

CONCERNS OF HISPANICS AND SERVICE PROVIDERS IN SOUTHWEST MISSOURI

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ABSTRACT—This descriptive study identifies the key concerns voiced by the Hispanic community and service providers in rural southwestern Missouri. Three surveys were conducted in 2001 with 381 Latino adults, Latino youth, and human service providers located in over 20 rural cities and towns throughout southwest Missouri. Demographic information, socioeconomic status, and mobility patterns of Latino respondents are profiled, and their housing, educational, and healthcare needs are reported. Language barriers, legal and documentation issues, a lack of job availability, and nonacceptance in the broader community are identified as key concerns of Latinos. Human-service providers identified language barriers, a lack of understanding of cultural differences, a lack of funds to develop culturally appropriate services, and a lack of job availability for Latinos with lower formal education as significant problems. Strategies for improving access to basic health, educational, and social services through a service integration model are suggested.

Key Words: barriers to care, community development, cultural competency, Hispanics, human services, Latinos, social work

Introduction

Although Hispanics play an important role in the midwestern rural economy, they continue to face disproportionate rates of poverty compared

with the rural non-Hispanic white population (Aponte and Siles 1994); lower educational attainment (Watkins et al. 1983); and have more complex health problems compared with the general population (Wilk 1986; Dever 1991). Lack of access to basic human services due to geographic, financial, and cultural barriers are identified as major factors in the worsening socioeconomic conditions among rural Hispanics (Falicov 1982; Becerra 1988; Kuipers 1991; Valdez et al. 1993; Blanton and Correa 1995; US Department of Health and Human Services [DHHS] 1998). While data are available nationwide on Hispanic health and socioeconomic conditions, little is known about their current state in rural southwestern Missouri. The purpose of this study is to identify the key concerns voiced by the Hispanic community and service providers in rural southwestern Missouri in order to develop community strategies that will effectively address these concerns.

Background

Unprecedented growth in the Hispanic population has been reported in recent years (US Bureau of the Census 2001). Nationally, nearly 13%, or 35.3 million people, are of Hispanic origin, which makes them the largest racial-ethnic group in the US population (Guzman 2001). Hispanics now comprise the fastest-growing segment of Missouri's rural population: southwest Missouri's Hispanic population has increased by 284% over the last 10 years (US Bureau of the Census 2001). Much of the increase has occurred in rural areas (under 50,000 population) due to the increased demand for labor in agribusiness and manufacturing (Norris-Tirrell 2002), as well as the high fertility rates among younger Hispanic immigrants who work in these industries (Blewett et al. 2003). Others report that much of the growth is attributed to Latinos born in the United States, and not to rapid immigration alone, which has implications for policy reform concerning access to basic services (Aponte and Siles 1994; Rosenbaum 1996).

Numerous studies have cited reasons for lack of access to human services among minorities and disadvantaged groups (Falicov 1982; Becerra 1988; Kuipers 1991; Valdez et al. 1993; Blanton and Correa 1995; DHHS 1998). These geographic, financial, and cultural barriers will now be discussed in more detail.

Geographic Barriers. Rural residents in general face more barriers to accessing human services than their urban counterparts (US Bureau of the Census 2000). This is due in part to a declining economic base caused by structural poverty, severe unemployment, transportation difficulties, and a

declining population from which to draw resources for services (Ginsberg 1993). These factors in part have led to further decline in business development and advanced academic and job training programs, lack of financing to implement new initiatives, and a decline in the recruitment and retention of human service professionals who are necessary for delivering basic services (Rees et al. 2003).

In addition to these constraints, a large percentage of rural Hispanics are recent immigrants compared to their urban counterparts: 39.1% compared with 13.4%, respectively (Rochin 1997). Thus, they may be deterred from seeking services because of their immigration status or ineligibility for employee-based coverage. Others have difficulty finding culturally appropriate treatment options, interpreters and bilingual providers, and the needed outreach activities to inform them about services (Goode et al. 1999; Blewett et al. 2003).

