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# **Nonprofit Ethnic Minority Organizations: Service Engagement Strategies**

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## **Abstract**

This analysis of ethnic organizations that provide human services to a specific ethnic population begins with a discussion of definitions in order to differentiate these organizations from mainstream human service organizations that serve clients irrespective of their ethnic group identity. The focus of this analysis is on a typology of three types of ethnic organizations (faith-based, immigrant, and sector-based) in order to map the knowledge base of nonprofit organizations serving the human service needs of different ethnic communities. Particular attention is given to client engagement strategies. The analysis concludes with implications for future practice and research towards the goal of providing different ethnic groups with culturally appropriate and competent services.

## Introduction

Community-based organizations (CBOs) have become a primary vehicle for providing services to local communities. Located in the community itself, CBOs are often familiar with the needs of local populations and the barriers to obtaining resources. Many CBOs have also established trust and rapport with community members so that clients feel more comfortable and confident seeking services.

One type of CBO is the ethnic organization. Ethnic organizations are those that provide services to a specific ethnic population across different service sectors such as health, mental health, child and family services, and human services (i.e. welfare, employment, education). Most ethnic organizations refer to an ethnic group or in the name of the agency and in their mission statements (Ramakrishnan and Viramontes, 2006). While most ethnic organizations serve people from other ethnicities in addition to their own, they hold a firm belief in the importance of culturally-competent and ethnically-sensitive approaches to service provision for their particular ethnic population. The goal of these types of services is to “create or recreate programs and organizations that will be more responsive and responsible to the culture of minority groups” (Gutierrez, 1992, p. 320).

Although ethnic organizations play or have “assumed” an important role in the delivery of human services, questions about the existence of ethnic organizations have been raised.

In what ways, and to what extent, should ethnicity become a major variable in service delivery? Would separate institutions meet ethnic needs, or would they further fragment the delivery system? Would matching rather than mixing provide superior services, or would it lead to a differential level of help? If public services support distinct ethnic programming, are they accountable to the public at large or to their own ethnic communities? (Jenkins, 1981, p. 197)

Jenkins (1981) refers to these issues as the “ethnic dilemma” in service delivery. In other words, is it necessary to have separate ethnic organizations to provide services to different ethnic groups? Or could mainstream organizations provide the same quality of services by employing people who possess different ethnic backgrounds? This analysis seeks to make the case that ethnic organizations are more effective in engaging ethnic minority clients in the delivery of human services than mainstream organizations (i.e. organizations that serve a general service population, not a specific ethnic group). Even though mainstream organizations are able to incorporate culturally-sensitive practices in their service delivery, staff in ethnic organizations are usually of the same ethnic background as the clients served. As a result, clients are able to make an immediate connection or feel more comfortable with staff members who look similar to them or can speak the same language. In addition, many have argued that the effectiveness of ethnic organizations is linked to the capacity to promote ethnic minority groups because they foster the ethnic group’s cohesiveness and identity (Pinderhughes, 1989; Holley, 2003; Lee and De Vita; 2008).

Given that ethnic organizations are important to the delivery of services for ethnic groups, the purpose of this analysis is to identify strategies used by ethnic organizations to engage their clients across various service sectors. A review of engagement strategies for ethnic populations provides administrators of ethnic organizations as well as mainstream agencies with an understanding of how to reach ethnic groups in order to provide them with culturally appropriate and competent services. This review is divided into four sections. The first section defines the characteristics of ethnic organizations and describes the different aspects of ethnic organizations including why they form, different types of ethnic organizations, and their functions in the community. The second section provides a background of service utilization

among ethnic minority groups and the barriers to receiving such services. This is followed by the major findings of engagement strategies used by ethnic agencies to engage clients in service use. For the purposes of this analysis, engagement is defined as an individual's or group's participation in programs, utilization of services, or provision of support and/or resources (human or capital) that promote any aspect of an ethnic community's well-being. Engagement can be viewed from the perspectives of both the recipient of services and the service provider, as well as from the perspective of the supporters and promoters of ethnic organizations. The analysis concludes with practice implications for administrators in both ethnic and mainstream organizations.

It is also important to note the different ways in which client populations served by these organizations are classified. "Ethnic" refers to people from a number of different racial backgrounds. This includes first generation immigrants to the U.S as well as children of immigrants who may consider themselves as native ethnics or "hyphenated-Americans." The descriptor "ethnic" is used instead of "minority" to differentiate organizations that serve ethnic populations as opposed to other minority groups classified by gender, sexual orientation, disabilities, or age. This analysis focuses on nonprofit organizations that serve people from different racial backgrounds.

### **Defining Ethnic Organizations**

Ethnic human service organizations are agencies that have a public mission to provide social services for a defined ethnic population, balancing both the goals of service provision and

ethnic empowerment related to community building. According to Jenkins (1981), ethnic organizations: 1) generally serve ethnic clients, 2) have a staff that consist of a majority of individuals who are of the same ethnicity as the clients they serve, 3) have an ethnic majority on its board, 4) have ethnic community and/or ethnic power structure support, 5) include ethnic content in its programs and services, 6) promote family well-being, and 7) uphold an ideology that fosters ethnic identity and participation in decision-making. Iglehart & Becerra (1995) add that ethnic organizations rely primarily on paraprofessional staff (no professional degrees or licenses) who have the same cultural background (language and customs) as their clients and the capacity to relate to their clients.

Ethnic organizations differ from mainstream organizations in several ways. First, the founders and staff of ethnic organizations usually reflect the same ethnic population that the organization serves. Because of their similar ethnic backgrounds, staff are better able to relate to clients with whom they work. A reciprocal sense of connectedness and familiarity is perceived by clients who may be more comfortable seeking help from staff who understand their culture and language. In contrast, mainstream organizations serve the general population and do not focus on a particular ethnic group. These organizations serve primarily non-immigrant populations composed of U.S-born non-Hispanic whites (Ramakrishnan and Viramontes, 2006). Because of this characteristic, staff composition may not reflect the ethnicities of clients since there is no one particular group that is served (Lee and De Vita, 2008). As a result, ethnic organizations tend to be more approachable for ethnic minority groups than mainstream agencies due to “the significance of the ethnic tie and the propensity to associate with others of like background” (Jenkins, 1988, p. 2).

