Segundo Barrio: Rich, Poor, or Both?

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SEGUNDO BARRIO: RICH, POOR, OR BOTH?

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SEGUNDO BARRIO: RICH, POOR, OR BOTH?

By

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THESIS

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Finally, I would like to extend my appreciation to La Fe, and Estela Reyes, for providing me with a forum to conduct this study. This could not have been done without your assistance.
ABSTRACT

This manuscript describes an exploratory study which was undertaken in Segundo Barrio; a historic neighborhood in El Paso, Texas. The purpose of the study was to identify formal and informal sources of social support through the perceptions of female residents in different stages of life. This community, while economically disadvantaged, has unique characteristics and resources and the researcher was interested in seeing how different age groups perceive them.

Guiding Research Questions:

What sources of social support do residents of Segundo Barrio identify as key sources of support within their neighborhood, Greater El Paso, and Ciudad Juarez, Chihuahua?

* Social support was defined using Berkman and Glass’ four categories: instrumental, informational, appraisal and emotional.

What were the criteria of selection for participants’ sources of social support?

Data was gathered on formal and informal sources of support (which exist in the built environment) across the four categories of social support using community mapping and consensus methods. At the end of the session, a brief survey was also used to gather participants’ perceptions of the usefulness of the methods used in this study.

Results: Across all three age groups (Younger- 18-25, Midlife- 26-44, and Older- 44-70+), participants identified that they utilized informal sources of social support most frequently. The cross-cutting themes identified as key factors in selecting sources of formal and informal social support by participants were: quality of service, friendliness, common language and ethnicity of provider, affordability, and access to resources. Mapping data illustrated that the youngest group utilized social support services in Juarez more often than the other groups, and that all groups
relied on support within Segundo Barrio the most. Survey data showed that participants did perceive the methods used to be useful.
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CHAPTER 1: INTRODUCTION

This exploratory research study was aimed at identifying and mapping the social support systems, both formal and informal, among adult women in Segundo Barrio, that account for the characterization, in the popular press, of this neighborhood as hardy (Chew, Leyva, Lopez, Nuno, & Renteria, 2006). This chapter introduces an overview of Segundo Barrio and its health status, and is followed by a literature review of the mechanics of social capital theory as it relates to the development of social support. These subsequent chapters describe the methodology and data analysis of the community mapping (using a Geographic Information Systems tool), Focus Mapping Workshop discussion, and a discussion of implications of the results.

Disparities in access to essential services and entitlements across and between specific social, racial/ethnic and economic classes have long been observed. These disparities may affect all groups in some way, but the division of resources varies widely from group to group, and racial/ethnic minorities are consistently shown to experience the greatest inequity (Sampson, Morenoff, & Gannon-Rowley, 2002). This research study explored the sources of support accessed by women in Segundo Barrio. This data gives a view of, not only the resources available in their neighborhood, but their knowledge and feelings towards them.

Geographic patterns have also been identified as showing that people of color tend to live in higher poverty than non-Hispanic whites, and live in segregated communities (Wight et al., 2008). There is evidence; however, among certain Hispanic populations that living in culturally segregated communities has a protective effect. One particular phenomenon that relates to this study is the, “Barrio Effect” which posits that, based on the level of acculturation; people retain better levels of health and access to social networks according to how little time they have lived
in the United States, and whether they live in a community that shares their common culture (Wight, 2008).

The following sections: Segundo Barrio- An Overview, Health Status and Access to Care, Health Status and Access to Care in Segundo Barrio in the United States and Texas, and City of El Paso: Safety Overview, were included to give a description of Segundo Barrio and contextualize the neighborhood’s challenges.

**Segundo Barrio- An Overview**

Segundo Barrio, or Second Ward, is located in the 8th District of El Paso, Texas, in the city’s center on the edge of Mexico (Community and Human Development, 2009). This neighborhood’s boundaries are demarcated by four streets reported in the *Community and Human Development Report*: Paisano to Cesar Chavez Memorial Highway and Cotton Street to Stanton (see Figure 1). The area was settled by Mexican Americans and Mexican immigrants who moved into tenement housing built near the Rio Grande River in the late 1880s (Romo, 2005).

| 96% Hispanic | 50% Native | 36% Non-citizen | 14% Naturalized |

**Figure 1-1**: A map of Segundo Barrio, in El Paso, Texas using Geographic Information Systems (GIS) software.
Figure 1-1 captures the most recent census data (2000). Half of Segundo Barrio’s residents are native born, 36 percent are non-citizens and the remainder are naturalized citizens (people born in a foreign country that have become lawful citizen of the United States). Ninety-six percent of surveyed residents identify as Hispanic or Latino (Community and Human Development, 2009). Roughly half of residents residing in Segundo Barrio report limited to no English proficiency, and 79 percent of residents over the age of 25 have not completed high school or the equivalent. The median household income in Segundo Barrio is $10,240 (approximately one-third of the median income for the rest of the city, and the unemployment rate is twenty-nine percent (almost three times higher than the average for the rest of the city (Community and Human Development, 2009).

### Comparative Demographics: Segundo Barrio, Greater El Paso, and the United States

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<td>Foreign Born</td>
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<tr>
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<td>High School/GED Completion</td>
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<td>Median Household Income</td>
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### Health Status and Access to Care in the United States and Texas

The United States Department of Health and Human Resources and Services Administration publishes an annual Uniform Data System (UDS) report which tracks patient information, services provided, utilization rates, revenues and other markers, in community clinics, at the national and state levels (HRSA, 2009). In 2009, nearly 19 million patients were treated nationwide. Texas clinics saw slightly more than 900,000 of those patients. Nationally,
864,996 people were migrant/seasonal farm workers. Over 60 percent of all patients treated in clinics across the nation were classified as racial/ethnic minorities. Out of the total national patient populations, 24.7 percent of patients were “best served in another language” (2) and 92.5 percent fell below the federal poverty level. In Texas, 13,414 people were classified as migrant farm workers. Of those patients served in Texas, 17.3 percent were racial/ethnic minorities and 37.6 percent were best served in another language. Ninety-four percent of patients served fell below the federal poverty level. It is important to note that the national average of uninsured patients utilizing community clinics is 38.2 percent, while Texas has an average of 56 percent (HRSA, 2009).

Data, regarding the general health status of the community, is not available at the zip code level although the City of El Paso Department of Public Health produces annual reports, the results of which are disseminated through their website) of notifiable conditions by County. The information for these reports comes from hospitals and clinics, within El Paso County, which are obligated to produce this information regarding notifiable conditions. The 2009 report indicated that, in El Paso County, Influenza had the highest number of cases (4900) from January 2009 to December 2009, followed by Chlamydia trachomatis infection (3425) and Influenza A, H1N1 (1245) (City of El Paso Department of Public Health, 2009). A limitation with this data is that only infectious diseases are monitored, while chronic diseases go undocumented. Also, the data includes all cases within El Paso County, and the information cannot be broken down to illustrate the health status of individual communities to pinpoint the origins of health concerns.

**Health Status and Access to Care in Segundo Barrio**

Centro de Salud Familiar, La Fe, Inc., a clinic located in Segundo Barrio produces internal reports that track data by the zip code of the patients’ places of residence, specifically,
the 79901 zip code. The diseases tracked include chronic conditions. In 2009, an unpublished annual progress report (La Fe Data, 2010), provided to the researcher by the clinic, showed that Hypertension is the most prevalent chronic disease of those tracked, with 424 females and 227 males from ages 11 to 97 years suffering from this disease. It is followed by respiratory infections (304 females, 226 males from 0 to 84 years), Lipid diazoxide (301 females, 170 males from 2 to 97 years), diabetes (266 females, 163 males from 16 to 94 years) and obesity (107 females, 62 males from 2 to 82 years). Other notable conditions include arthritis, with a total of 137 cases, heart disease with 86 total cases and HIV with a total of 34 cases (La Fe Data, 2010).