Financial Barriers. Hispanics experience higher rates of poverty compared with other racial groups, with an annual median family income of \$33,565, compared with \$46,305 for non-Hispanic whites (US Bureau of the Census 2000). Rural Hispanics, due to lower agricultural wages and many workers being foreign-born, suffer from higher rates of poverty than their urban counterparts: 34.1% compared to 24.9%, respectively (Rochin 1997). Many Hispanics (age 25 years and older) do not have a high school diploma or GED: 43% compared with 11.5% for non-Hispanic whites (Therrien and Ramirez 2000). In addition, many do not speak English as their first language, or they speak it with limited proficiency, which further compounds the difficulty of accessing basic services (Trotter 1988; US Department of Labor 1991).

Hispanics generally underutilize health services (Angel 1985) and are more seriously ill with secondary and complex health problems compared with the general population (Wilk 1986; Dever 1991). A lack of health insurance is one major reason: Hispanics have the highest uninsured rates of any racial-ethnic group and account for 33.2% of the 41.2 million uninsured Americans (Valdez et al. 1993; Mills 2001). This is a critical point, since uninsured, low-income families, regardless of race, spend a larger share of out-of-pocket income for healthcare services (7% to 11% of their income, compared with upper-income families' average of 1% to 2%) (Blanton and Correa 1995). Employment conditions in food processing and manufacturing, where many Hispanics work, are often cyclical in nature, with high turnover, which make it more difficult to maintain stable income and health insurance coverage (Blewett et al. 2003).

Cultural Barriers. Traditionally, Hispanics prefer natural support systems for medical and other advice, including the extended family, folk healers, religious institutions, and merchants' and social clubs (Scholze 1990; Flaskerud and Calvillo 1991). Western health-service providers are often consulted last when their medical conditions worsen, making diagnosis and treatment more difficult (Reinert 1986; Higginbotham et al. 1990; Spector 1997). Delays in seeking assistance may also be due to Hispanic families' inflexible work schedules, fear of deportation, difficulty in communication and time orientation, lack of child care, and inadequate transportation (Ramirez and McAlister 1995; Lane 2003).

Negative attitudes and perceptions of Hispanics among non-Hispanic whites are seen as another significant barrier to accessing services (Simmons 1961; Guichard and Connolly 1977; Bernat and Balch 1979; Fairchild and Cozens 1981; Marin 1984; Jackson 1995). This is troubling because cultural immersion, or interacting with another group in everyday activities, is important to understanding how other groups think and behave, and consequently how services can be established to meet their needs (Marin and Marin 1991).

Methodology

Three surveys were conducted in 2001 with 381 Latino adults, Latino youth, and service providers in southwest Missouri. The purposes of the study were to understand the Latino population and its service providers and to identify their educational needs. The three surveys were part of a larger University of Missouri project (Alianzas) to identify needs and resources of the Hispanic population in Missouri. The surveys were designed with input and sponsorship from a coalition including but not limited to the following groups: Barry and Lawrence Multicultural Center, Barry-Lawrence Advocates Standing Together, Migrant Education Center, Missouri Southern State College, University of Missouri Extension, Institute of Human Development, and University of Missouri-Kansas City.

The three surveys were delivered randomly to a wide cross-section of respondents in southwest Missouri counties where Hispanics live and work. Surveys were hand delivered both in group settings and individual settings. This approach resulted in a 99% completion rate. Credibility and rapport was established by having the surveys delivered by bilingual persons. These bilingual persons were trained to deliver the surveys, and they helped clarify any questions that Latino respondents had about the survey. The Latino surveys were unique in that they captured grassroots Latino responses and their life experiences with high reliability and validity.

