age 16+, 2000	35.6	32.4	36.9	27
Housing units, 2002	3,645	12,317	108,004	3,006,877
Homeownership rate, 2000	78.7%	69.8%	71.7%	68.1%
Housing units in multi-unit structures, percent, 2000	1.1%	22.3%	17.5%	21.5%
Median value of owner-occupied housing units, 2000	\$116,000	\$154,500	\$149,600	\$125,400
Households, 2000	3,254	11,757	94,570	2,699,173
Persons per household, 2000	3.16	2.92	2.94	2.54
Median household income, 1999	\$60,794	\$60,409	\$65,960	\$46,677
Per capita money income, 1999	\$21,048	\$24,453	\$25,641	\$23,975
Persons below poverty, percent, 1999	5.2%	6.3%	4.4%	9.6%



**Appendix B**  
**LATINO NEEDS ASSESSMENT SURVEY**

**Latino Needs Assessment Survey**  
Prince William Community Needs Committee

**THIS IS A CONFIDENTIAL SURVEY.**

**This survey will be used to improve the delivery of human services to the Latino population. Thank you for your help.**

**Location:**

**Date:**

**Time:**

1. Age? \_\_\_\_\_

2. Sex?

Male    or    Female

3. Married    or    Single?

4. What country were you born in? \_\_\_\_\_

5. What country were your parents born in? \_\_\_\_\_

6. How long have you been in the United States? (Optional)

A. Born in the U.S.    B. Less than a year    C. 1-5 years

D. 5-10 years    E. More than 10 years

7. Highest level of education completed?

A. Grammar School

D. Some College

B. Less than 9<sup>th</sup> grade

E. College Degree

C. 9<sup>th</sup> to 12<sup>th</sup> grade

F. Other

8. Do you or anyone in your household need help learning a language?

English:    A. Speaking    B. Reading    C. Writing

Spanish:    D. Speaking    E. Reading    F. Writing

G. No

9. What type of assistance do you receive?

A. None    B. Medicaid    C. Food Stamps    D. WIC

E. Free / reduced school lunches    F. Other

10. Do you or anyone in your household need to find childcare or need assistance taking care of children?

A. Yes    B. No

11. How do you get help in an emergency? (Circle all that apply)

A. Hospital    B. Fire and Rescue    C. Sheriff    D. Police    E. 911

F. Neighbor    G. Friend    H. Other

12. In the past year, has anyone in your household been without any of the following? Please circle all that apply.

A. Food

B. Shelter

C. Medical Care

D. Vision

E. Dental

F. None

13. Please indicate the number of people in your house with one or more PERMENANT disabilities:

<u>Disability</u>	<u>Child</u>	<u>Adult</u>
A. No Disability	___	___
B. Blind	___	___
C. Deaf	___	___
D. Wheel Chair/Walker	___	___
E. Mental Retardation	___	___
F. Mental Illness	___	___
G. Epilepsy (seizures)	___	___
H. Other Disability	___	___

14. Who makes decisions about health care in the family?

- A. Mother B. Father C. Both (mother and father) D. Grandparent E. Other

15. Do you have problems getting healthcare when you decide that you or a family member needs it?

- A. Yes B. No

16. If the answer is YES (to question #15), please circle the reason.

- A. Money B. Transportation C. Other

17. Where do you go when you or a member of your household is sick?

(Circle all that apply)

- A. Public Health clinic B. Hospital / Emergency room C. Private Doctor  
D. Free Clinic E. Medical Van F. Other

18. Does someone in your family drink too much?

- A. No B. Father C. Mother D. Spouse E. Child F. Other

19. In the past 12 months, did your household run out of money to pay for basic needs such as rent or mortgage, utilities, food, medicine, babysitter, or daycare.

- A. No B. Yes, frequently C. Yes, occasionally

20. If YES, please list where you got assistance?

21. How do you receive information about services?

- A. TV F. Word of mouth (friends and/or family)  
B. Radio G. Store/Market  
C. Newspaper H. Church  
D. Internet I. Other  
E. Mail or community bulletin

**THANK YOU FOR YOUR HELP.**

**ENCUESTA PARA DETERMINAR LAS NECESIDADES DE LA COMUNIDAD  
HISPANA**

**El comité de necesidades del condado Prince William de la comunidad hispana**

ESTA ES UNA ENCUESTA CONFIDENCIAL.