As one of El Paso’s oldest neighborhoods, Segundo Barrio has a long and rich history (Romo, 2005). There are protective factors that exist within the community that provide its residents with an identity of hardiness related to self-care and community wellness (Community and Human Development, 2009; Chew, Leyva, Lopez, Nuno, & Renteria, 2006). An example of this is that the community clinic offers a wide range of services, including medical, educational, and unique cultural and social programming including such activities as comprehensive health education initiatives, personal enrichment classes (i.e. career courses) and public cultural events. The area community center offers daycare and activities for children, youth and the elderly. Several churches and agencies have food pantries and other basic items for people in need. These features reinforce social networks in the community benefiting its residents.

City of El Paso: Safety Overview

In the recent past, El Paso’s neighbor to the south, Ciudad Juarez, has experienced a surge in violent crime due to the illicit drug trade (Gaynor, 2010). Notwithstanding this violence, El Paso has been declared the safest city in the United States, among cities with a
population over 500,000 residents (City of El Paso, 2010). For the past 13 years, El Paso has been ranked as the second or third safest city in the same study. Rates for crimes (murder, burglary, theft, vehicle theft, and burglary of vehicles) have gone down in all categories this year (City of El Paso, 2010). There were only five murders reported in 2010 in El Paso, compared to over 3,000 in Juarez (Gaynor, 2010). Statistics for the 79901 area code, which includes Segundo Barrio, show no murders, 9 aggravated assaults, 68 minor assaults, 10 burglaries, 1 rape and 7 robberies (City of El Paso, 2010). This area code includes the Downtown area. The most current crime statistics for Texas are from the year, 2009, where the total number of murders in the state was 1,327 (Texas Department of Public Safety, 2010). This stark contrast between one of the most violent cities in the world (Ciudad Juarez), and the safest city in the United States (El Paso), is explained by a representative of the El Paso Police Department as a product of a “more efficient” system of law (Gaynor, 2010). This difference (and many others) between cities leaves much to be examined.
CHAPTER 2: LITERATURE REVIEW

This chapter reviews the literature written on selected social theories and mapping methods related to this exploratory research study. Exploratory research, in the social sciences, is used to develop hypotheses by defining and describing a problem (Nunamaker, Chen, & Purdin, 1991). The first initiative in exploratory research is to develop generalizations about that which is being studied (Stebbins, 2001). This process is also meant to inform future study designs, should other researchers choose to expand on the results of exploratory research projects (Stebbins, 2001). Social capital and social support are the key theories guiding this research. The history and definitions of social capital will be described. The relationship between social capital and social support will also be discussed. As this research is being conducted in a low-income neighborhood, literature on neighborhood effects and the barrio effect have been included for context.

The first section of the review discusses the various theories being drawn upon for this project, particularly that of social capital, to illustrate the related concept of social support in the context of neighborhoods and neighborhood effects. This chapter will focus on literature related to social capital, which includes concepts of social support. The four categories of social support, as defined by Berkman and Glass, were chosen as key measurements of social support are used in this study. In chapter three, literature pertaining to the use of community mapping, geographic information systems (GIS), community-based participatory research, and mapping will be presented as it relates to this study’s methodology.

A search in EBSCO yielded over two hundred results using the keywords “neighborhood” and “social capital” from the years of 1992 to 2010. A narrower search of those two hundred articles focused on “low-income neighborhoods” resulted in forty-eight articles.
Five were then selected for the review based on the best fit with the socioeconomic, ethnic and gender makeup of Segundo Barrio. Literature regarding “social support” was taken from references in the social capital literature, as well as from the reference lists in works from Ichiro Kawachi and Sally Shumaker, who have written extensively on the subject.

Searches in ERIC and JSTOR yielded six articles each with the keywords “neighborhood effects” and “low income”. Of those, two were appropriate for this review due to relevance. Another search in EBSCO Academic Search Premier returned three articles when the key phrase, “barrio effect,” was used. Only one related to phenomenon of the barrio effect.

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I. Social Capital- A Brief History

In his literature review of the origins of social capital, Alejandro Portes cited Pierre Bourdieu as the first to analyze the theory social capital (Portes, 1998). He asserted that Bourdieu wrote that economic capital was tangible (money, property, etc.), but two other forms of capital exist- cultural and social (Bourdieu, 2001). Cultural capital may also result in economic capital. Social capital can also have economic value.

It is made up of “connections”, or “social obligations” that are not always tangible and it is not as easy to measure as the other two forms (Bourdieu, 2001).

More recently, the theory of social capital, in its modern form, was reviewed by James Coleman (Lochner, Kawachi, & Kennedy, Social capital: a guide to its measurement, 1999). In his analysis, he identified three sources of social capital: obligations and expectations/trustworthiness of structures, information channels, and norms and effective sanctions (Coleman, 1988). The first- obligations and expectations/trustworthiness- describes the system of reciprocity between two different persons or groups. Information channel refers to the exchange of valuable information that occurs between people that provides a “basis for action” (Coleman, 1988). Finally, the norms and effective sanctions as a form of social capital are described by Coleman as those traditions that promote safety and benefit the “collectivity” (doing what is best for the group, rather than the individual) (Coleman, 1988).

Robert Putnam is well known in the literature for his application of network structures to civic engagement (Putnam R., 1995). He posits that good neighborliness and social trust within a community foster civic engagement by allowing community members to work together for a common benefit. The more active community members are in participating in civic activities,
the more likely that the community itself will have more political participation and effective social networks (Putnam R., 1995).

Alejandro Portes is also a prominent figure in the literature concerning social capital. He defines social capital as “a source of social control,” “a source of family support,” and “a source of benefits through extrafamilial networks” (Portes, 1998). Through his review and critique of the work of other theorists, Portes describes four sources of social capital: value introjection, bounded solidarity, reciprocity exchanges, and enforceable trust (Portes, 1998). Value introjection is the expectation of reciprocity based on a set of norms. Bounded solidarity is the rapport built within a community that shares a “common fate” or experience (Portes, 1998). Reciprocity exchanges are defined by the notion that transactions will be returned (Portes, 1998). Enforceable trust refers to the process of accessing resources with the security of knowing that community will assure their provision (Portes, 1998).

Social Capital: Individual vs. Neighborhood Level

According to Lin et al, social capital may be perceived on two levels- individual and group/neighborhood (Lin, Cook, & Burt, 2001). On the individual level, it is the manner in which a person attains and utilizes resources within their social network. In this scenario, only the individual benefits. On the group level, it is the manner in which groups attain, utilize and manage collective assets. This level benefits the neighborhood. In both, an investment must be made in order to earn a return (Lin, Cook, & Burt, 2001).

Social Capital and Social Support- The Gray Area

The characteristics of “social capital” and “social support” are often described interchangeably; however, each term refers to a different theoretical framework. This research study uses (mostly) Alejandro Portes’ theory of social capital and Lisa Berkman and Thomas
Glass’ concept of social support. The literature being reviewed in the following section often transposes “social capital” and “social support”. Many of the measures of social capital being described, as well as the results they yield, are, in actuality, components of social support. This mixing of terms is so common that the literature is classified under the original headings used by the authors of each study, rather than the headings that fit the most widely accepted definitions to avoid further confusion.

**Girls and Women**

Studies of social capital among youth in low-income households show the vulnerability of this population (Kelly, Rasu, Lesser, Oscos-Sanchez, Mancha, & Orriega, 2010). A recent cross-sectional study was conducted to find out if a link between social capital and attitudes towards violence exists in two Mexican American communities. Three measures of social capital were examined: collective efficacy (this was defined as a willingness of community members to help their neighbors), neighborhood block conditions (the existence of gangs in the community), and community integration (sociability of community members). The communities examined had crime rates above the national average and had median incomes of $30,000 or less. The majority of respondents were female (83%) and Mexican-American (72%) (Kelly, Rasu, Lesser, Oscos-Sanchez, Mancha, & Orriega, 2010).