The survey of Latino adults (19 years old and over) consisted of 80 questions, the survey of Latino youth (18 years old and under) had 34 questions, and the service provider survey had 18 questions. The three surveys used both close-ended and open-ended questions related to respondent profile, background, attitudes, and perceived needs and interests.

There were 131 respondents in the Latino adult survey, 154 in the Latino youth survey, and 96 in the service provider survey. The survey respondents reflected a wide range of southwest Missouri cities and counties: 22 to 27 cities in 7 to 9 counties. Latino adult survey respondents came from 27 cities or towns in 8 counties; Latino youth survey respondents came from 24 cities or towns in 9 counties; service provider respondents came from 22 cities or towns in 7 counties.

These surveys are very significant and important in providing a composite picture of the Latino experience in southwest Missouri. Results are described using single-question analyses for the three surveys. Additional relationship analysis is presented in the Latino adult survey with a minimum 95% confidence level of measurement.

Results

Profile of Latino Adult Survey Respondents

Demographics. The majority of the Latino adult survey respondents (53%) were between 19 and 34 years old, with the next most common age range being 35 to 44 years old (30%). There were more females than males (58% to 42%); more males worked in agriculture areas and lived in the area for a shorter time than did females. Almost all individuals identified themselves ethnically as Hispanic/Latino (98%). Of the respondents, 80% were married, and 93% of the married couples were living in two-parent households. The average number of people living in the home was five, with 60% having 1 to 4 children under the age of 14, and 55% of the sample having 1 to 3 children under the age of six.

When comparing married and single persons, married respondents were more likely to be older, more educated, more knowledgeable of English, associated with a church, and have basic needs being met (more money, food, and clothing), and greater intention of continuing to live in the area. In comparing those who have more children at home under the age of 14 with those with fewer, those with more children tended to have more adults working full time, higher household income, greater utility costs, inadequate money to pay the bills, and inadequate medical and dental care.

Mobility patterns showed that the average number of years lived in southwest Missouri was three years, with 70% having lived in the area for six years or less. Most came to southwest Missouri from another country (58%), with 52% coming directly from Mexico. Of the remaining people who moved here from another city and state within the United States (40%), most came from Texas and California. Two-thirds reported that they would like to remain living here but 29% were uncertain. Reasons for staying related to family and home. About a half of respondents (48%) lived in or near Monett, Cassville, or Springfield.

Occupationally, the most typical work reported was that of working in a poultry plant (41%). Most other respondents worked in manual labor or in service work, although 8% did own a business (see Table 1). Most households (57%) had from two to four adults working full-time jobs. Median number of hours worked per week per respondent was 40 hours.

Annual household income reported for 50% of respondents was between \$10,000 and \$24,999. While 24% earned between \$24,999 and \$49,999, 19% earned less than \$10,000. Lower-income families, compared to higher-income families, were less educated, tended not to have health insurance, knew less English, had more difficulty meeting basic needs (housing, health, food, clothing), and felt less comfortable in a variety of organizational settings in everyday life. Financially, 64% were unaware of how to apply for loans, 57% did not have a checking account (44% usually paid their bills by cash while 28% paid bills by check).

Housing patterns reflected more renters (55%) than owners (45%). Renters were more likely than owners to have these attributes: younger, single, more adults in the household working full time, lack of knowledge of applying for loans, no checking account, not a member of a civic club, problem communicating with law enforcement, and less willingness to continue living here in the next five years.

The median monthly costs for housing and utilities were \$300 and \$236, respectively. The profile of those with higher monthly housing payments, compared to those with lower payments, tended to be as follows: renters, work in agricultural areas, lower education, not covered by health insurance, no checking accounts, and don't know English as well.

Religious identification of respondents was primarily Catholic (62%), followed by Baptist (12%). Those identifying with a church knew more English than those who did not.

Educational level of the respondent population was mostly sixth grade (23%) or below sixth grade (20%). Those with an eighth-grade education level accounted for 6%, while 16% had some high school education. A small

TABLE 1
ISSUES AND CONCERNS OF HISPANIC/LATINO ADULTS

What are the greatest issues facing Hispanics/Latinos in southwest Missouri?