**Esta encuesta será usada para mejorar los servicios humanos a la población hispana.**

**Gracias por su ayuda.**

**Lugar:**

**Fecha:**

**Hora:**

1. ¿Edad?\_\_\_\_\_
2. ¿Sexo?:                      Masculino    o    Femenino
3. Casado    o    Soltero
4. ¿De que país es Usted?\_\_\_\_\_
5. ¿De que país son sus padres?\_\_\_\_\_
6. ¿Desde cuando reside en Los Estados Unidos?  
(Opcional, circule la respuesta correcta)  
    A. Nacido en Los Estados Unidos:    D. 5-10 años  
    B. menos de un año                      E. mas de 10 años  
    C. 1-5 años
7. ¿Ultimo Grado de Educación completado?  
    A. Primaria                              D. Algunos estudios universitarios  
    B. Secundaria                          E. Diploma Universitario  
    C. Bachillerato                        F. Otro
8. ¿Usted o alguien en su casa necesita ayuda con el aprendizaje de:  
(circule la repuesta que le aplica)  
    Si: Ingles    A. conversación    B. lectura    C. escritura  
        Español D. conversación    E. lectura    F. escritura  
        G. No
9. ¿Recibe algún tipo de asistencia en su hogar?  
    A. Ninguna                              E. Almuerzos escolares  
    B. Medicaid (asistencia medica)    gratis o reducidos  
    C. Estampillas de comida            F. Otro  
    D. WIC
10. ¿Usted o alguien en su casa necesita asistencia para el cuidado de sus hijos?  
    Si    No
11. ¿Como obtiene ayuda en caso de una emergencia? (circule uno)  
    A. Hospital                              E. 911  
    B. Bomberos                          F. Vecino  
    C. Alguacil                            G. Amigo  
    D. Policía                                H. Otro
12. ¿Durante el año pasado, alguien en su hogar ha carecido de algunos de    siguientes  
servicios básicos? (Circule al que le apliqué)  
    A. Comida                              D. Oculista  
    B. Refugio                              E. Dental  
    C. cuidado medico    F. Ninguno

13. ¿Alguien en su casa tiene algún tipo invalidez PERMANENTE?

(Por favor circule y explique.)

	<u>Niño</u>	<u>Adulto</u>
A. No hay invalidez en mi familia	___	___
B. Ciego	___	___
C. Sordo	___	___
D. Confinado a silla de rueda/ Usa caminadora permanente	___	___
E. Retraso mental	___	___
F. Enfermedad mental	___	___
G. Epilepsia	___	___
H. Other	___	___

14. ¿Quién toma decisiones acerca de la asistencia médica en su familia?

A. Madre B. padre C. ambos(madre y padre) D. Abuelo/a E. Otro

15. ¿Tiene Ud. dificultad para obtener asistencia médica cuando algún miembro de su familia lo necesita?

A. Si B. No

16. Si la respuesta es si, podría explicar, cual fue su problema?

A. Dinero B. Transportación C. Otro

17. ¿Cuándo alguien en su familia se enferma donde reciben tratamiento médico? (por favor circule la respuesta que le aplica a UD.)

A. Clínica del departamento de salud D. Clínica gratuita

B. Hospital/sala de emergencia E. Clínica móvil

C. Doctor privado F. Otro

18. ¿Alguien en su familia toma muchas sustancias (alcohólicas)?

A. No B. Si, Padre C. Madre D. Esposo/a E. Niño/a F. Otro

19. ¿En el año Ud. o su familia se ha quedado sin dinero para pagar algunas de sus necesidades básicas tales como la renta, alimentos, utilidades, comida, medicina? (circule la respuesta que le aplica a UD.)

A. No B. Si, frecuente C. Si, ocasionalmente

20. Si marco que si, quien le proveyó la asistencia? \_\_\_\_\_

21. ¿Cómo recibe información sobre estos servicios? Circule su respuesta

A. Televisión D. Internet G. en la comunidad Tienda

B. Radio E. correo o boletín H. Iglesia

C. periódico F. Por amistades o familia I. Otro

**GRACIAS POR LLENAR ESTA ENCUESTA CONFIDENCIAL**

**Appendix C  
LATINO NEEDS ASSESSMENT RESULTS**

**Participant Info**

**A. Place? (¿Lugar?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>CBO</b>	124	33.3%	33.3%
<b>Manassas City</b>	69	18.5%	51.9%
<b>Manassas Park</b>	6	1.6%	53.5%
<b>Other/Undetermined</b>	58	15.6%	69.1%
<b>Prince William County</b>	115	30.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