The researchers found that participants had a low tolerance for violence in general and couple (domestic partner) violence. Participants were also asked if they had experienced violence, to which 57.9% replied that they had not (Kelly, Rasu, Lesser, Oscos-Sanchez, Mancha, & Orriega, 2010). Overall, scores for collective efficacy and neighborhood conditions were very low. Community integration scores settled in the middle rage. Female participants were far less tolerant of violence than the males that responded to the survey. Older participants
were also less likely to tolerate violence. Those that reported that they were not U.S. citizens were less likely to have experienced a violent encounter than first generation Americans. Being male and in the older age range was a positive indicator for collective efficacy. For the community integration measure, there were no clear differences between age/gender groups (Kelly, Rasu, Lesser, Oscos-Sanchez, Mancha, & Orriega, 2010).

This community composition examined in this study is closely related to that of Segundo Barrio, as it is dominantly female, Hispanic and has generational differences (foreign born vs. native born, and has a large group of elderly people). The Segundo Barrio study builds upon this research by exploring the selection criteria of social support/social capital among adult women across the lifespan.

In this study exploring the role of social capital in the academic achievement of Hispanic girls, it was noted that the impact on this group is significantly higher than others (Garcia-Reid, 2007). An ecological framework was used to explain the influence of environmental factors (i.e. neighborhood safety, resources) on Hispanic girls from a middle school in northern New Jersey. At this particular school, Hispanic students made up 78% of the student body. While 253 students participated in the survey, this study focused on the 133 that were Hispanic females. Approximately 40% were born in the United States. Nearly 70% came from two parent households and nearly all the students came from a household with at least one full-time working parent (Garcia-Reid, 2007).

Lifetime unemployment rates, earnings, and mental health conditions affect Hispanic girls (that drop out of school) more negatively than any other group. Hispanic girls have surpassed all other minority girls in number, yet they are the least likely to receive institutional support that is essential to their success in school. Conditions at home may also hamper their
ability to complete their education. For example, they may be responsible for their younger siblings. The desire to excel exists, as it has been documented that, no matter what the socioecomic status of U.S. Latinas, they expect to go on to college and pursue careers (Garcia-Reid, 2007).

In this study, the variables used to measure social capital were support from teachers, friends and parents (Garcia-Reid, 2007). Perceptions of neighborhood dangerousness and school engagement were also gauged. Neighborhood safety and positive social support from teachers, parents, and friends were found to be highly correlated with positive school participation (Garcia-Reid, 2007).

The gender ratio in Segundo Barrio is 45.7 percent male to 55.3 percent female, so the aforementioned study is relative to the ethnic and gender issues that Segundo Barrio faces (Community and Human Development, 2009). In the Granberry & Marcelli (2007) study conducted in Los Angeles, it was discovered that Mexican-American women had less access to social capital. A similar study, conducted in Australia with adult females, reinforces the notion that gender, socioeconomics, and strength of social support/networks influence social outcomes (Warr, 2006).

In the Australian state of Victoria, a longitudinal study looked at two groups of low-income adult women (ages 15 to 59) (Warr, 2006). Participants were recruited from neighborhood clusters that were identified by social service providers as having high concentrations of low-income, single mothers. The neighborhoods these women live in are very poor, primarily Anglo, single-parent households, and are located on the edge of the city. Many women lived in public housing. Ten women, of the 38, identified as Turkish or some other minority group. Marital status varied, as did being a parent or not (Warr, 2006).
Qualitative data was gathered through interviews and workshops. Participants were observed at community agencies, as well. Men were included in the study, but female participation was significantly higher. The data showed that low income women, in one neighborhood, relied heavily on informal support from friend and family networks for emotional support, child care, financial assistance, with a high degree of reciprocity. When family/friend networks were not present, women often relied on formal support such as public assistance programs (i.e. the welfare department) (Warr, 2006).

These social networks provided help that participants could not receive in any other way (Warr, 2006). Interestingly, these networks did not often extend outward to other communities. This lack of movement may have accounted for a lack of opportunities, as these women live in a relatively homogenous community. These networks were hinged on the ability of people to stay in contact. If a member of a network moved away or ceased contact, it may have had a significant impact and could have contributed to isolation. Becoming involved in community activities seems to allow women to bridge the gaps in their informal social networks (Warr, 2006).

Another longitudinal study looks at youth in low-income neighborhoods to determine if “constrained residential choices, social capital, and street context perspectives” described the risk of engaging in violence (DeCoster, Heimer, & Wittrock, 2006). Data for this study was taken from the National Longitudinal Study of Adolescent Health which was conducted on teens (from grades 7 to 12) from 1994 to 1996). Demographic information, data taken from the census tract level, and self-reported information were used to determine if ethnicity, socioeconomic status and head of household status correlated with youth violence (DeCoster, Heimer, & Wittrock, 2006).
The variables race/ethnicity, socioeconomic status, and female heads of household, measured in this study were found to have a restrictive effect on housing choices for many people. It was also determined that living in a disadvantaged community correlated with increased violent behavior because positive social capital (such as community safety) was not maintained. A community’s social capital was not correlated with “individual violence”, but family social capital (or lack of it) and street conditions were (DeCoster, Heimer, & Wittrock, 2006).

The crime rates for the Central Regional Command (the Police Station that serves the area that includes Segundo Barrio) have dropped by five percent overall, compared to the one percent for the whole city (City of El Paso, 2010). As mentioned in the introduction, the rate of female headed households in Segundo Barrio is very high and the choice of living arrangements is limited. Living conditions in the neighborhood are often substandard (Community and Human Development, 2009). The results of Warr’s study concerning socioeconomic, gender and race/ethnicity agree with characteristics of Segundo Barrio. Warr’s study points to strong social capital as a protective factor against violence, may also apply to the safety of Segundo Barrio.

As the social capital studies conducted with girls and women showed, perceptions of social capital, such as family support and neighborhood safety, were important determinants of positive type outcomes. Segundo Barrio has a very high concentration of minorities, female heads of household, and a lack of safe housing compared to Greater El Paso (Community and Human Development, 2009).

Ethnicity and Immigration Status

A cross-sectional survey of Mexican immigrants in Los Angeles, California, which measured determinants of social capital, found that factors, such as employment, home
ownership, and civic participation typically increased one’s social capital (Granberry & Marcelli, 2007). Immigrant women were likely to have less social capital than immigrant men because they were less likely to be employed or own homes (Granberry & Marcelli, 2007).

Length of time lived in a particular neighborhood and the social ties created are thought to have a positive effect on social capital gains (Granberry & Marcelli, 2007). Interestingly, survey data revealed that immigration status did not seem to affect accumulation of social capital (Granberry & Marcelli, 2007). Historically, Segundo Barrio has had a transient population, but has become less so over time (Romo, 2005). The employment rate in Segundo Barrio is 70.5 percent and the rate of home ownership is 13.3 percent which is consistent with neighborhood description in the study of Los Angeles Mexican immigrants (Community and Human Development, 2009).

Another cross-sectional survey aimed at two Mexican American communities used the social capital measures of “collective efficacy, neighborhood block conditions [and] community integration” to weigh against residents’ perceptions of violence (Kelly, Rasu, Lesser, Oscos-Sanchez, Mancha, & Orriega, 2010). These two particular communities had a higher percentage of female respondents (68%), with eighty-four percent reporting U.S. citizenship and seventy-two percent reporting home ownership (Kelly, Rasu, Lesser, Oscos-Sanchez, Mancha, & Orriega, 2010). “Collective efficacy” (community members’ ability to work together to improve the neighborhood) was shown to have a positive impact on the communities’ attitudes toward violence, meaning that residents were less likely to tolerate violence in their neighborhood (Kelly, Rasu, Lesser, Oscos-Sanchez, Mancha, & Orriega, 2010). Less tolerance for partner violence was correlated to better block conditions (neighborhood upkeep), but community integration (the merging of resources in the two surveyed communities) failed to show a
difference in the levels of tolerance of violence in the residents’ neighborhoods. The authors found that the most important components of improving these communities is to strengthen community ties (Kelly, Rasu, Lesser, Oscos-Sanchez, Mancha, & Orriega, 2010).