Second, mainstream organizations provide services that are meant for general consumption and generally do not promote or provide programs aimed at fostering awareness and participation in an ethnic community's culture (Jenkins, 1981). Most ethnic organizations include a cultural component in their programs that raises consciousness through celebrations and education, in addition to day-to-day service provision. Since mainstream organizations do not serve a majority of clients from a single ethnic group (Lee and De Vita, 2008), they are unlikely to include ethnic specific services their programs. Instead, mainstream organizations generally provide services in English that often reflect Eurocentric assessment practices (Flaskerud, 1986; Cross, Bazron, Dennis & Isaacs, 1989). This may prevent mainstream organizations from attracting ethnic populations, causing them to under or inappropriately serve ethnic minority groups (Iglehart & Becerra, 1995).

Third, ethnic organizations act as a vehicle for community-building among ethnic minority groups. Community-building is defined as activities, practices, and policies that cultivate positive relationships between individuals, groups, organizations, and their surrounding geographical areas (Weil, 1996). This is especially important for engaging ethnic minority groups who have been oppressed or alienated from mainstream society (often associated with recent immigration, poverty, crime, and/or racism). Ethnic organizations provide recreational activities that foster social interaction and group activities, allowing communities to form relationships with one another. Because they focus on a specific ethnic community, they are able to devote resources to strengthen interactions and thereby improve community relationships. Unlike mainstream organizations, ethnic organizations have a community-building capacity that can empower ethnic minority groups and lessen the feelings of isolation and hopelessness. Because of their shared ethnic background, clients may feel a sense of familiarity, trust, and

solidarity with ethnic organizations, placing the organization in a critical role in the provision of community services for ethnic minority populations.

Another way that ethnic organizations differ from mainstream organizations is that the majority of ethnic organizations tend to be small, community-based nonprofit organizations (Lee and De Vita, 2008). These organizations are located in communities where there are high concentrations of a specific ethnic group and can provide access to a large number of people from the ethnic community. In contrast, many mainstream organizations (public and nonprofit) must adhere to government guidelines that require service provision to all populations, not just one particular ethnic group. Mainstream organizations often serve large geographic areas including metropolitan regions, suburban neighborhoods, or rural areas. These organizations do not intentionally place themselves in areas of ethnically-dense populations.

The literature on ethnic organizations features primarily three different types of community-based nonprofit organizations: faith-based organizations, immigrant organizations, and sector-based organizations. The following section focuses on models of organizations serving ethnic communities. While immigrant organizations primarily serve a specific ethnic community, faith-based organizations and voluntary associations can serve a diverse group of people. For the purposes of this analysis, however, the discussion of faith-based organizations and voluntary associations will focus on their roles and services as they relate to ethnic communities.

## *Faith-Based Organizations*

Throughout the history of the United States, faith-based organizations (FBOs) have provided a variety of human services including food, clothing, and shelter to people in need. Recently, there has been increased attention to FBOs as a valuable and effective means to provide human services to low-income communities. There are three different types of FBOs: 1) congregations (i.e. local worship communities), 2) national networks (i.e. special-interest groups that organize congregations around issues and projects), and 3) independent religious organizations (i.e. spin-off non-profit organizations formed by congregations or coalitions of congregations for specific ministries). In combination, these three types of FBOs make up the third largest component of the nonprofit sector in the U.S., after health and education (Vidal, 2001). Congregations (local worship communities) are the largest of the three types of FBOs, numbering over 350,000 in the U.S, spending more than \$47 billion on social services (Hodgkinson and Weitzman, 1993, as cited in Vidal, 2001). Over half of all congregations provide some form of human services. Using data from the 1998 National Congregations Study (n=1,236) on human service activities, Chaves and Tsitsos (2001) found that a large percentage of congregations in the sample (58%) provide social services to their communities. In addition, these congregations also involve members in either the delivery of services or as recipients of services (78%).

A large number congregations serve ethnic minorities communities. Vidal (2001) states that “congregational participation in providing human services is greatest among worship communities that are larger (and hence have more resources), are located in low-income neighborhoods, are theologically liberal, and are African American” (p. 1). Indeed, most of the

literature available on FBOs focuses on African-American Christian churches (Vidal, 2001). Chaves and Higgins (1992) found that African-American congregations are more likely to provide human services to low-income and disenfranchised populations and have higher involvement in civil rights activities than white congregations.

FBOs also provide services in other sectors such as health, mental health, and child welfare. Levin (1984) documents the role of African-American churches in four areas of community medicine: primary care delivery, community mental health, health promotion and disease prevention, and health policy. Blank, Mahmood, Fox, and Guterbock (2002) provide information on the services of African-American churches in the rural and urban regions of the South. They found that more African-American churches provide a wider range of programs aimed to enhance the physical and psychological well-being of congregants than white congregations. Faith-based organizations have also had an impact on the field of child welfare, particularly in the adoption of African-American children in the child welfare system (Morris, Rambo-Freeman, and Powell, 2005).

In addition to African-American FBOs, other ethnic congregations deliver human services. For example, Min (1989) documents the role of Korean ethnic churches that: 1) provide fellowship, 2) maintain the cultural tradition, 3) provide human services for church members and the ethnic community as a whole, and 4) provide social status and positions for adult immigrants. While the literature on other ethnic minorities (aside from African-Americans) and faith-based organizations is sparse, Min's observations can be applied to other immigrant populations if we assume that immigrants have similar individual and group needs.

The next section describes the second type of ethnic organization that specifically serves immigrants in the United States.

### *Immigrant Organizations.*

Over this past century, waves of immigrants to the U.S have changed the way human services are delivered, especially in relationship to the continuing increase in immigration to the U.S. During the 1990s, the foreign-born population in the United States increased by 57 percent (Lee and De Vita, 2008). As of 2008, about 12.5 percent of people living in America were born outside of the country. Appendix A notes that a large number of foreign-born residents in the United States are living in poverty and in need of human services. For example, Chow, Yoo, and Vu, (2007) found that a disproportionate number of Asian and Pacific Islanders (APIs) time out of welfare due to such barriers as language proficiency and lack of access to welfare-to-work programs, lack of long-term employment opportunities, lack of health care benefits, lack of access to childcare, lack of access to low-cost housing, lack of transportation assistance, and lack of capacity to deal with discrimination. All of these barriers can deter them from obtaining self-sufficiency and suggest that the need for additional human services for APIs. While their study focused on API welfare-to-work participants, it can be assumed that other foreign-born and immigrant populations face similar obstacles and needs for services.