**B. Place 2? (¿Lugar 2?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>ACTS</b>	12	3.2%	3.2%
<b>All Saints Catholic Church</b>	25	6.7%	9.9%
<b>ARC</b>	29	7.8%	17.7%
<b>Criminal Justice Services</b>	7	1.9%	19.6%
<b>DC Christian Church</b>	9	2.4%	22.0%
<b>Free Clinic/ PW Health Department</b>	9	2.4%	24.5%
<b>Manassas City DSS</b>	48	12.9%	37.4%
<b>Manassas Park DSS</b>	5	1.3%	38.7%
<b>NVFS</b>	13	3.5%	42.2%
<b>Other</b>	42	11.3%	53.5%
<b>Potomac Hospital</b>	33	8.9%	62.4%
<b>Prince William County DSS</b>	43	11.6%	73.9%
<b>Prince William County CSB</b>	42	11.3%	85.2%
<b>Prince William County Office on Housing</b>	12	3.2%	88.4%
<b>Rockingham construction</b>	17	4.6%	93.0%
<b>SERVE</b>	20	5.4%	98.4%
<b>Virginia Cooperative Extension</b>	6	1.6%	100.0%
<b>Total</b>	372	100.0%	100.0%

**C. Date?** (¿Fecha?)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Other (after 5/7)</b>	71	30.1%	30.1%
<b>Week 1 (4/5-4/11)</b>	5	2.1%	32.2%
<b>Week 2 (4/12-4/18)</b>	36	15.3%	47.5%
<b>Week 3 (4/19-4/25)</b>	61	25.8%	73.3%
<b>Week 4 (4/26-5/2)</b>	46	19.5%	92.8%
<b>Week 5 (5/3-5/7)</b>	17	7.2%	100.0%
<b>Total</b>	236	100.0%	100.0%

**D. Time?** (¿Hora?)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Afternoon (12pm-5pm)</b>	46	12.4%	12.4%
<b>Evening (5pm or later)</b>	85	22.8%	35.2%
<b>Morning (7am-12pm)</b>	69	18.5%	53.8%
<b>Unreported</b>	172	46.2%	100.0%
<b>Total</b>	372	100.0%	100.0%

**1. Age?** (¿Edad?)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>3</b>	1	0.3%	0.3%
<b>13</b>	2	0.6%	0.8%
<b>14</b>	1	0.3%	1.1%
<b>16</b>	4	1.1%	2.2%
<b>17</b>	2	0.6%	2.8%
<b>18</b>	5	1.4%	4.2%
<b>19</b>	8	2.2%	6.4%
<b>20</b>	7	2.0%	8.4%
<b>21</b>	6	1.7%	10.1%
<b>22</b>	11	3.1%	13.1%
<b>23</b>	13	3.6%	16.8%

24	18	5.0%	21.8%
25	5	1.4%	23.2%
26	9	2.5%	25.7%
27	15	4.2%	29.9%
28	17	4.7%	34.6%
29	14	3.9%	38.5%
30	15	4.2%	42.7%
31	14	3.9%	46.6%
32	6	1.7%	48.3%
33	16	4.5%	52.8%
34	8	2.2%	55.0%
35	11	3.1%	58.1%
36	6	1.7%	59.8%
37	16	4.5%	64.2%
38	9	2.5%	66.8%
39	14	3.9%	70.7%
40	16	4.5%	75.1%
41	11	3.1%	78.2%
42	7	2.0%	80.2%
43	10	2.8%	83.0%
44	7	2.0%	84.9%
45	4	1.1%	86.0%
46	3	0.8%	86.9%
47	2	0.6%	87.4%
48	9	2.5%	89.9%
49	1	0.3%	90.2%
50	2	0.6%	90.8%
51	5	1.4%	92.2%
52	3	0.8%	93.0%
53	2	0.6%	93.6%
54	1	0.3%	93.9%
55	1	0.3%	94.1%
56	2	0.6%	94.7%
60	1	0.3%	95.0%
61	4	1.1%	96.1%
62	1	0.3%	96.4%

<b>63</b>	1	0.3%	96.6%
<b>65</b>	3	0.8%	97.5%
<b>67</b>	1	0.3%	97.8%
<b>68</b>	1	0.3%	98.0%
<b>71</b>	2	0.6%	98.6%
<b>72</b>	1	0.3%	98.9%
<b>81</b>	2	0.6%	99.4%
<b>88</b>	2	0.6%	100.0%
<b>Total</b>	358	100.0%	100.0%

## 2. Sex? (¿Sexo?)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>A. Male (Masculino)</b>	104	29.5%	29.5%
<b>B. Female (Feminino)</b>	248	70.5%	100.0%
<b>Total</b>	352	100.0%	100.0%