Collective efficacy is dependent on a neighborhood’s structure, political climate, economic status, and social/cultural characteristics (Sampson, Raudenbush, & Earls, 1997). The stability of the neighborhood’s population is also a key factor in fostering collective efficacy. It is very difficult to develop strong ties if there is a high rate of resident turnover. Residents’ investments (i.e. homeownership) in the overall health of the neighborhood are thought to have an impact on the strength and frequency of collective efforts (Sampson, Raudenbush, & Earls, 1997). Another aspect of this construct is that of individual efficacy, which is the belief in one’s ability to bring about change (Bandura, 2000). Without strong individual efficacy, there is little hope that a community will have strong collective efficacy. A strong sense of collective efficacy has been shown to directly affect peoples’ lives (positively or negatively depending on the degree of perceived efficacy). When a community has strong collective efficacy, there is more motivation to invest in the neighborhood’s wellbeing and overcome adversity (Bandura, 2000).

**The Flipside of Social Capital**

Portes (1999) acknowledges other theorists’ doubts that social capital is wholly positive. While networks may provide increased access to needed sources of support, it may also be restrictive on the individual level if one does not belong to the collective. In addition to Portes, other scholars agree that simply understanding and increasing social capital by “bonding, bridging, and linking” (which are terms used to describe the physical proximity of relationships: close relationships, distal relationships and relationships that are farthest removed) will help fortify economically disadvantaged neighborhoods (Brisson, Roll, & East, 2009). Emphasis is
placed on “informal bonding relationships” (Brisson, Roll, & East, 2009). Examples of this type of relationship are carpooling and sharing childcare responsibilities with neighbors, and other such “reciprocated exchanges” (Brisson, Roll, & East, 2009).

In the case of minority communities, overrepresented in low-income neighborhoods, there are several hypotheses (i.e. culture, racism, availability of affordable housing, etc.) for the prevalence of this phenomenon (Brisson, Roll, & East, 2009). Unemployment rates tend to be higher in low-income neighborhoods. One theory that has been presented is the lack of networking opportunities in such a context. Professional networking as a form of social capital is largely absent from low-income neighborhoods with high minority concentrations (Brisson, Roll, & East, 2009).

Other hypotheses for the root(s) of diminished social capital in disadvantaged neighborhoods are attributed to crime, which could diminish two common types of social capital—collective efficacy and reciprocated exchange (Browning, 2009). Browning observes that social networks will intertwine with those of offenders. This effect was measured by taking Census data and community survey data to measure how property crime and other social problems break down the strength of neighborhood social networks (Browning, 2009). Browning’s analysis found that social cohesion and interaction may actually increase an offender’s social capital, thereby making it easier for him/her to offend. This break down of networks may or may not exist in the context of Segundo Barrio.

II. Social Support as it Relates to the Proposed Study

The concept of social capital was constructed within the bounds of two particular fields of study: sociology and economics (Coleman, 1988). Coleman stated that both schools of thought failed to account for soft resources, such as those found within one’s environment and
social networks. In Coleman’s (1988) famous article, *Social Capital in the Creation of Human Capital*, this academic gray area was the spring board for studies in social support.

Sally Shumaker and Arlene Brownell (1984) attempted to provide a clearer definition of social support. They define social support as an, “exchange of resources between two individuals perceived by the provider to be intended to enhance the well-being of the recipient” (Shumaker & Brownell, 1984). This interpretation of the concept is much simpler than many others. As stated by Alloway and Bebbington (1987), it is difficult to apply the concept of social support to a study because the content areas are largely intangibles, thus, content measures are difficult to determine.

According to Lisa Berkman and Thomas Glass (2000), social support refers to the structure of support within networks. Social support is broken into categories: emotional, instrumental, appraisal and informational support. “Emotional support” is defined as the “love and caring…” that one receives from others. This can include people close to the individual, or sources outside of the immediate network. “Instrumental support” is tangible support, including such things as financial assistance and other related activities. “Appraisal support” is focused on assistance with decision-making. Finally, “informational support” refers to providing knowledge of available resources (Berkman & Glass, 2000).

<table>
<thead>
<tr>
<th>Table 2-2</th>
<th>Berkman and Glass’ Categories of Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional</strong></td>
<td>Love and caring from friends, relatives, intimate partners, mental health professionals, etc.</td>
</tr>
<tr>
<td><strong>Instrumental</strong></td>
<td>Tangible support, such as money, transportation, food, clothing, etc.</td>
</tr>
<tr>
<td><strong>Appraisal</strong></td>
<td>Decision-making assistance</td>
</tr>
<tr>
<td><strong>Informational</strong></td>
<td>Knowledge of available resources such as word of mouth, and agency referrals, etc.</td>
</tr>
</tbody>
</table>
In a study with 263 children grades 5 through 8, using the same four components of social support, the researchers found that girls reported more support from peers than boys (Malecki & Kilpatrick-Demaray, 2003). Parents were said to provide more informational and emotional support. Teachers received their highest reports for providing informational support. Emotional and instrumental (financial) support were credited most often to friends and classmates (Malecki & Kilpatrick-Demaray, 2003). Two studies examined the roles of instrumental and appraisal support (decision-making) to the elderly, by their families (Wallsten, Tweed, Blazer, & George, 1999); (Ikkink, Van Tilburg, & Knipscheer, 1999). In Wallsten et al.’s study (), interviews conducted with elderly participants showed a weak positive correlation between depression and instrumental support.

Conversely, the relationship between appraisal support and depression was negative. There was also a relationship between the severity of disability and levels of depression, where the more severe the disability was, the higher degree of depression a participant would report (Wallsten, Tweed, Blazer, & George, 1999). The Ikkink, et al. (1999) study focused on the degree of reciprocity between adult children and their elderly parents. Elderly parents received more instrumental (financial) support when their children had small families and felt more responsibility for their parents. The sense of responsibility depended on the strength of the parent-child relationship (Ikkink, Van Tilburg, & Knipscheer, 1999). For this study, these four categories will be used to stratify social service agencies in order to determine the type of support available in Segundo Barrio, Greater El Paso, and Ciudad Juarez.

III. Neighborhood Effects

In an extensive review of literature, Sampson, Morenoff, & Gannon-Rowley (2002), identify classic influencing factors, such as poverty, and discuss the more recent foci of
neighborhood effects research. The definition of neighborhood, as presented by the literature, is a “collection of both people and institutions occupying a spatially defined area influenced by ecological, cultural, and sometimes political forces (Park, 1916, as cited in Sampson, Morenoff, & Gannon-Rowley, 2002). Further, communities form their identities in several ways. Neighborhoods are often defined by the boundaries created by the Census Bureau (Sampson, Morenoff, & Gannon-Rowley, 2002).

According to Sampson, et al, (2002), only in the past few decades have social scientists begun taking note of influential mechanisms and measuring them empirically. The authors go on to say that institutions have an effect on neighborhood dynamics, which had not been studied. Risk factors at the neighborhood level, such as violence, are coming to prominence in the literature. Influences that have positive impacts on community members discussed in this article include ties, social control, and mutual trust (Sampson, Morenoff, & Gannon-Rowley, 2002).