Language barriers (Don't know English, 30%; Lack of interpreters, 2%; Need bilingual people in public places, 2%; need Spanish TV and newspapers, 1%)	35.0%
Legal and documentation issues (Need immigration help and help that is more local, No social security number or driver's license, Becoming US citizen)	15.0%
Jobs (Getting jobs, Low-paying jobs)	14.0%
Nonacceptance, prejudice, discrimination	13.0%
Transportation	5.0%
Housing	3.5%
Education/Schools	3.5%
Health	3.0%
Cultural adjustment	3.0%
Accessing services	2.0%
Alcohol and drugs, Family issues, Violence, Police, Recreation, Community center (0.5% each)	3.0%

number (16%) had certificates of training in various fields from their previous country. The majority of respondents (53%) reported that they needed English classes before any other class, followed by 9% feeling a need to take computer classes.

The profile of the higher-educated respondents, compared to those with less education, reflected higher incomes, the ability to meet basic needs, health insurance coverage, having earned a certificate of training from previous country (if they moved here from one), having lived here longer, having a checking account, knowing how to apply for a loan, ten-

dency to own a business, and tendency not to work in an agricultural occupation.

Needs and Experiences of Hispanic/Latino Adults. In response to six basic areas of human needs, Latino adults reported having either a slight or definite problem related to adequate dental care (62%); insufficient money to pay bills (52%); medical care (51%) (62% of respondents were not covered by any health insurance); clothing and shoes (35%); heat, electricity, or plumbing (24%) (but 8% had no indoor plumbing); and food (19%). These six basic areas were generally interrelated, that is, respondents who had needs in one area tended to have needs in all other areas except that those who indicated inadequate medical and dental care did not report inadequacy of food for their home. Those who reported that their basic needs were being met tended to have a checking account, knew how to apply for loans, and could speak, read, and/or write English better.

Communication in English was the language assistance needed by 73%. The majority of people felt they cannot speak English well (62%), read English well (66%), nor, especially, write English (71%). They reported problems in communicating with personnel in law enforcement (36%), health and medical areas (34%), utility companies (33%), and schools (20%).

Over two-thirds (68%) reported not having interpreters available when working with agencies. When interpreters were not provided for respondents at various organizations, respondents felt they had more problems communicating with schools and healthcare providers. They also felt less comfortable at healthcare facilities and at the Immigration and Naturalization Service (INS) office, and were more uncertain about continuing to live here.

When asked about how comfortable they felt in their everyday interactions in a variety of settings, the degree of discomfort was reported as follows: agencies (40%), immigration services (35%), hospital/clinics (32%), work (15%), school (14%), neighborhood (9%), church (4%), and home (1%).

Those who had more problems communicating with law enforcement, utility companies, schools, and healthcare providers tended to know less English and to be younger and less educated. Those who reported problems in communicating felt so in school, neighborhood, agency, healthcare, and INS settings, but they did not feel more uncomfortable in the church setting. When asked if they ever experienced discrimination for being Hispanic in southwest Missouri, 52% said yes, indicating that they experienced it mostly at work (31%) and in the community (21%). The profile of those who reported being discriminated against, compared to those who did not report such experiences, tended to be as follows: lived in a two-parent household, lived longer in the area,

belonged to a church, spoke and read English better, wanted to learn more computer skills, and had been turned down for medical treatment.

Greatest Issues and Concerns of Latino Adults. In asking respondents about the greatest issues facing Hispanics in southwest Missouri (Table 1), over three-fourths (77%) listed these four issues: language barriers (35%), legal and documentation issues (15%), jobs (14%), and nonacceptance and/or prejudice (13%).