## 3. Married or Single? (¿Casado ó Soltero?)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Married (Casado)</b>	203	56.5%	56.5%
<b>Single (Soltero)</b>	156	43.5%	100.0%
<b>Total</b>	359	100.0%	100.0%

## 4. In what country were you born? (¿De que pais es Usted?)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Afghanistan</b>	1	0.3%	0.3%
<b>Argentina</b>	2	0.5%	0.8%
<b>Bolivia</b>	9	2.4%	3.2%
<b>Brazil</b>	1	0.3%	3.5%
<b>Columbia</b>	5	1.3%	4.8%
<b>Costa Rica</b>	1	0.3%	5.1%
<b>Cuba</b>	2	0.5%	5.6%
<b>Dom. Republic</b>	5	1.3%	7.0%



<b>Ecuador</b>	7	1.9%	8.9%
<b>El Salvador</b>	133	35.8%	44.6%
<b>Guatemala</b>	24	6.5%	51.1%
<b>Honduras</b>	23	6.2%	57.3%
<b>Mexico</b>	81	21.8%	79.0%
<b>Nicaragua</b>	5	1.3%	80.4%
<b>Panama</b>	2	0.5%	80.9%
<b>Peru</b>	23	6.2%	87.1%
<b>Puerto Rico</b>	20	5.4%	92.5%
<b>United States</b>	18	4.8%	97.3%
<b>Venezuela</b>	10	2.7%	100.0%
<b>Total</b>	372	100.0%	100.0%

5. In what country were your parents born? (¿De qué país son sus padres?)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Afghanistan</b>	1	0.3%	0.3%
<b>Argentina</b>	2	0.5%	0.8%
<b>Bolivia</b>	9	2.4%	3.3%
<b>Brazil</b>	1	0.3%	3.5%
<b>Columbia</b>	7	1.9%	5.4%
<b>Costa Rica</b>	1	0.3%	5.7%
<b>Cuba</b>	2	0.5%	6.3%
<b>Dom. Republic</b>	5	1.4%	7.6%
<b>Ecuador</b>	7	1.9%	9.5%
<b>El Salvador</b>	135	36.7%	46.2%
<b>Guatemala</b>	24	6.5%	52.7%
<b>Honduras</b>	23	6.3%	59.0%
<b>Mexico</b>	82	22.3%	81.3%
<b>Nicaragua</b>	5	1.4%	82.6%
<b>Panama</b>	2	0.5%	83.2%
<b>Peru</b>	23	6.3%	89.4%
<b>Puerto Rico</b>	27	7.3%	96.7%
<b>United States</b>	4	1.1%	97.8%
<b>Venezuela</b>	8	2.2%	100.0%
<b>Total</b>	368	100.0%	100.0%

**6. How long have you lived in the United States? (¿Desde cuando reside en Los Estados Unidos?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>A. Born in the United States (Nacidos an Los Estados Unidos)</b>	25	7.2%	7.2%
<b>B. Less than 1 year (Menos de un año)</b>	28	8.0%	15.2%
<b>C. 1-5 years (años)</b>	107	30.7%	45.8%
<b>D. 5-10 years (años)</b>	82	23.5%	69.3%
<b>E. More than 10 years (mas de 10 años)</b>	107	30.7%	100.0%
<b>Total</b>	349	100.0%	100.0%

**7. Highest completed level of education? (¿Ultimo Grado de Educacion completado?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>A. Grades 1-6 (Primaria)</b>	88	24.5%	24.5%
<b>B. Grades 7-9 (Secundaria)</b>	93	25.9%	50.4%
<b>C. Grades 10-12 (Bachillerato)</b>	88	24.5%	74.9%
<b>D. Some University Studies (Algunos estudios universitarios )</b>	46	12.8%	87.7%
<b>E. College Graduate (Diploma Universitarios)</b>	23	6.4%	94.2%
<b>F. Other (Otro)</b>	21	5.8%	100.0%
<b>Total</b>	359	100.0%	100.0%

**8. Do you or anyone in your household need help in? (¿Ustedes o alguien en su casa necesita ayuda con el aprendizaje de?)**

**A. Speaking English (Ingles conversacion)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	257	69.1%	69.1%
<b>No</b>	115	30.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

**B. Reading English (Ingles lectura)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	233	62.6%	62.6%
<b>No</b>	139	37.4%	100.0%
<b>Total</b>	372	100.0%	100.0%