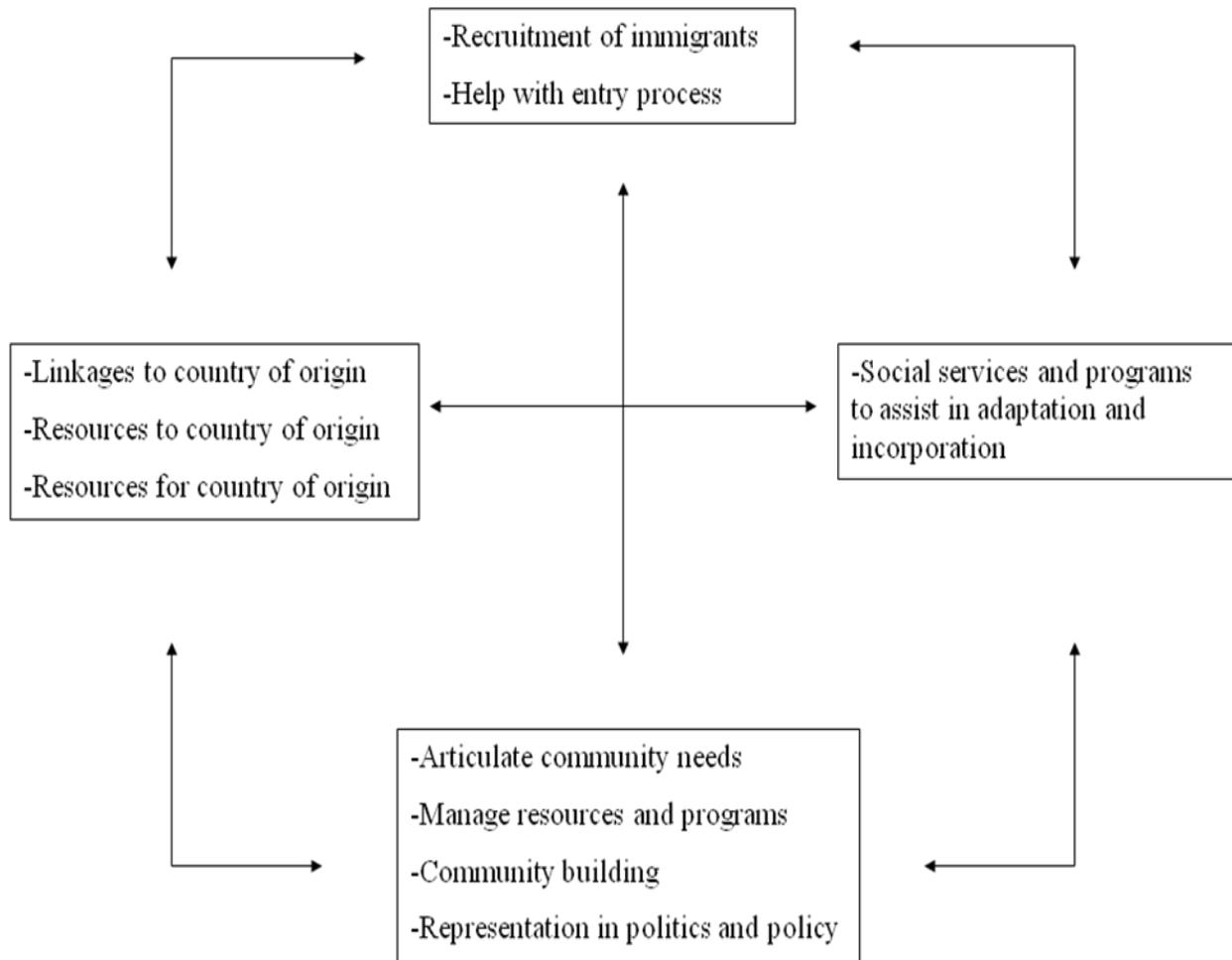
Immigrant organizations have a long history of meeting the human service needs of the immigrant populations. Cordero-Guzman (2005) defines immigrant organizations as

an organization formed by individuals, who are members of a particular ethnic/national origin group, for the purpose of providing social services primarily to immigrants from their ethnic/national group. Immigrant organizations differ from other social service providers in that they explicitly incorporate cultural

components, and a consciousness of ethnic/national origin identity, into their mission, practices, services, and programs (p. 897).

Services provided by immigrant organizations have the same functions and benefits as ethnic organizations, especially when it comes to affirming and celebrating their cultural identities through the programs and activities. The process of employing staff members who reflect the community being served helps make clients comfortable and engaged. Like ethnic organizations, immigrant organizations located in the community can assist immigrants in making the transition from their home country to their new country by providing culturally competent services that meet their specific needs. Based on direct contact with immigrants, staff are able to assess the needs of immigrants and respond appropriately. Immigrant organizations can also form and maintain social networks to assist immigrants in adapting to the changes in their lives. Cordero-Guzman (2005) illustrates the following functions of immigrant organizations in Figure 1: 1) facilitate the immigrant entry process, 2) adapt and incorporate immigrants after arrival in the new country, 3) represent the immigrant community, and 4) link immigrants to their countries of origin.

**Figure 1. Functions of immigrant groups, organizations, and service providers**



Source: Cordero-Guzman, 2005.

Facilitating the entry process in both the immigrant's country of origin and destination country can help immigrants adapt to their new environment. Ethnic organizations can recruit immigrants by providing advice and legal help for people who want to change their immigration status or sponsor relatives. Citizenship services include citizenship classes and support services to assist immigrants with the naturalization process. Legal services help immigrants prepare paperwork for immigration and naturalization that includes fingerprinting, change in status petitions, petitions to sponsor relatives, visa extensions and advance parole, work authorization, and replacement of green cards. Ethnic agencies can also assist immigrants with translation and interpretation of documents.