When asked about the greatest issues facing those who provide services for Hispanics in southwest Missouri, 93% of Latino adults perceived that these were the five major issues for service providers: language barriers (62%), prejudice (14%), lack of understanding of Latino culture (7%), inability to work with undocumented persons (5%), and failure to secure jobs for Latinos (5%).

Profile of Latino Youth Survey Respondents

Demographics. Most Latino youth survey respondents were between 13 and 17 (70%), with the median age being 15. There were 51% male and 49% female respondents, and almost all (98%) identified themselves as Hispanic/Latino. Most were high school students (54%), with 42% in fifth through eighth grades. Most (59%) reported that the parent with the highest level of education in their family had completed eighth grade or less. Youth found themselves interpreting for their parents (41% often or all the time). Their parents rarely attended school functions (34% never; 43% a few times).

Educational patterns showed that the majority planned to graduate from high school (79%), but only half knew what they wanted to do after they graduate. While most (79%) felt they would have family support if they chose to attend college, half (51%) had not received any scholarship information from the school. The majority of youth (57%) felt that they had someone to confide in at school, but 31% did not. When they had trouble in any classes, the majority would talk with a teacher (39%) or with others associated with the school system.

Needs and Experiences of Hispanic/Latino Youth. Communication in English is better for the youth than it is for their parents. The majority of the youth reported being able to speak English well (66%), read English well (61%), and write English well (60%). They rated themselves much higher in speaking, reading, and writing Spanish well (90%, 83%, and 79%, respectively). A good portion of the youth felt that they needed help primarily with

English (43%), but many would like help in both English and Spanish (29%). Availability of English as a Second Language was fairly well known (57%).

Regarding community involvement among Latino youth, 77% reported not participating in community activities, 10% belonged to a nonschool organization, and only 31% participated in extracurricular activities at school. For the small number of those involved in community or extracurricular activities, most were involved in church or soccer. The hardest things they reported doing in their community were getting a driver's license (39%), finding information in the library (18%), and ordering food and buying things (10%).

The majority (62%) reported experiencing discrimination for being Hispanic/Latino in southwest Missouri. They experienced discrimination the most at school (60%) and in the larger community (10%).

Greatest Issues and Concerns of Young Latinos. In asking youth about what they perceived as the greatest issues facing most Hispanics/Latinos in southwest Missouri (Table 2), 71% listed these four issues: insufficient English (36%), prejudice or discrimination (19%), getting a job or having low-paying jobs (12%), and illegal status or documentation problems (4%).

When asked about the greatest issues facing those who provide services for Hispanics in southwest Missouri, 63% of Latino youth perceived these four major issues for service providers: insufficient Spanish (45%), prejudice against Hispanics (7%), lack of understanding of Latino culture (6%), and working with police (5%).

Profile of Service Providers

The majority of the service provider respondents were between 25 and 44 years old (55%), with an age range from 19 to 75. Most providers were female (66%) and were predominantly white/Caucasian (83%); the remainder were Hispanic/Latino (5%), Native American (5%), black/African American (3%), and Asian American (2%). Educational level of the providers revealed that most had some college-level experience: some college (24%), bachelor's degree (38%), and graduate or professional work (32%). Many were interested in further education, with particular interest in learning conversational or basic Spanish (56%), cultural customs (12%), and computers (10%).

Communication is a major issue for the providers. Service providers perceived the language barrier to be the greatest issue facing Latinos as well as facing themselves as providers (Table 3). The majority of providers felt a

TABLE 2
ISSUES AND CONCERNS OF HISPANIC/LATINO YOUTH

What do you perceive are the greatest issues facing most Hispanics/Latinos in southwest Missouri?