**C. Writing English (Ingles escritura)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	244	65.6%	65.6%
<b>No</b>	128	34.4%	100.0%
<b>Total</b>	372	100.0%	100.0%

**D. Speaking Spanish (Espanol conversacion)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	12	3.2%	3.2%
<b>No</b>	360	96.8%	100.0%
<b>Total</b>	372	100.0%	100.0%

**E. Reading Spanish (Espanol lectura)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	16	4.3%	4.3%
<b>No</b>	356	95.7%	100.0%
<b>Total</b>	372	100.0%	100.0%

**F. Writing Spanish (Espanol escritura)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	17	4.6%	4.6%
<b>No</b>	355	95.4%	100.0%
<b>Total</b>	372	100.0%	100.0%

**G. No**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	59	15.9%	15.9%
<b>No</b>	313	84.1%	100.0%
<b>Total</b>	372	100.0%	100.0%

**9. What type of assistance are you receiving (¿Recibe algun tipo de asistencia en su hogar?)**

**A. None (Ninguno)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	199	53.5%	53.5%
<b>No</b>	173	46.5%	100.0%
<b>Total</b>	372	100.0%	100.0%

**B. Medicaid (asistencia medica)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	80	21.5%	21.5%
<b>No</b>	292	78.5%	100.0%
<b>Total</b>	372	100.0%	100.0%

**C. Food Stamps (Estampillas de comida)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	31	8.3%	8.3%
<b>No</b>	341	91.7%	100.0%
<b>Total</b>	372	100.0%	100.0%

**D. Women, Infants, and Children-WIC**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	44	11.8%	11.8%
<b>No</b>	328	88.2%	100.0%
<b>Total</b>	372	100.0%	100.0%

**E. Free or reduced lunch (¿Almuerzos escolares gratis o reducidos?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	58	15.6%	15.6%
<b>No</b>	314	84.4%	100.0%
<b>Total</b>	372	100.0%	100.0%

**F. Other (¿Otro?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	23	6.2%	6.2%
<b>No</b>	349	93.8%	100.0%
<b>Total</b>	372	100.0%	100.0%

**10. Do you or anyone in your household need assistance finding child care or taking care of children ? (¿Ustedes o alguien en su casa necesita asistencia para el cuidado de sus hijos?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	76	25.4%	100.0%
<b>No</b>	223	74.6%	74.6%
<b>Total</b>	299	100.0%	100.0%

**11. How do you get help in an emergency ? (¿Como obtiene ayuda en caso de una emergencia?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>A. Hospital</b>	112	31.4%	31.4%
<b>B. Firefighter (Bomberos)</b>	4	1.1%	32.5%
<b>D. Police (Policia)</b>	2	0.6%	33.1%
<b>E. 911</b>	164	45.9%	79.0%
<b>F. Neighbor (Vecino)</b>	10	2.8%	81.8%
<b>G. Friend (Amigo)</b>	40	11.2%	93.0%
<b>H. Other (Otro)</b>	25	7.0%	100.0%
<b>Total</b>	357	100.0%	100.0%

**12. In the past year, has anyone in your household been without any of the following** (¿Durante el año pasado, alguien en su hogar ha carecido de algunos de siguientes servicios básicos?)

**A. Food (Comida)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	37	9.9%	9.9%
<b>No</b>	335	90.1%	100.0%
<b>Total</b>	372	100.0%	100.0%

**B. Shelter (Refugio)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	12	3.2%	3.2%
<b>No</b>	360	96.8%	100.0%
<b>Total</b>	372	100.0%	100.0%

**C. Medical care (Cuidado Medico)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	92	24.7%	24.7%
<b>No</b>	280	75.3%	100.0%
<b>Total</b>	372	100.0%	100.0%

**D. Vision (Oculista)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	46	12.4%	12.4%
<b>No</b>	326	87.6%	100.0%
<b>Total</b>	372	100.0%	100.0%

**E. Dental**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	112	30.1%	30.1%
<b>No</b>	260	69.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

**F. None (Ninguno)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	137	36.8%	36.8%
<b>No</b>	235	63.2%	100.0%
<b>Total</b>	372	100.0%	100.0%

**13. Please indicate the number of people in your household with one or more PERMENANT disabilities (Alguien en su casa tiene algun tipo invalidez PERMANENTE)**