Ethnic organizations also play a vital role in helping immigrants adapt and assimilate into their new environment. Services that are related to adaptation and integration vary widely but can be categorized into three groups: 1) general human services (i.e. benefits counseling, housing services, mental health services, educational and employment services, and family counseling/case-management services), 2) programs for immigrants in special circumstances (i.e. disability services, domestic violence services, and emergency services), and 3) programs for particular sub-populations of immigrants (i.e. children's services, senior citizen services, and women's services often involving assistance with navigating through the existing bureaucracies and programs). While ethnic organizations help their clients adjust to new environments, they also strive to preserve the traditions and norms of the immigrants' countries of origin.

A third function of immigrant organizations is to represent the immigrant population in the political and public arena by creating a presence in the community and giving them political leverage through advocacy and networking to promote community-building. Ethnic

organizations can also represent the immigrant community in policy development and implementation in order to advocate for the needs of immigrant communities with elected officials and government leaders.

The fourth role of immigrant organizations involves the link between immigrant communities and their countries of origin in the following three areas: 1) facilitating the flow of money and other investments to the country of origin, 2) managing the exchange of news and information, as well as being involved in cultural, religious, patriotic, or other important activities in the native country, and 3) engaging in activities that increase information, public awareness, and political advocacy related to domestic policy in the country of origin (Cordero-Guzman, 2005). These activities enable ethnic organizations to assist immigrants in maintaining their connection with their country of origin while living in their host country.

Figure 2 illustrates how one ethnic organization reflects some of the functions described by Cordero-Guzman.

## Figure 2. Asian Community Mental Health Services: An Immigrant Organization

ACMHS is a non-profit organization in the California County of Alameda that has provided mental health services to primarily Asian and Pacific Islander populations. Born out of advocacy efforts of APIs concerned with the lack of culturally competent mental health services for API immigrants and refugees, ACMHS continues the tradition of advocacy by empowering APIs with mental health disabilities and their families to continue to fight for their needs through policy advocacy. Through community organizing, the clients of ACMHS have successfully received funding for various mental health programs.

The agency also helps new immigrants adjust to American culture by sponsoring programs such as art classes, community nights, and youth empowerment groups that bring API immigrants together in a social setting. These events help new immigrants feel connected to their countries of origin and affirm the importance of their ethnic backgrounds as they incorporate American culture.

In addition to counseling services, ACMHS also provides other human services such as case management, education and training (through the Neighborhood Learning Centers), and employment services (through the job-readiness program).

Source: ACMHS Website ([www.acmhs.org](http://www.acmhs.org)), 2008.

### *Sector-Based Organizations*

Organizations that serve ethnic populations may also be categorized as sector-based organizations with sector-specific services to different ethnic minorities (e.g. mental health, health, welfare-to-work, and community development services). These organizations may not include a specific ethnic group in the name of their agency and/or in their mission statement, but

are categorized as ethnic organizations because of the nature of their organization and services. For example, sector-based ethnic organizations are usually small and located in ethnic enclaves where they tend to hire and recruit staff and Board members that reflect the cultural diversity of their clients. These practices enable them to provide linguistically and culturally appropriate services that are similar to the characteristics of other ethnic organizations as defined by Jenkins (1981) and Iglehart and Becerra (1995).

Sector-based ethnic organizations specialize in providing services in a particular sector to multiple ethnic groups in the community. Although the majority of clients might represent a particular ethnic group, the staff and services in sector-based ethnic organizations often reflect different ethnic groups in the community. In this way, sector-based ethnic organizations differ from mainstream organizations in the ways that make other ethnic organizations different. For example, mainstream organizations that generally employ staff and recruit Board members with less consideration of their ethnic and cultural background. In contrast, sector-based ethnic organizations make a concerted effort to celebrate the cultural diversity of their clients through day-to-day activities while mainstream organizations tend not demonstrate a cultural consciousness in their programs.

Finally, sector-based ethnic organizations promote community-building within and between ethnic groups. Using their roots in a community, sector-based ethnic organizations provide a common space for social and recreational programs as well as opportunities to promote collaborations and coalition-building that empowers ethnic minority groups to build community relationships. These examples are generally not found in mainstream organizations.

Sector-based ethnic organizations are similar to faith-based and immigrant ethnic organizations in that they are created from community needs, located in ethnic enclaves, and reflect the cultural diversity of their clients through staff and the Board of Directors. Figure 3 provides an example of a sector-based ethnic organization.

**Figure 3. On-Lok’s 30<sup>th</sup> Street Senior Center**

Run under the auspices of On-Lok, the **30<sup>th</sup> Street Senior Center**, located in San Francisco, began when a small group of elderly Nicaraguan seniors requested a room in a building on 30<sup>th</sup> street as a gathering place. This small group has grown to become the city’s largest multipurpose senior center serving more than 5,000 seniors a year with recreational activities, nutrition programs, bilingual case management, and resources. The goal of 30th Street Senior Center is to help seniors maintain healthy and independent lives in their communities. The average age of the seniors served at the 30<sup>th</sup> Street Senior Center is 78 years. The agency serves Latino (67%), Caucasian (19%), Asian (10%) and African American (1%) seniors.

Source: On-Lok website (<http://www.onlok.org>), 2008.

In summary, Jenkins (1988) notes that ethnic organizations are able to reach out to ethnic minority communities “who would not be in touch with established, traditional social-service agencies” (p. 104). The term “ethnic organization” refers to three specific types of ethnic organizations (e.g. faith-based, immigrant, and sector-based) that create social connections that affirm and support cultural identities across service sectors.

In addition to accessing nonprofit faith-based, immigrant, and sector-based ethnic organizations, a significant number of ethnic minorities utilize the public service sectors including child welfare, welfare-to-work, health, and mental health (see Appendix B). Even though ethnic minority groups may be over-represented in the client population of public

agencies, they often experience less satisfaction with public services. These service outcomes have negative impacts that are unique to ethnic minority consumers. For example, even though Asian and Pacific Islanders (API) face the same five year time-limits on CalWORKs as non-Hispanic whites, they are more likely to time-out faster than non-Hispanic whites (Chow, Osterling, & Xu, 2005) due, in part, to multiple service barriers that encourage them to seek out services in ethnic organizations.