Insufficient English	36%
Prejudice, Discrimination, They don't like us	19%
Getting a job, Low-paying jobs	12%
Illegal status, Getting legal documents	4%
Not enough money, Not knowing what to do or where to go, Can't get a driver's license (3% each)	9%
Adjusting to US culture, Low education and lacking educational opportunities, Housing (2% each)	6%
Not having a Social Security number, Getting doctor and hospital care, Communicating with the police, Cost of college, Being accepted, Anglos don't understand us, Getting friends and getting to know Anglos, Anglos need to learn and speak Spanish (1% each)	8%
Too isolated from Anglos, Not understanding US laws, Accessing services, Translators charge too much, Getting along, Road conditions, Recreation, Drinking and fighting, Hispanics don't pick up their trash (about 0.6% each)	6%

need for help in Spanish (59%). According to the respondents, most felt they communicated "poorly or not at all" in speaking Spanish (89%), reading Spanish (92%), and in writing Spanish (92%).

Descriptive Narrative of the Latino Adult Experience in Southwest Missouri

The following story of Santos and Maricella provides a representative profile of the Latino adult in southwest Missouri, as gleaned from the surveys reported in this paper. Santos, age 30, and his wife, Maricella, age

TABLE 3
ISSUES AND CONCERNS OF SERVICE PROVIDERS
IN SOUTHWEST MISSOURI

1. What do you perceive are the greatest issues facing Hispanics/Latinos in southwest Missouri?

Language barrier	39%
Cultural adjustment and understanding	12%
Finding jobs and getting decent jobs	9%
Nonacceptance, prejudice, or intolerance	8%
Education	6%
Health	6%
Legal and immigration issues	6%
Housing	4%
Lack of services and accessing services	3%
Transportation	2%
Substance abuse	2%
Financial services	1%
Ignorance of federal and state laws	1%
Homeownership	1%

2. What are the greatest issues facing those who provide services for Hispanics/Latinos in southwest Missouri?

Language barrier (including bilingual employees and translations of materials)	55%
Cultural understanding of differences	16%
Lack of funds, resources, and staff for services	11%
Reaching and involving Hispanics	6%
Nonacceptance and prejudice	5%
Undocumented status and immigration	4%
Jobs availability	1%
Making Hispanics feel comfortable in business	1%
Don't know what to do	1%

25, moved six years ago to Monett to be near his sisters. At the time they had two-year-old Rafael and another baby on the way. Maricella's mother, Inez, moved with them to help her daughter out. Moving is always a difficult prospect. There is stress from leaving friends and family, familiar places, and a lifestyle one is comfortable with. When they arrive, they must still find

housing, work, and basic necessary services to live, such as utilities and phone service. Santos and Maricella's move was even more stressful. They moved from Mexico to southwest Missouri, and like so many others they had only about a sixth grade education and no prior training certification from their native country.

Like many of their neighbors, both of them have trouble communicating in English and also have some problems communicating with personnel in law enforcement, health and medical offices, utility companies, and schools. One of their immediate problems was finding housing. The places they found were run down (not exactly what they wanted for their young family) and expensive. To make matters worse, the landlord seemed very distrustful of the couple and asked many questions that were difficult to understand. The worst thing was trying to set up the utilities for the new home. There were no interpreters available. Santos didn't understand about the deposit, why he had to give money when he hadn't used any services yet. Eventually they got the paperwork done and the services turned on. But it wasn't easy.

Santos did find a full-time job at the poultry processing plant with the help of newly made friends. Maricella worked part time while her mother watched Rafael until Angel was born. She planned to go back to work after a while. However, no jobs were available when she was ready, and then Inez's health began failing.

Without health insurance for the family, and with expenses from the new baby, they couldn't really afford proper medical care for her, so they do the best they can and go to the emergency room when things get bad. Dental care is not even a consideration. Santos cannot afford to get hurt or be ill. The family needs his pay, and if he were out of work for any length of time, his job would go to someone else.

Money is tight at best. With the birth of Miguel three and a half years ago, the family of six is living on Santos's pay of \$15,000 a year. With a \$300 monthly payment for housing, and utilities averaging \$236, there isn't a lot of money left for day-to-day expenses. Most bills are paid with cash, which does not require writing and reading English. Not many people like Santos and Maricella have checking accounts.