	<b>Nino</b>	<b>Adulto</b>	<b>Totals</b>
<b>A. No one in my family has a disability (No hay invalidez en mi familia)</b>	--	--	--
<b>B. Blind (Ciego)</b>	0	0	0
<b>C. Deaf (Sordo)</b>	1	0	1
<b>D. Uses a wheelchair and/or walker (Confinado a silla de rueda / Usa caminadora permanente)</b>	0	3	3
<b>E. Mental Retardation (Retraso mental)</b>	2	2	4
<b>F. Mental Illness (Enfermedad mental)</b>	1	6	7
<b>G. Epilepsy (Epilepsia)</b>	2	3	5
<b>H. Other</b>	4	11	15

**14. Who makes decisions regarding health care in your family ? (¿Quien toma decisiones acerca de la asistencia medica en su familia ?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>A. Mother (Madre)</b>	91	29.1%	29.1%
<b>B. Father (Padre)</b>	22	7.0%	36.1%
<b>C. Mother and Father (ambos madre y padre)</b>	169	54.0%	90.1%
<b>D. Grandparent (Abuelo)</b>	2	0.6%	90.7%
<b>E. Other (Otro)</b>	29	9.3%	100.0%
<b>Total</b>	313	100.0%	100.0%

**15. Do you have problems getting healthcare when you decide that you or your family needs it ? (¿Tiene Ud. dificultad para obtener asistencia medica cuando algun miembro de su familia lo necesita?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	167	53.5%	100.0%
<b>No</b>	145	46.5%	46.5%
<b>Total</b>	312	100.0%	100.0%

**16. If the answer to #15 is yes, please indicate the reason (¿Si la repuesta es si, podria explicar, cual fue su problema?)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>A. Money (Dinero)</b>	154	73.0%	73.0%
<b>B. Transportation (Transportacion)</b>	18	8.5%	81.5%
<b>C. Other (Otro)</b>	39	18.5%	100.0%
<b>Total</b>	211	100.0%	100.0%

**17. Where do you go when a member of your household is sick ? (¿Cuando alguien en su familia se enferma donde reciben tratamiento medico?)**

**A. Health Department Clinic (Clinica del departamento de salud)**

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	51	13.7%	13.7%
<b>No</b>	321	86.3%	100.0%
<b>Total</b>	372	100.0%	100.0%



B. Hospital or emergency room (Hospital/sala de emergencia)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	104	28.0%	28.0%
<b>No</b>	268	72.0%	100.0%
<b>Total</b>	372	100.0%	100.0%

C. Private Doctor (Doctor privado)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	123	33.1%	33.1%
<b>No</b>	249	66.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

D. Free Clinic (Clinica gratuita)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	71	19.1%	19.1%
<b>No</b>	301	80.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

E. Mobil Clinic (Clinica movil)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	45	12.1%	12.1%
<b>No</b>	327	87.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

F. Other (Otro)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	23	6.2%	6.2%
<b>No</b>	349	93.8%	100.0%
<b>Total</b>	372	100.0%	100.0%

**18. Does any one person in your family consume too much alcohol ? (¿Alguien en su familia toma muchas sustancias (alcoholicas)?)**

A. No

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	277	74.5%	74.5%
<b>No</b>	95	25.5%	100.0%
<b>Total</b>	372	100.0%	100.0%

B. Father (Padre)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	23	6.2%	6.2%
<b>No</b>	349	93.8%	100.0%
<b>Total</b>	372	100.0%	100.0%

C. Mother (Madre)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	4	1.1%	1.1%
<b>No</b>	368	98.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

D. Spouse (Espos/a)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	5	1.3%	1.3%
<b>No</b>	367	98.7%	100.0%
<b>Total</b>	372	100.0%	100.0%

E. Child (Nino/a)

	Frequency	Percent	Cum Percent
<b>Yes</b>	6	1.6%	1.6%
<b>No</b>	366	98.4%	100.0%
<b>Total</b>	372	100.0%	100.0%

F. Other (Otro)

	Frequency	Percent	Cum Percent
<b>Yes</b>	10	2.7%	2.7%
<b>No</b>	362	97.3%	100.0%
<b>Total</b>	372	100.0%	100.0%

**19. In the past 12 months, did your household run out of money to pay for basic needs such as rent or mortgage, utilities, food, medicine, babysitter, daycare, etc... ? (¿En el año Ud. o su familia se ha quedado sin dinero para pagar algunas de sus necesidades basicas...?)**

	Frequency	Percent	Cum Percent
<b>A. No</b>	160	48.8%	48.8%
<b>B. Yes, frequently (Si, frecuente)</b>	43	13.1%	61.9%
<b>C. Yes, occasionally (Si, ocasionalmente)</b>	125	38.1%	100.0%
<b>Total</b>	328	100.0%	100.0%