As noted in Appendix C, cultural and language barriers may deter ethnic minority clients from accessing public services because they may not be culturally and linguistically appropriate. In addition, organizational and structural barriers, such as location, quality, and costs may also prevent ethnic minorities from seeking services from public or mainstream organizations. Due to these barriers, it is important to understand the engagement strategies of ethnic organizations in order to provide services that are culturally appropriate and responsive to needs of ethnic minority clients. The remainder of this analysis discusses the major findings on engagement strategies in ethnic human service organizations.

### **Client Engagement Strategies**

In light of the need for services experienced by many ethnic groups (Appendix B) and their varying barriers to service utilization (Appendix C), engagement strategies have increasingly been examined by administrators of both ethnic and mainstream organizations to provide an array of health, mental health, and social services to ethnic minority populations. While increasing the utilization of adequate, accessible, and low-cost services to ethnic groups is the goal of most ethnic organizations, little is known about strategies used by programs to achieve these goals. Knowledge of strategies to engage ethnic minority groups can enhance

service provision of both ethnic and mainstream organizations. However, there are no known experimental studies that describe or empirically evaluate the strategies used by ethnic organizations to engage their clients. Most studies on engagement strategies focus on mainstream organizations. For example, Vu, Anthony, and Austin (forthcoming) describe the engagements strategies used by county welfare-to-work programs to engage adult participants. Others focus on community engagement in general (Centers for Disease Control and Prevention, 1997) or engagement in specific types of programs or activities (Kim, 2005).

The literature identifies two major strategies to promote client engagement: 1) client-focused strategies and 2) organization-focused strategies. Client-focused strategies are services that staff provide to better assist clients and encourage them to participate. These strategies include ethnic matching of staff and clients, family-focused services, and outreach services. Organizational strategies are administrative strategies that organizations implement to increase engagement. Organizational strategies used by ethnic organizations include locating the organization in existing ethnic communities, recruiting former clients to serve on agency Boards of Directors, and recruiting staff to provide appropriate, competent, and reliable services.

### *Client-Focused Engagement Strategies*

The majority of the literature on client-focused engagement strategies describes the importance of ethnic matching between staff and clients in order to avoid miscommunication and misunderstanding. For example, Blank, Mahmood, Fox, and Guterbock (2002) describe the inability of white mental health providers to help African-American clients due to their lack of understanding of black culture, history, and the experiences of African-Americans in a dominant

middle-class white society. To engage ethnic clients, ethnic human service organizations seek to ethnically and linguistically match practitioners and clients and find that clients are more responsive to services. Sue, Fujino, Hu, Takeuchi, and Zane (1991) found that African-American clients experienced positive treatment outcomes as a result of ethnic matching and that ethnic matching was related to the length of treatment in Asian-American, African-American, Mexican-American, and white clients, particularly with non-English speaking immigrants. Chun and Akutsu (2002) confirm the results for Asian and Mexican Americans. In addition, Flaskerud (1986) found that both language and ethnic/racial matching of clinicians and clients are among the most significant predictors of the dropout of clients seeking mental health services. An example of linguistic matching by an ethnic organization is noted in Figure 4.

The lack of understanding can lead to distrust in the client-therapist relationship, potentially undermining the treatment process. Ethnic organizations are able to overcome these obstacles by including Board and staff members in the organization who reflect the ethnicity of their clients.

**Figure 4. Ethnic Matching in Asian Community Mental Health Services (ACMHS)**

**ACMHS** was established in 1974 by API community providers, activists, and progressive citizens. ACMHS employs nearly 100 multi-cultural, multi-lingual, multi-disciplinary full and part-time staff members who speak 13 different API languages/dialects: Cambodian, Cantonese, Japanese, Khmuu, Korean, Lao, Mandarin, Malay, Mien, Tagalog, Thai, Toishan, and Vietnamese. Each year, ACMHS serves over 3,000 A&PI clients from Alameda and Contra Costa counties.

Source: ACMHS Website ([www.acmhs.org](http://www.acmhs.org)), 2008.

Ethnic minorities such as Mexicans (Jenkins, 1981) and APIs (Chow, Bester, Shinn, 2001) have strong connections to their extended families. Many live in the same household and share similar resources. As a result, service plans often involve family members of the recipient of services, especially if the plans involve the issues of transportation, childcare, and treatment costs. For example, Chow, Bester, and Shinn (2001) identified the need for including the families of welfare participants in the engagement process rather than just the individuals themselves because APIs are likely to frame issues in a family or community context. In addition, Flaskerud (1986) suggests that in some cultures, it is appropriate to include the use of or referral to clergy and/or traditional healers in the treatment process.

Beyond client matching, ethnic organizations also employ community members as outreach workers to engage and educate ethnic populations. In the Latino community, health workers or *promotoras* make presentations on health, communication, parenting, and other issues related to the well-being of the family at schools, churches, private homes, and community centers to provide information and make referrals (Pearlman, 2002). Promotoras can either be volunteers or paid staff. Other ethnic organizations also use outreach workers to *train* clients in their communities to provide services for others. Figure 5 illustrates how *promotoras* engage the Latino community in a local health clinic.

**Figure 5. *Promotoras* at La Clínica de La Raza**

**La Clínica de La Raza** serves low-income residents in the eastern area of the San Francisco Bay Area in California by offering low-cost quality health care services for multilingual and multicultural populations at 23 locations in three counties (Alameda, Contra Costa, and Solano counties). To most effectively serve the diverse community of the East Bay, La Clínica hires health practitioners who fluently speak Spanish, English, Chinese, as well as Hindi, Arabic, and Amharic. Using the *promotora* model of health training, La Clínica staff train clients to be health workers in their communities to provide services for others. In doing so, La Clínica staff engages patients who go on to serve members of their communities.

Source: P. Manoleas, personal interview, April 14, 2008; [www.laclinica.org](http://www.laclinica.org).