In another review of literature, the role of networks and neighborhood effects on job acquisition is presented (Ioannides & Datcher Loury, 2004). The researchers reported that people were most likely to use their friends and relatives to help with job searches. This discovery, however, comes with a caveat. The use of these networks depends, in large part, on place and other characteristics. People with more education tended to use familial networks less. It was also found that those who used their friends and relatives for job searches find employment more often than those who do not. Factors such as age, gender and race/ethnicity may affect one’s ability to obtain employment, depending again on location (Ioannides & Datcher Loury, 2004). A particular neighborhood effect that pertains directly to this research study is the barrio effect. This effect is also called an “ethnic enclave” effect (Aneshensel, Ko, Chodosh, & Wight, 2009). This phenomenon refers to the positive health outcomes in Hispanics
related to living in an area where the population is of a similar background. It is believed that these ethnic enclaves have a protective effect on residents, regardless of socioeconomic status, and this effect tends to be viewed in poorer neighborhoods (Aneshensel, Ko, Chodosh, & Wight, 2009). Residents of Segundo Barrio may be experiencing this effect due to the composition of the neighborhood. Social networks are strong and many community agencies exist in the area that are run by community members.

**Study Purpose:**

The purpose of this study is to identify formal and informal sources of social support in the context of Segundo Barrio through the perceptions of female residents in different stages of life and to see how the neighborhood environment affects their access to social support. This community, while economically disadvantaged, has unique characteristics and resources and the researcher is interested in seeing how different age groups perceive them.

**Guiding Research Questions:**

A. What sources of social support do residents of Segundo Barrio identify as key sources of support within their neighborhood, Greater El Paso, and Ciudad Juarez, Chihuahua?

* Social support was defined using Berkman and Glass’ four categories: instrumental, informational, appraisal and emotional.

B. What were the criteria of selection for participants’ sources of social support?
CHAPTER 3: METHODOLOGY

INTRODUCTION TO METHODS

In order to fulfill the purpose of the study, participants were asked to identify their sources of social support within Berkman and Glass’ categories of social support (emotional, instrumental, decisional, information) within Segundo Barrio utilizing two complementary methods and to identify assets using geographic information systems (GIS) mapping tools. Participants were adult, Hispanic, women, ages 18 and up, that reside in Segundo Barrio, located in El Paso, Texas. Three groups were formed by age group- younger (18-25), midlife (26-44) and older (45-70+)- to track similarities and differences in perspective across the lifespan. The age shift was defined based on health literature. Formal sources of social capital/support within the Segundo Barrio were identified and mapped using popular GIS software, known as Google Earth. This included formal sources of support, such as community agencies and churches, along with those less formal sources that were perceived by residents within Segundo Barrio across age groups.

Literature concerning the application of community mapping was consulted in order to develop the methods used for this study. While community mapping studies often use geographic information systems (GIS) technology, it is not always standard practice, so literature pertaining to GIS methods was taken separately. This chapter includes the review of both community mapping and GIS to guide the methodology.

To refine methods for the study, literature on various methodologies was reviewed. Two separate searches were conducted. For the first, EBSCO Medline was searched using the keywords “community mapping” and “Geographic Information Systems”. The years of concern were 1990 to 2010. Ten articles were retrieved and 5 were reviewed based on the methodologies
used to illustrate and describe neighborhood characteristics. An additional search of ISI Web of Knowledge yielded 220 results using “GIS” as a keyword. When the keywords, “community mapping,” were included in the search, 22 articles resulted, and 9 were found to be appropriate for this review because the studies included better descriptions of the use of “GIS” in community mapping trials.

For both searches, articles that tracked information such as rare diseases and vector borne illnesses, as well as resource management (i.e. forestry) were excluded because they did not share the methodological characteristics that this study would employ.

**Community/Neighborhood Mapping**

Based on the review, community mapping methods were developed. Community mapping is a process that utilizes resident input to identify neighborhood features and then uses that data to examine the area’s ecological makeup (such as socioeconomic status, living conditions, etc.) (Aronson, Wallis, O'Campo, & Schafer, 2007; Beyer, Comstock, & Seagren, 2010; Eisen & Eisen, 2007; Dongus, Nyika, Kannady, & al., 2007). The information taken from these exercises are often used in planning and development activities such as, mapping land use to determine where a school would be best suited (Mascarenhas & Kumar, 1991; Aronson, Wallis, O'Campo, & Schafer, 2007; Craig & Elwood, 1998). Mapping may be done with drawings of the area of interest made by hand or by using technologically advanced methods. For instance, community members may be asked to draw their own representations of their neighborhoods to illustrate the importance of identified areas (Mascarenhas & Kumar, 1991; Sugimoto, Labrique, Ahmad, & al., 2007; Parker, 2006; Gwede, et al., 2010; Dongus, Nyika, Kannady, & al., 2007).
In order for a mapping activity to be successful, the map-maker must assess the area being surveyed to include its basic characteristics (such as population, disease distribution, socioeconomic status, etc.), and important physical features (Ansumana, Malanoski, Bockarie, & al., 2010; Driedger, Kothari, Graham, & al., 2010). Once a base map is prepared, community members are asked to map the area’s physical features and describe their uses (Mascarenhas & Kumar, 1991; Aronson, Wallis, O'Campo, & Schafer, 2007).

Community mapping may also involve geographic information systems (GIS) to create spatial representations of geographical features (Vajjhala, 2005) (Gwede, et al., 2010; Aldrich & Benson, 2008). Information is gathered from community members by asking them to identify physical places of import, as they are asked to do in community mapping exercises, but the data are entered into a GIS program so that distances and other descriptive statistical measures can be calculated. This technology allows the user to create detailed maps of an area, however; it can be largely inaccessible to community members because GIS programs are complicated to procure and use (Vajjhala, 2005; Gwede, et al., 2010; Aldrich & Benson, 2008).

Along with the collection of point data, participants in community mapping exercises are often asked for qualitative data, typically in the form of focus groups and interviews (Aldrich & Benson, 2008), to provide additional input concerning problems and/or issues that cannot be readily represented by the maps alone (Fletcher, et al., 1999). The information gathered from these methods allows for deeper understanding of ecological factors that influence the behaviors of community members, as well as issues of access/barriers to resources (McLeroy, Bibeau, Steckler, & Glanz, 1988; Kennedy, Kawachi, Glass, & Prothrow-Stith, 1998; Boyington, Schoster, Remmes, Shreffler, & Callahan, 2009). Further, qualitative data taken from interviews

25
and focus groups may fuel additional research as well as guide interventions (Johnston, R, Lyall, & al., 2003; Devine, Nelson, Chin, Dozier, & Fernandez, 2007; Hassan, 2005).

Community mapping techniques are often used in formative research (Boyington, Schoster, Remmes, Shreffler, & Callahan, 2009; Devine, Nelson, Chin, Dozier, & Fernandez, 2007; Leshabari, Koniz-Booher, & Astrom, 2006; Morrison, Osrin, Shrestha, Tumbahangpae, & al., 2008). Usually, context must be set before an intervention, education or similar program may be implemented. Community mapping is used to assess community needs and resources for this purpose. Creating a community profile with community mapping techniques gives a potential intervention program (for example) a basis for planning that allows the program to make the best use of existing resources and gives a view of the needs that remain to be met (Boyington, Schoster, Remmes, Shreffler, & Callahan, 2009; Devine, Nelson, Chin, Dozier, & Fernandez, 2007; Leshabari, Koniz-Booher, & Astrom, 2006; Morrison, Osrin, Shrestha, Tumbahangpae, & al., 2008). Translating mapping data is not without its pitfalls. Even when technical errors are accounted for and community members give extensive feedback, individual barriers and systemic structures may impede the objectives of an intervention (Driedger, Kothari, Graham, & al., 2010).

Geographic Information Systems (GIS)

Geographic Information System (GIS) technology is a tool used to spatially represent data associated with place (i.e. structures in the built environment, income levels, etc.), and that data can inform viewers of access to places, or lack thereof, in an immediate way (Bernhardsen, 2001; Choi, Afzal, & Sattler, 2006; Elwood & Leitner, 1998; Harris, 2006). Maps produced using this technology may show spatial patterns or trends that are not readily apparent in other forms of data (Bernhardsen, 2001) (Harris, 2006).
Data may be displayed in one of two forms: Raster or vector maps (Bernhardsen, 2001; Choi, Afzal, & Sattler, 2006; Cromley & McLafferty, 2002). Raster maps are commonly presented using aerial or satellite photography (superimposed on a grid system) with data points added in data layers. Vector maps present data by separating regions with geometric shapes (states, and/or counties for example). The data categories for the objects being mapped are points, lines and polygons. For this research study, point data related to physical, social support structures (i.e. the Human Resources Department, a Community Center, etc.), will be geocoded into a vector map of Segundo Barrio.