**20. If you answered yes to question #19, please indicate where you received assistance (Si marco que si, quien le proveyo la asistencia)**

	Frequency	Percent	Cum Percent
<b>a. Friends (Amigos)</b>	28	26.4%	26.4%
<b>b. CBO's</b>	16	15.1%	41.5%
<b>c. Family (Familia)</b>	44	41.5%	83.0%
<b>d. Government Services (Servicios de gobierno)</b>	5	4.7%	87.7%
<b>e. Other (Otro)</b>	13	12.3%	100.0%
<b>Total</b>	106	100.0%	100.0%

**21. How do you receive information about services? (¿Como recibe informacion sobre estos servicios?)**

A. Television

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	56	15.1%	15.1%
<b>No</b>	316	84.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

B. Radio

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	24	6.5%	6.5%
<b>No</b>	348	93.5%	100.0%
<b>Total</b>	372	100.0%	100.0%

C. Newspaper (Periodico)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	19	5.1%	5.1%
<b>No</b>	353	94.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

D. Internet

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	13	3.5%	3.5%
<b>No</b>	359	96.5%	100.0%
<b>Total</b>	372	100.0%	100.0%

E. Mail or community bulletin (correo o boletin)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	23	6.2%	6.2%
<b>No</b>	349	93.8%	100.0%
<b>Total</b>	372	100.0%	100.0%

F. Friends or family (Por amistades o familia)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	159	42.7%	42.7%
<b>No</b>	213	57.3%	100.0%
<b>Total</b>	372	100.0%	100.0%

G. Community store (en la comunidad Tienda)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	30	8.1%	8.1%
<b>No</b>	342	91.9%	100.0%
<b>Total</b>	372	100.0%	100.0%

H. Church (Iglesia)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	59	15.9%	15.9%
<b>No</b>	313	84.1%	100.0%
<b>Total</b>	372	100.0%	100.0%

I. Other (Otro)

	<b>Frequency</b>	<b>Percent</b>	<b>Cum Percent</b>
<b>Yes</b>	50	13.4%	13.4%
<b>No</b>	322	86.6%	100.0%
<b>Total</b>	372	100.0%	100.0%

**Appendix D  
COMMUNITY FOCUS GROUPS**

	<b>Basic Needs / Childcare</b>	<b>Health Care</b>	<b>Life Skills &amp; English Skills</b>	<b>Transportation</b>	<b>Domestic Violence</b>	<b>Other</b>
<b>Services Hispanics need or would like to have offered</b>	Affordable child card, after school activities  Assistance with food	Affordable and accessible medical and dental care even if not documented  Fee based services for non- documented people	Education about US Laws  Cultural behaviors information  More, and more accessible English classes	Better transportation system  Access to their own transportation	More information about domestic violence and other laws pertaining to family and individuals	Affordable and accessible legal aid for non-legal residents  System to provide ID's / drivers license (even if local) for undocumented  More bilingual staff or translators in gov't offices & for applications to existing programs
<b>Barriers to accessing existing services</b>	Discrimination  Difficulty in securing housing / renting  Employer exploitation  Not having childcare	No health insurance	Not being able to communicate in English	Not understanding the current service		Not having a ID card  Not being documented  Not knowing what services are available  Not having translators
<b>Breaking barriers to accessing service</b>	Childcare		Learn English	Transportation		Have an ID card  More publicity in Spanish on services offered (radio / TV)  Less fear of law enforcement  More local visibility of gov't offices and community workers
<b>Resource s needed to improve English skills</b>			More programs to learn English  Classes during lunch at work			

	Basic Needs / Childcare	Health Care	Life Skills & English Skills	Transportation	Domestic Violence	Other
			Evening classes  Programs specific for Hispanic community			
<b>Services that Hispanics know exist already</b>	WIC, Child Support Enforcement, DSS, SERVE, FAMIS	Health Clinic	English classes through county, BEACON	Omni Link		DMV, church

Other categories on the survey include Substance abuse and Disability / Mental Health. Alcoholics Anonymous is the only answer received in the Substance abuse category as a service known to exist; none were received from the survey for Disability / Mental Health.