### *Organization-focused Strategies*

In contrast to client-focused strategies that focus on engaging ethnic groups in participation and service use, organization-focused strategies focus on using administrative resources to engage clients. Since ethnic organizations are usually located in ethnic communities, they are able to engage ethnic minorities who often live in ethnic enclaves (Jenkins, 1981). Flaskerud (1986) found that the location of the agency in an ethnic/racial community can significantly predict dropout rates for clients seeking mental health services. In essence, when there is a need for services that cannot be met by mainstream organizations, the ethnic community comes together to form an ethnic human service organization to fill that need, especially when the need is not addressed by mainstream service delivery systems (Iglehart & Becerra, 1995). For example, ACMHS was formed to fill in the service gap when the mental health needs of API immigrants living in Oakland's Chinatown were not met by mainstream or

public organizations. Similar to many ethnic organizations that have located their services in the communities where their clients live, ACMHS located itself was in Oakland's Chinatown where the need for services was most prevalent.

Another engagement strategy used by some ethnic organizations is to recruit former to serve as full- or part-time staff or to serve on the Board of Directors. Flaskerud (1986) notes that the involvement of clients in the design, evaluation, and marketing of services is one way to achieve culturally-competent services for Asian, Hispanic, and African American clients. Including former clients in the organization achieves the following goals: 1) gives ethnic organizations input from the client perspective (thereby demonstrating its commitment to improve services to clients), 2) helps clients to become stakeholders in the organization (contributing to its community-building function as well as provides employment opportunities for community members), 3) exposes the former client's family and friends to the agency's services, and 4) creates a sense of trust among other clients to know that their family member or friend is working in the organization. Figure 6 provides a description of how former clients were recruited to serve on an agency's Board of Directors.

### **Figure 6. The Board at La Clínica**

**La Clínica de La Raza** is a community based nonprofit organization governed by an eighteen member Board of Directors, ten members of which are patients of La Clínica. It is the policy of the organization that at least 51 percent of the Board be composed of current patients. The Board of Directors is responsible for governance, fiscal oversight, strategic planning, and institutional advancement of La Clínica. Board members are volunteers and serve without compensation.

Source: P. Manoleas, personal interview, April 14, 2008; [www.laclinica.org](http://www.laclinica.org).

By requiring that the majority of the Board be current patients of the organization, La Clínica is able to incorporate the perspectives of service recipients into its operations as a way of monitoring the relevance, quality, and appropriateness of the services.

Providing appropriate, competent, and reliable services on a consistent basis is another strategy used to attract, engage, and retain ethnic minority clients. When effective services are provided, clients not only come back, but they also recommend and encourage other community members to seek services as well. Iglehart and Becerra (1995) have observed that ethnic minority groups may distrust mainstream social systems and services, and thereby decrease their utilization of these services. For example, one study documented the skepticism and suspicion of mainstream services by API populations that reduced the service utilization of Chinese, Korean, and Filipino older adults (Salcido, Nakano, & Jue, 1990). By establishing credibility and rapport, an ethnic organization can demonstrate to clients that quality services represents its commitment to strengthening the community.

Similarly, the credibility of the practitioner can be more important than simply matching clients to staff or using culturally-sensitive techniques (Chun and Akutsu, 2002). As noted by Sue and Zane (1987), Chun and Akutsu note that ascribed and achieved credibility are fundamental to success:

Ascribed credibility relates to the status that is assigned to the therapist prior to the therapy session, whereas achieved credibility refers to the therapist's actual skills and actions. In this context, API women and Latinas may ascribe high credibility to their therapists if they are women who share similar cultural backgrounds. Moreover, therapists can achieve credibility if they develop culturally appropriate conceptualizations of problems, problem resolution strategies, and treatment goals. Therapists who have low ascribed credibility initially may thus achieve credibility over time (p. 63).

In essence, credibility, in combination with other client-focused and organization-focused strategies, can effectively increase the participation of ethnic minorities in a wide variety of services provided by ethnic human service organizations.

Because minority clients, particularly immigrants, often need more than one service to address their social, economic, legal, and medical needs (Flaskerud, 1986), a “one-stop” human service center can make it easier and more convenient for clients to utilize services. Using the DECENT model (developmental, educational, comprehensive, empowerment, networking, and teamwork), Chow (1999) found that neighborhood centers providing multiple services are an effective way to engage minority ethnic groups, particularly immigrant populations.

In the DECENT model, the developmental approach involves an early intervention strategy where programs and services are provided before a problem occurs. For example, educational services focused on basic skills (such as ESL classes and job-training courses) can help immigrants and minorities become self-sufficient. In addition, educating the community itself about available services is vital for service utilization. Neighborhood centers that take a comprehensive and holistic approach to service provision can increase service accessibility and availability for immigrants and ethnic minorities who are unfamiliar or unaware of services.

As the fourth element of the DECENT model, neighborhood centers can empower ethnic minority groups by providing citizenship classes for immigrants, voter registration, census counts, and nonpartisan fundraising events to increase political participation in community activities. Leadership training and recruitment for service on Boards of local non-profits can also facilitate the empowerment of ethnic minority groups as a way of increasing their sense of community. As an integral factor in providing services in a neighborhood context, networking

often involves outreach efforts to public agencies and the media (to represent the immigrant community concerns), advocacy for ethnic minority needs, referrals for information and resources, and collaboration with other non-profits. The sixth and final element of the DECENT model involves teamwork, especially when providing services to cultures that value harmony and cooperation. For example, a team approach to management enables neighborhood centers to communicate the overall development and direction of the center while considering input from all members of the organization. The DECENT model provides a community-based practice approach for multi-service neighborhood centers. By providing a one-stop hop of services, ethnic minority groups, particularly immigrant populations, can find services in one location instead of navigating through an unfamiliar maze of bureaucracies, agencies and other organizations. Figure 7 describes a faith-based organization that provides multiple services needed by its community.

**Figure 7. Service Ministries at Allen Temple Baptist Church**

**Allan Temple Baptist Church**, located in East Oakland, California, is a large African-American congregation and the mission of its Health and Social Services Ministries is to strengthen and stabilize families by assisting them to create and maintain healthy environments. The ministries are dedicated to supporting the economically disadvantaged with education, spiritual support, and exposure to positive approaches to life.

The Health and Social Services Ministries includes: the Anger Management/DV Program, the Substance Abuse Program, the Malachi Project (a collaboration with Cosmopolitan Baptist Church) which provides support services to non-custodial fathers, the Job Information Center which provides comprehensive employment services, and parenting classes to improve the social and emotional well-being of children, reduce post-neonatal and child mortality and improve school readiness

Source: <http://www.allen-temple.org/socialserv.htm>

Organization-focused strategies for the engagement of ethnic minorities require continuous monitoring in order to improve service delivery processes. In summary, client-focused and organizational-focused strategies were defined and illustrated by the efforts of different ethnic organizations. The concluding section of this analysis identifies the practice and research implications of client-focused and organization-focused strategies.