**INSTITUTE OF CULTURAL AFFAIRS (ICA)**

The consensus workshop method (also referred to as the ICA method) used in this study was developed by the Institute of Cultural Affairs to guide a discussion centered on one question (Institute of Cultural Affairs, 2000). This method allows the participants to brainstorm ideas both individually and in a group, and then group their ideas into thematic categories. Through this process, participants are able to talk about the rationale of their ideas and agree upon them. The workshop should conclude with a discussion of solutions, implications or a related summative step (ICA, 2000).

In this study, the ICA method was used to extract qualitative data from the community mapping exercise because the point data alone was not sufficient to draw conclusions about participants’ selection of social support sources. Participants were asked to provide their selection criteria for support sources they utilize. In this study, asking only one question allowed the researcher to pursue the answer with greater depth than a traditional focus group session.
Sources of Error

While GIS technology is useful, there are sources of error that must be taken into consideration when analyzing GIS data (Cromley & McLafferty, 2002). The quality of the data depends on the participants’ ability to map their sources of support. In order to ensure that the points to be mapped are accurate, the researcher will use a directory to verify addresses. Participants’ perceptions of the resources within their community and the surrounding are very important. Because such perceptions only reflect their knowledge, the point data collected may not be used to indicate that resources are scarce (Pickles, 1995). Further, while the study area is relatively large, it is possible that participants seek support from people and/or agencies outside of it.

An additional source of error is the ecological fallacy (Morgenstern, 1982). The ecological fallacy refers to the incorrect attribution of a characteristic of a group to an individual. In the case of this research study in Segundo Barrio, it cannot be assumed that the perceptions of the women that participated in this study represent those of an individual female of Segundo Barrio. This error will be minimized, though not eliminated, by maintaining a relatively homogenous population (Morgenstern, 1982).

External validity, which refers to the generalizability of inferences made from analyzed data “across measures, persons, settings, and times (Calder, Phillips & Tybout, 1982), allows for the possibility of error if proper steps are not taken. In this study, randomization is not possible and the sample size is quite small, so generalizability does not apply. Any data gathered from this exploratory research study may not be generalized to any individual or group due to those reasons. Finally, misclassification bias, or the incorrect assignation to an exposure due to erroneous measurement, is a concern in this study, as the sources of formal and informal support
may be incorrectly identified by the researcher (Flegal, Keyl, & Nieto, 1991). The focus workshop method inherently buffers this type of error because the participants are responsible for identifying and interpreting the data.

**Study Methods and Designs**

**Design**

This exploratory study is based on a qualitative analysis of the perceptions of adult female residents living in the Segundo Barrio. It consists of community mapping exercises and a Focus Workshop facilitated discussion in lieu of a traditional focus group (Institute of Cultural Affairs [ICA], 2001). The principle data collection methods, for the overall study, are community/neighborhood mapping and the focus workshops (The Institute of Cultural Affairs, 2001). The community mapping technique is used to locate community assets as determined by the residents of that community (Aronson, Wallis, O'Campo, & Schafer, 2007). Involving community members in the mapping process is vital because they are the most familiar with the area’s layout, resources, and needs (Craig & Elwood, 1998).

Using GIS and community mapping methods, the researcher compared and contrasted the types of social capital/social support according to the perceptions of participants, as revealed in the community mapping exercises versus the formal assets (particularly mainstream assistance, such as the Human Resource Department, WIC, etc.) as identified by the GIS system mapping.

The ICA method was used to engage participants in a discussion that gave insight into their view of the elements of social support sources within their community (ICA-USA, 2010). This method also allowed participants to specifically identify common themes that affect their access to support. This tool is especially helpful to fully explore a particular topic. The ICA method allows participants to generate ideas and solutions by focusing on one question in depth
and fostering consensus. One strength of this method is that it gives each participant the opportunity to participate (ICA-USA, 2010). For this study, there was one ICA session with each age group to compare and contrast the use of social support resources across the lifespan. The question of interest was “what are the key factors that influence your choices of social support sources?” The study procedure, recruitment, consent, confidentiality, and criteria are described at length in Appendix A.

Data Analysis

Maps

The maps that were used are street level maps that have been created in ArcGIS and enlarged to wall size. There are a total of four maps which include: one map of the City of El Paso, one map of Ciudad Juarez, one Map of Segundo Barrio, and one map of all three areas (El Paso, Ciudad Juarez and Segundo Barrio).

The point data collected from the maps was entered into Google Earth, geographic information system(s) software, which produced a point map of the locations the participants identified as sources of social support. The GIS maps produced are meant to illustrate the distances that participants must travel in order to receive support. Due to the nature of this study, the GIS component was limited to a visual analysis. While a distance analysis was possible in using ArcGIS, the data points were entered into Google Earth and only analyzed visually because the mapping was simply used as an illustrative tool.

Institute of Cultural Affairs (ICA) Discussion

Preceding the ICA discussion, the Brain Storm worksheet was administered in order to assist the participants with the subsequent discussion of the places they identified on the worksheet. The question presented was, “what are the key factors that influence your choices of
social support sources?” During the discussion, participants were asked to classify their chosen sources of support based on Berkman and Glass’ categories of social support in Segundo Barrio, Juarez and Greater El Paso. Once the participants completed their answers, they were asked to group their responses into common themes.

**Method Evaluation**

To gauge the participants’ perceptions of the usefulness of the community mapping and Focus Mapping Workshop, they were asked to take a ten minute survey at the end of the session. Likert-type questions, as well as open ended questions were presented. The surveys were provided on paper and were read aloud by the researcher.

**Conclusion**

Spatially mapping community resources and engaging community members in the mapping process will contribute to the findings of other studies which have defined the most likely sources of social capital/social support, within the context of economically disadvantaged neighborhoods. The results of these studies are mixed, as to the correlations between neighborhood ecology and social capital (Sampson et al, 2002; Bernhardsen, 2001; Elwood & Leitner, 1998), suggesting that economic differences do not always mean that a particular neighborhood is disadvantaged in other ways.
CHAPTER 4: RESULTS

This chapter includes the results of the analyses of the mapping exercises, as well as the types of social support (formal or informal) and selection criteria of social support utilized by three groups of women in Segundo Barrio collected from the Brainstorm activity and Institute of Cultural Affairs Focus Workshop. It is important to note that the ICA sessions were held in Spanish, but the themes will be referred to in English in this analysis. The survey findings regarding participants’ perceptions of the usefulness of the methods will also be discussed.

The results of this study will be presented by age group, rather than categorizing the data by method. First, the youngest group will be described with the brainstorm activity leading the section, followed by the mapping analysis, focus workshop discussion, and evaluation results. The same format will be repeated for each group. Finally, the chapter will close with an analysis of the cross cutting themes of the focus workshop discussion and evaluation.

Brainstorm, Map, and Evaluation Analyses

Before initiating the mapping and focus workshop, a brainstorm worksheet was distributed in order to help the participants identify their sources of social support. The identified sources of support were then mapped. During the mapping exercise, participants were asked to locate their sources of support within the neighborhood range. Due to the fact that many of the support sources are residential addresses of friends and relatives, participants were not asked to give exact locations. Participants were informed that they were not required to indicate support points if they were not comfortable sharing that information. It is also important to note that support sources repeated in the categories of social support (emotional, instrumental, decisional, and informational) so, there are fewer data points on the maps than there are in the totals of the support categories reported in the section discussing formal and informal support.
For the Brainstorm activity and focus workshop discussions, tables with the reported sources of support, and selection criteria, will be presented and discussed. The analysis of the mapping data will follow and photos of the maps can be found in the Appendix E. The method evaluation was administered at the end of each session to each participant, and the results of the evaluations will be presented at the end of each age group’s section. Finally, the cross-cutting themes of each tool will be described.