**Appendix E  
PROVIDER FOCUS GROUPS**

<b>Issue – Basic Needs/Child Care</b>	<b>Recommendation/ Next step</b>
Cultural Issues (living in overcrowded homes[pride] vs. living in a shelter[humiliation])	Strongly promote referring those eligible to ACTS and other agencies
Lack of education about available services and programs including Pharmacy Central/Connection	Promote use of local/ Federal services including food stamps and Medicaid/care
H.I.P. (homeless intervention program) available, but under funded	Increase H.I.P. capacity beyond 2 families re year and funnel those eligible into program
<b>Child Care</b>	
Funding for childcare services are limited (both government and clients/families)	Promote the use of the Prince William County call center at 703.792.7500 or 703.792.4500
Long waiting lists for services and limited hours of availability	Manassas City referrals accepted in Prince William and Fairfax Counties
Lower need for professional child care services because a lot of Moms stay home	As time goes on, the need for services might go up
Unregulated neighborhood babysitters	-Make providers aware of the Prince William Home Day Care Association -Educate/ create child care providers
	Promote use of the Potomac Center child birth preparation class
<b>Issue – Health Care</b>	<b>Recommendation/ Next step</b>
Ineligibility for health services (legal status, income level)	Create a chart of services available for each category including where to locate information (ex. Show a continuum of care; family planning-prenatal-post partum)
Cultural Beliefs and practices (including who makes healthcare decisions in a family)	Increase the number of health fairs and workshops available to population
Lack of education/ knowledge about local health system (co-pays, benefits, premiums, etc)	Increase capabilities of the mobile health vans and free clinics
Limited # of slots available for needed services/ lack of access	Use of the planned “211” as an information and referral line
A need for empowerment among the population to take ownership of their health	



<b>Issue – Life Skills</b>	<b>Recommendation/ Next step</b>
Lack of Spanish speakers in key roles/ agencies/ organizations	Promote the BEACON language program
Lack of Banking and Financial programs (checking and savings accounts)	Develop a center for Life Skills training
Cultural barriers (ex. gender roles)	-Promote the use of the Potomac Center education classes (free) for child birth preparation- it is currently underused -NoVA Cooperative Extension (parenting classes for a fee)
Decentralized information centers/ agencies	Work with Hispanic Committee of Virginia (an option as a central place to answer questions)
<b>Issue – Transportation</b>	<b>Recommendation/ Next step</b>
Public Transportation (Proximity, reliability, language, accessibility, routes, timing)	<ul style="list-style-type: none"> <li>• Place bus schedules at local Churches, supermarkets, etc...</li> <li>• Additional bus routes; From Georgetown South to Health Department or other government agencies/CBO's (Coverstone, Irongate, Marumsco, Williamstown)</li> <li>• Inform/ educate the population through CBO's, government agencies, corporate and business partners</li> <li>• Establish a central location to provide workshops, information, seminars, etc...</li> <li>• Meet with PRTC to discuss options</li> </ul>
Can not own a vehicle (No identification)	
Can not drive (No drivers license/ no longer useable)	
<b>Issue – Domestic Violence</b>	<b>Recommendation/ Next step</b>
No preventative counseling available	<ul style="list-style-type: none"> <li>• Expand existing services to include preventative counseling</li> </ul>
Cultural Issue (unreported spousal abuse)	<ul style="list-style-type: none"> <li>• Provide (potential) victims with education about rights and local agencies where they can go for assistance</li> </ul>
Lack of or limited domestic violence programs in Spanish	
Funding/ Cost of courses	<ul style="list-style-type: none"> <li>• Support local and state wide efforts to increase funding support</li> </ul>

<b>Issue – Substance Abuse</b>	<b>Recommendation/ Next step</b>
Mental health issues	Alcoholic (and other substances) group in Spanish
Cultural issues	Media campaigns/ information
Discrimination	Law enforcement personnel education- promote the existing training
Gender specific	
Labor/ Job related	
Social Skills/ adjustment	
Age	
Law Enforcement- Calling police when appropriate; Education about the law	
<b>Issue – Disability and Mental Health</b>	<b>Recommendation/ Next step</b>
More Spanish speaking workers (therapists, counselors, etc)	Education campaigns to make organizations and residents aware of services available
Licensing for Spanish speaking therapist when they enter the United States	Seek input from Early Head start (NVFS)
Lack of knowledge of where to go for help	
Some agencies/ organizations do not want to acknowledge the disability problem	

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Corey Riley, Health District  
Mike, Schell-Smith, CSB  
Karen Smith, Arc  
Anne Terrell, Health Dept  
John Turnquist, ACTS

## **Other Representatives**

Arc  
BEACON  
City of Manassas DSS  
Community Services Board  
HOLA  
Manassas Park DSS  
Northern Virginia Family Service  
Prince William Area Free Clinic  
Prince William County DSS  
Rockingham Construction  
Voluntary Action Center

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