### **Implications for Practice**

Ethnic minority organizations have emerged as an important vehicle for service provision to ethnic minority groups. Effective service utilization involves both client-focused strategies (e.g. ethnic matching, family-focused services, and outreach services) and organization-focused strategies (e.g. locating the organization in existing ethnic communities, including former clients on the Board and staff, and providing appropriate, competent, and reliable services). As the number of immigrants and ethnic minority groups continue to increase in the United States (Minckler, 2008), it is expected that their need for human services will also increase. As a result, it is critical for mainstream organizations to learn more effective strategies to engage minority populations and to collaborate with ethnic organizations to help ethnic minorities overcome barriers to service utilization to meet their needs.

As noted in this analysis, faith-based organizations are one type of ethnic organization that provides an array of human services to African-Americans (Vidal, 2001; Levin, 1984) and to Asian-Americans (Min, 1992). A second type of ethnic organization provides human services to immigrants to help them adjust to their new country as well as stay connected to their country of

origin. The third type of ethnic organization is based in a particular human service sector (mental health, child welfare, welfare-to-work and job services, housing and community development, aging, substance abuse, etc). These sector-based organizations provide programs and services that serve a particular ethnic group. FBOs, immigrant organizations, and sector-based organizations promote community-building and advocacy efforts through cultural programs and recreational activities as well as education and outreach.

Because the focus of this analysis is ethnic human service organizations, a discussion of cultural competency was not included since it is more relevant to mainstream organizations than ethnic organizations which are designed, by their very nature, to be culturally competent. The strategies used by ethnic organizations to engage their ethnic populations are often different from those used by mainstream organizations. Whereas mainstream organizations, particularly large public human services agencies, hire staff based on their qualifications, not ethnicity, the Board and staff of ethnic organizations reflect the ethnic community that they serve, thus enabling ethnic organizations to provide culturally appropriate services. In addition, ethnic organizations are usually small, community-based agencies that are located within the communities in which they serve. This not only allows clients easy access to services, but it also gives the organization the flexibility to provide programs and services that meet the needs of clients inside and outside the narrow restrictions on government funding.

The literature on ethnic organizations focuses on engaging ethnic minorities in human service organizations, but provides little evidence on the outcomes of each strategy or on the combinations of strategies. For example, there are no known experimental studies that compare the effectiveness of strategies (client-focused or organization-focused) with one another in

different ethnic organizations, nor are there studies that analyze the effective use of combination of strategies. Therefore, future practice research should assess the impact of engagement strategies in both ethnic organizations and mainstream organizations as well as the effectiveness of multiple strategies for engaging ethnic minority clients in both ethnic organizations and mainstream organizations. In addition it is important to determine the generalizability of engagement strategies across different ethnic minority groups. For example, while some researchers suggest that APIs (Chow, Bester, and Shinn, 2001) and Mexicans (Jenkins, 1981) perceive their problems within a family or community context, other ethnic groups may not. Similarly, these perceptions should be assessed across different service sectors (e.g. child welfare, welfare-to-work services, health, and mental health) in order to inform the practices of both ethnic and mainstream organizations. Finally, different models of community practice, such as the use of the DECENT model in neighborhood centers, need to be assessed to determine their effectiveness in delivering public human services to different ethnic minority groups.

In addition to these research directions, both ethnic and mainstream organizations need to focus more attention on engagement strategies (i.e. moving from reactive to proactive). Through inter-organizational meetings, ethnic and mainstream organizations can share strategies and experiences of effective engagement for particular ethnic minority groups in order to foster cooperation and collaborations between organizations that can lead to additional resources for clients. Finally, both mainstream and ethnic organizations need to consult with clients and community members in order to identify effective ways to include the input of service consumers into planning and to reduce the barriers to service utilization.

## Conclusion

Ethnic organizations have become a significant player in the delivery of human services to ethnic minority populations. While this analysis has focused on particularly on the engagement strategies of ethnic organizations, many issues call for more research. Some of the key research questions include:

- *What is the status of ethnic organizations in the United States? How many are there? How are they distributed across the country? What kinds of human services do they promote? Which ethnic minority groups do they serve?*
- *What is the relationship between ethnic organizations and public and private mainstream human service providers? Is there a difference in how services alleviate poverty for families living in poor communities? How do collaborations affect service delivery? What is the impact of ethnic organizations on the communities and the outcomes of cooperation with other human service organizations?*
- *How are ethnic organizations structured? How do ethnic organizations differ from mainstream human service organizations? How do national and state policies affect the ability of each type to provide services? What are the different successes and challenges of ethnic organizations when compared with mainstream organizations when it comes to meeting the needs of different ethnic communities?*
- *What is the future of ethnic organizations? How can these types of organizations thrive and survive? If ethnic organizations are indeed more efficient and effective at delivering*

human services to ethnic minority populations, how might their successes be replicated in order to provide services to as many ethnic minorities as possible?

Addressing these questions can expand our understanding of ethnic organizations that provide human services.