**Results by group:**

**Group 1- Younger (18-25)**

<table>
<thead>
<tr>
<th></th>
<th>Emotional</th>
<th>Instrumental</th>
<th>Decisional</th>
<th>Informational</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>4</td>
<td>2</td>
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<tr>
<td>Father</td>
<td>1</td>
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<td>2</td>
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<td>Sibling</td>
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<td>3</td>
<td>4</td>
<td>3</td>
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<td>Partner/Spouse</td>
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<td>0</td>
<td>3</td>
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<tr>
<td>Other relative</td>
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<td>5</td>
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<td>Neighbor</td>
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<td>Friend</td>
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<td>2</td>
<td>2</td>
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<tr>
<td><strong>TOTAL- Informal</strong></td>
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<td>22</td>
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<td><strong>Formal</strong></td>
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<td>Mental Health Professional</td>
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<td>8</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Hospital/Clinic/Staff</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Financial Institution (i.e. Banks)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Food Bank</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Public Transportation</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community Centers (i.e. La Fe CTC, Armijos)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Library</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL- Formal</strong></td>
<td>0</td>
<td>14</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td><strong>COMBINED TOTAL</strong></td>
<td>37</td>
<td>28</td>
<td>26</td>
<td>23</td>
</tr>
</tbody>
</table>

In the brainstorm activity, no one reported formal sources of social support in the emotional category; however, 37 sources of informal social support were identified. In the
instrumental category, there were 14 formal sources of support and 14 informal sources of support. Only 4 sources of formal support were identified in the decisional category, with 22 sources of informal support. Nine sources of formal support were cited in the informational category, with an additional 14 sources of informal support.

In this age group, informal sources of support, particularly from friends and relatives, are the most utilized resources, across the four categories, by a wide margin; more so than the other groups. This is not meant to imply that these participants do not have resources. Support from Human Service agencies and clinics were accessed the most in the formal category.

This group sought the second lowest amount of mental health services. Support from religious agencies was hardly used, as were educational support (school/staff), public transportation, and community centers. Food banks, financial institutions, and libraries were not used at all. These categories of social support were discussed in the other age groups at varying frequencies.

The specific selection criteria the participants identified will be discussed in the Institute of Cultural Affairs Discussion (ICA) section. The brainstorm instrument simply required that the participants list their sources of support. Overall, this group accessed more help in Segundo Barrio, than Greater El Paso, or Juarez.

Maps

It is important to note that support sources repeated across categories (for example, participants’ mothers were identified in each category of social support), so points on the map were not as numerous and the sources listed on the brainstorm activity. Much of the resources indicated in Segundo Barrio were centered around La Fe’s organization, including the Culture and Technology Center, the clinic, and the school. Many participants also mapped locations near
La Fe, including the community centers in the area, as well as residences that are close by. The other grouping of points has the WIC (Women, Infants, and Children Program) offices and other Human Service offices, as well as a church, and housing projects. Many of the support sources that the younger group sought in Greater El Paso were those located at residential addresses. A few agencies, including Human Services and the YWCA, as well as churches were indicated on the map. The younger group also accessed several support sources in Ciudad Juarez, Chihuahua. The majority were residential addresses, but a few of the points are the locations of physicians.

ICA Discussion

The first group identified 6 different themes. They were:

*Superación* (Self-improvement)
*Acceso* (Access)
*Por Sugerencia* (By suggestion)
*Por necesidad* (Necessity)
*Calidad de Atención* (Quality of Attention)
*Servicios a sus Hijos* (Children’s Services)

On being recommended to a service by a friend or relative:

“...*porque ellos llegan platicando a la casa que se sintieron muy bien en la atención de la clínica, de los doctores...*”

“...because they get home talking about how they felt really good with the attention from the clinic, from the doctors...”

**SELF-IMPROVEMENT**

<table>
<thead>
<tr>
<th><strong>Table 4-2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Superación</strong> (Self-Improvement)</td>
</tr>
<tr>
<td>Quiero mejorarme (I want to better myself)</td>
</tr>
<tr>
<td>Seguir aprendiendo (Continue Learning)</td>
</tr>
<tr>
<td>Es importante (It’s important)</td>
</tr>
</tbody>
</table>

For the “self-improvement theme,” the 18-24 age group spoke about utilizing educational services (English lessons, GED preparation) provided by the surrounding community agencies in order to better themselves and have more employment opportunities. They discussed the
importance of education as the primary means of getting better paying jobs to help support their families. This discussion point contrasts with the amount of social support identified in the brainstorm activity, as only two sources of support were indicated across the four categories of social support. This may be due to a lack of reliable child care, transportation, and affordability of school supplies.

ACCESS

<table>
<thead>
<tr>
<th>Acceso (Access)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Esta cerca de la escuela de mis hijos (It’s closet to my childrens’ schools)</td>
<td>Tienen precios accesibles para la comunidad (They have accesible prices for the community)</td>
</tr>
<tr>
<td>They help when we need it</td>
<td>Me queda cerca (It’s close by)</td>
</tr>
<tr>
<td>Son latinos como yo (They are Latino like me)</td>
<td>Esta cerca (It’s close)</td>
</tr>
<tr>
<td>Hablan en español (They speak Spanish)</td>
<td>Porque me queda cerca (Because it’s close)</td>
</tr>
<tr>
<td>Me gusta (I like it)</td>
<td>Muy cerca (Very close)</td>
</tr>
<tr>
<td>Estado financiero (Financial status)</td>
<td>Muy económico (Very affordable)</td>
</tr>
<tr>
<td>Es muy cerca para mí (It is very close for me)</td>
<td></td>
</tr>
</tbody>
</table>

Under the theme of “access”, the women stated that proximity to their homes and children’s schools was an important factor when considering which sources of support suited them best. In the discussion, participants agreed that public transportation was not always an easy option, as they do not always arrive to their destinations on time and they must still walk, and they have small children that are not easy to take along with them.

Some participants stated that Hispanic ethnicity and a support provider’s understanding of their culture were important factors for them. Spanish-speaking staff was a marked factor for many participants as they do not have English proficiency. While many services are offered in bilingual settings, health services in particular were difficult to access as many doctors do not speak Spanish and staff is not always available to translate. Participants said that they chose
services based on affordability as well. The status of the participants’ finances were said to influence their decisions and if there was no money to pay for services, they went without them.

**BY SUGGESTION** (Referral)

<table>
<thead>
<tr>
<th><strong>Por Sugerencia</strong> (By Suggestion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Me gusta (I like it)</td>
</tr>
<tr>
<td>Go with my friend because they help me talk to my kids</td>
</tr>
<tr>
<td>Mis padres salen contentos (My parents leave happy)</td>
</tr>
<tr>
<td>I like to help my friends</td>
</tr>
<tr>
<td>Me lo recomendó mi amiga (My friend recommended it to me)</td>
</tr>
<tr>
<td>Me lo recomendaron- que era buen trato (They recommended it-it was good treatment)</td>
</tr>
</tbody>
</table>

The “by suggestion” theme centered on referrals they were given from people that were satisfied with services. For example, one person stated that they went to a particular clinic because her parents were happy with the services they received. They indicated that recommendations from friends were particularly well taken.