When things get really tough, Santos, like others, turns to family. There are only so many resources to go around for everyone, so they do what they can. Santos and Maricella go to church and pray for guidance. In their everyday interactions, this family is most comfortable in their home followed by being almost equally comfortable in their church and neighborhood. They are least comfortable with the INS, other governmental/service agencies, and the hospital/clinic.

Because of the language barrier, meeting with teachers and learning about their children's progress is difficult to do. They just hope and pray that Rafael, Angel, and Miguel will have a better education and more opportunities than they did. In spite of perceived discrimination, legal issues, low-paying jobs, difficulties with language, and substandard housing, they will stay. Overall, this is their home and they like it. As bad as things are, they feel that things are better here economically than in Mexico, and that the educational opportunities for their families are much better. But things could be better.

Recommendations

One of the significant findings from this study is the need for integrated and culturally competent human services that respond to the needs of low-income Hispanic families. Service integration refers to a coordinated effort to merge delivery systems into a single-point of entry to meet families' multiple needs. Such one-stop service centers should be established in neutral and convenient locations (Larson et al. 1992).

Service integration and cultural competence should be multi-level in scope, considering points of intervention at the family, organizational, and community levels. At a family level of intervention, human-service professionals should be aware of the family's cultural, migratory, and family histories when assessing their service needs. The use of bilingual/bicultural lay educators in assessment, prevention education, outreach activities, and social supports is an important link to developing trust and good relationships that can lead to improved access to services. Forming relationships with rural Hispanic families by speaking Spanish, attending social functions, seeking out their opinions and concerns, and involving them in decision making will help to build trust and improve alliances within the Hispanic community. Agency policies should be flexible enough to permit bringing family members and traditional healers, such as *curanderos* or herbalists, into the helping process, since many Hispanics are more inclined to use these informal supports than Western practice methods (Riddick 2001).

Modifying services at the agency level involves extending delivery systems to locations where Hispanics live and work through home visits, health fairs, church events, and mobile clinics. Prevention education, community outreach efforts for initial health screenings, assessments, and followups have been successful at reaching culturally diverse populations (Atkinson et al. 1993; Daniels 1995; Lewis et al. 1998). Other service modifications to improve access include portable client records, walk-in

services with extended hours, and the provision of transportation and translation services.

Integrating services and expanding culturally competent practice methods at the community level might involve developing interagency coalitions, regionalizing organizations, and participating on boards of other community organizations and joint fundraising activities. (Pindus et al. 1993:1-10; DHHS 1998). Much of the work at this level calls for advocacy to address issues such as poverty, legal issues related to immigration, housing, employment, and improving access to job training and health care (Therrien and Ramirez 2000).

Conclusion

This article has identified the key concerns of Hispanics in rural southwest Missouri and their service providers. Despite the significant financial, cultural, and linguistic barriers faced by Hispanic newcomers, there are obvious strengths within the Hispanic community that should be realized when assessing needs and developing programs. Individuals and families have endured financial hardship, loneliness, and the uncertainty that comes with relocating and readjusting to a new culture and community setting. The group reliance upon one's primary family and culture is a bond that traditional American culture and Hispanic culture can share, and with some adjustments can collaborate upon to improve integrated service systems for rural communities at large. This study reflects Hispanics' preference for primary family and close friends for advice and social support. This asset emerges as a central theme of the "strengths" perspective, which emphasizes a distinctive trust for the clients' perspectives and ability to gain resources on their own, as well as a respect for indigenous support and self-sufficiency whenever possible. The findings highlight the importance of service integration and culturally competent practices for improving access to basic services for Hispanics. While service integration may pose a significant challenge, a "one-stop" service system, which employs culturally appropriate practice methods, would serve to improve access to health care, food and housing assistance, education, employment services, and legal aid.

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