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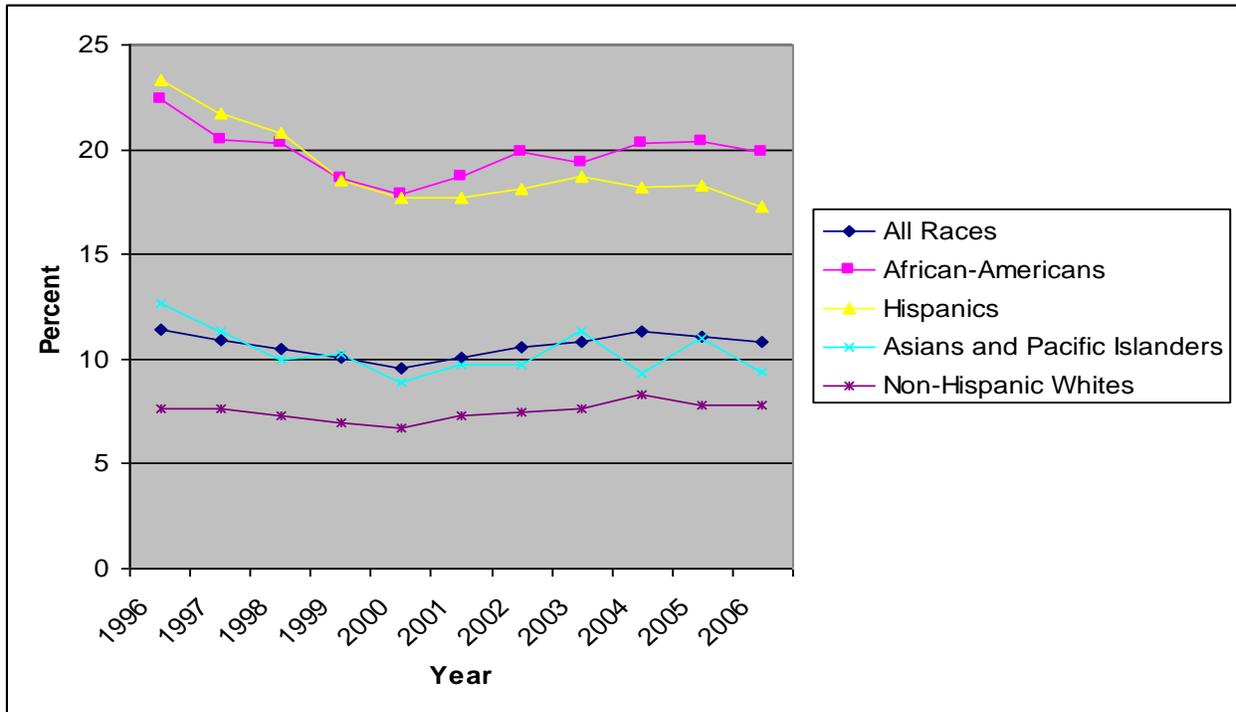
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## Appendix A

### Poverty Rates by Race: 1996-2006



Source: U.S Census Bureau, 2007.

## **Appendix B**

### **Service Utilization of Ethnic Minority Groups across Service Sectors**

#### **Child welfare**

- Research indicates that ethnic minority children tend to be disproportionately represented in the child welfare system in all critical decision points during the child welfare process (White, Courtney & Fifield, 1998; Hines, Lemon, Wyatt, & Merdinger, 2004).
- The Annie E. Casey Foundation (2002) reports that ethnic minority children enter the foster care system at higher rates than non-Hispanic Whites, even when family characteristics are comparable between ethnic groups. African-American and Native American children are also three times more likely to be in the child welfare system and remain there longer than non-Hispanic Whites. Despite their disproportionate number in the child welfare system, ethnic minority families and children tend to receive less services and have less interaction with child welfare workers, contributing to their lower reunification rates.

#### **Welfare-to-work**

- African-Americans have been found to be over-represented in the welfare population in comparison to other groups (United States Department of Health and Human Services, 2003). Of all families on welfare in 1999, African-Americans made up 38.3% of welfare participants compared to 30.5% of whites and 24.5% of Hispanics.
- Although Asian and Pacific Islanders (API) constitute only 15-20% of the entire CalWORKs caseload in California, they make up about 60-80% of the caseloads who have reached the five year time-limit (Chow, Lemon-Osterling, & Xu, 2005; Ong and Ishikawa, 2006). The high participation in welfare and welfare-to-work programs for these ethnic groups and their lengthy stays on welfare suggest that service utilization is a critical for economic self-sufficiency to prevent food insecurity, inadequate shelter, and other negative outcomes of poverty.

#### **Health**

- Dunlop, Manheim, Song, and Chang (2002) found that older African American men had fewer physician visits and minority men in general used less outpatient surgery than older non-Hispanic white men.
- In a study of healthcare utilization among the Hispanic population, 78% of those surveyed entered the health care system in 1994 with an average of 5.25 visits (Wagner & Guendelman, 2000).
- There is a high need for adequate and consistent health care to reach all segments of minority ethnic groups. Barnes, Adams, and Powell-Griner (2008) found that 27% of Hispanic adults did not have a consistent source of health care compared to 16% of APIs, 14% of African-Americans, and 13% of whites who stated that they did.

## **Mental Health**

- Ethnic minorities have increased their use of mental health services throughout the decades. While studies conducted during the 1970s and 1980s report that ethnic minority groups were under-represented in the use of mental health services (Sue, 1977; Sue and Morishima, 1982; Williams et al., 1979; Vail, 1978; Vernon & Roberts, 1982; Barrera, 1978; Vernon & Roberts, 1982), studies conducted in the late 1980s and early 1990s describe contradictory findings related to the rates and length of treatment by ethnic minorities (Bui and Takeuchi, 1992; Cheung and Snowden, 1990; O'Sullivan, Peterson, Cox, and Kirkeby, 1989). It can be assumed that this increasing trend in mental health service utilization will continue as ethnic minority groups increase in the United States.

## Appendix C

### Barriers to Service Utilization

- The quality of services to ethnic minorities may determine their service utilization (Cheung and Snowden, 1990). The U.S Department of Health and Human Services (2007) reports found that on 18 of 42 core report measures of quality, African Americans had poorer quality of health care than Whites. The same study reports that African Americans experienced less access to health care than Whites on 4 out of 8 core measures.
- Cultural and language barriers can prevent ethnic minority clients from utilizing services. Because many ethnic groups associate mental illness with evil, craziness, or genetic inheritance (Flaskerud, 1986), individuals suffering from mental health or families with individuals dealing with mental health need additional outreach to overcome the stigma that is attached to receiving services. Language barriers may deter clients from seeking services because of their perception of their inability to express their needs or understand service providers.
- Organizational and structural barriers also exist for ethnic minority groups. Cheung and Snowden (1990) cite organizational barriers in the field of mental health including inconvenient locations and lack of outreach as some reasons why ethnic minorities under-utilize public sector services. In addition, organizations that charge high fees for services may prevent clients from seeking services. Cheung and Snowden (1990) found that costs for ambulatory mental health care reduced the likelihood of low-income minority groups using the services.