**NECESSITY**

<table>
<thead>
<tr>
<th><strong>Por Necesidad</strong> (Necessity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Me gusta (I like it)</td>
</tr>
<tr>
<td>Porque si me escuchan mi problema (Because they listen to my problem)</td>
</tr>
<tr>
<td>Me ayudan mucho (They help me very much)</td>
</tr>
<tr>
<td>Los préstamos de financieras porque prestan dinero y te aconsejan como pagar cada mes (Loans from finance agencies because they lend you money and they advise you on how to pay every month)</td>
</tr>
<tr>
<td>Si me han ayudado mucho (They have helped me very much)</td>
</tr>
<tr>
<td>Hablan en español (They speak Spanish)</td>
</tr>
<tr>
<td>Nos ayudan mucho (They help us a lot)</td>
</tr>
<tr>
<td>Me ayudan (They help me)</td>
</tr>
<tr>
<td>They help me and my family</td>
</tr>
<tr>
<td>Comprenden mis necesidades (They understand my needs)</td>
</tr>
<tr>
<td>Porque te ayudan a conseguir trabajos (Because they help you find jobs)</td>
</tr>
<tr>
<td>Pido ayuda de child support porque mis hijos tienen derecho de recibir dinero de su papa (I ask for help with child support because my children deserve to receive money from their father)</td>
</tr>
<tr>
<td>Necesito ayuda (I need help)</td>
</tr>
<tr>
<td>Ayudan y aconsejan (They help and they give advice)</td>
</tr>
</tbody>
</table>
“Necessity” was a strong theme. While affordability was discussed often in this group, the participants felt they were limited to using certain services because of language barriers. They also stated that there were few agencies willing to help them with certain needs, so they were limited by that as well. Another concern the participants had was having to rely on quick loan agencies for money when they were unable to borrow from friends or relatives.

The sub-themes that influence selection were referrals from friends and family that were satisfied with the services they received. The positive experiences of others made them feel that they would not lose time or money, or have to sacrifice being treated well by the provider. This theme is not limited to formal services as illustrated by the fact that participants chose support from people who had a positive influence on their children and were able to help them talk them, and encourage them (to do better in school, for instance).

**QUALITY OF ATTENTION**

<table>
<thead>
<tr>
<th><strong>Table 4-6</strong> (Quality of Attention)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calidad de Atención</strong></td>
</tr>
<tr>
<td>Me atienden rápido (They attend me quickly)</td>
</tr>
<tr>
<td>Buenos doctores (Good doctors)</td>
</tr>
<tr>
<td>Buenos doctores que ayudan (Good doctors that help)</td>
</tr>
<tr>
<td>Me escuchan mi problema (They listen to my problem)</td>
</tr>
<tr>
<td>Son buenas personas (They are good people)</td>
</tr>
<tr>
<td>Son Latinos como yo (They are Latinos like me)</td>
</tr>
<tr>
<td>Hablan español (They speak Spanish)</td>
</tr>
<tr>
<td>Dan consejos (They give advice)</td>
</tr>
<tr>
<td>Me gusta ir por su ambiente (I like to go because of the atmosphere)</td>
</tr>
<tr>
<td>Me atienden muy bien (They attend me very well)</td>
</tr>
<tr>
<td>Me llaman y recuerdan mi cita (They call me and remind me about my appointment)</td>
</tr>
<tr>
<td>Nos tratan muy bien (They treat us very well)</td>
</tr>
<tr>
<td>Es buena persona (Good person)</td>
</tr>
<tr>
<td>Me tratan bien (They treat me well)</td>
</tr>
</tbody>
</table>
The theme that drew the most discussion was that of the “quality of attention” received from support providers. In this category, participants felt that the quality of attention depended on several factors. In health centers, they said that having good doctors and attentive staff was an important factor in selecting a particular service. The appearance and cleanliness of the facility, as well as the friendliness and competence of the service providers, in health and other sectors, were cited as very important factors for choosing services.

Cultural and linguistic accommodations were also noted. All participants in this group (and the study as a whole) were Spanish-speaking and the majority of them stated that being able to communicate with a support provider was critical. Chosen sources of support had Spanish-speaking, Latino staff members, and participants felt that this contributed to being listened to and given the correct treatment/medication/service they needed. This was cited in both instances of professionals and friends/relatives. Other desired support services were being given good advice and having a pleasant atmosphere.

Speed of service and confidentiality were discussed. These subthemes applied to both formal and informal sources of support. Participants stated that work and school obligations, along with having children, did not allow for much free time, so quick service was appreciated. Participants felt most comfortable with people and service providers who were able to keep their information to themselves and provided treatment with respect to their dignity. Patient confidentiality was cited as a favorable quality, particularly in the case of clinical and counseling staff.

CHILDREN’S SERVICES

<table>
<thead>
<tr>
<th>Table 4-7</th>
<th>Servicios a sus Hijos (Children’s Services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Me gusta (I like it)</td>
<td></td>
</tr>
<tr>
<td>En la escuela ayudan a mis hijos y dan consejos para salir adelante (At the school, they help my children and they give advice about getting ahead)</td>
<td></td>
</tr>
<tr>
<td>Mis hijos salen contentos (My children leave happy)</td>
<td></td>
</tr>
<tr>
<td>Muy buena escuela (Very good school)</td>
<td></td>
</tr>
</tbody>
</table>
Finally, participants preferred services that offered comprehensive services and offered their children care, as well. For instance, many women said that they liked to go to clinics where both they and their children could be seen. They also liked schools that help their children and offered after school activities.

**Evaluation**

The responses the younger group gave were very positive. Participants stated that they found both the community mapping and focus discussion useful. Many participants stated that they learned about new sources of support during the discussion. Another theme was that participants enjoyed working as a group.

The survey was made up of traditional Likert score questions. The Likert score for their perception of the usefulness of the activities as a whole was 9.875. The average score for their perception of the usefulness of the community mapping exercise was also 9.875. Their perception of the usefulness of the focus workshop was rated at an average of 9.875.

**Group 2- Midlife (26-44)**

<table>
<thead>
<tr>
<th>Table 4-8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Midlife (26-44)</strong></td>
</tr>
<tr>
<td><strong>Informal</strong></td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Sibling</td>
</tr>
<tr>
<td>Partner/Spouse</td>
</tr>
<tr>
<td>Other relative</td>
</tr>
<tr>
<td>Neighbor</td>
</tr>
<tr>
<td>Friend</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td><strong>Formal</strong></td>
</tr>
<tr>
<td>Mental Health Professional</td>
</tr>
<tr>
<td>School/Staff</td>
</tr>
<tr>
<td>Church</td>
</tr>
<tr>
<td>Human Services</td>
</tr>
<tr>
<td>Hospital/Clinic/Staff</td>
</tr>
<tr>
<td>Financial Institution (i.e. Banks)</td>
</tr>
<tr>
<td>Food Bank</td>
</tr>
<tr>
<td>Public Transportation</td>
</tr>
<tr>
<td>Community Centers (i.e. La Fe CTC, Armijos)</td>
</tr>
<tr>
<td>Library</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td><strong>COMBINED TOTAL</strong></td>
</tr>
</tbody>
</table>
Brainstorm Worksheet and Map Analysis

In the brainstorm activity, only 3 sources of formal emotional support were reported. There were 44 sources of informal emotional support. Formal sources of instrumental support totaled to 10, and there were 25 sources of informal support in this category. Decisional support came to 9 formal and 29 informal sources of support. In the informational category, there were 31 formal and 10 informal sources of social support.

This group also reported more sources of informal support in proportion to formal support overall. This group drew the most informal support in the emotional and decisional categories. In terms of formal support, this group utilized more agency based support (i.e. human services, clinics, etc.) than the younger group.

Parental support was used slightly more in this group than in the younger group. This group also relied on more support from their spouses than the other two groups. Other relatives were the largest single group to be indicated, just like in the younger group. Friend networks were also relatively strong. Support from neighbors was much lower in this group (only one source was cited) than the other two groups.

In the formal categories of support, this group indicated a strong reliance on Human Services. They also reported the highest amount of support from schools and clinics compared to all the other sources. No resources were cited for financial institutions, food banks, or public transportation. Only two sources of support were cited in the mental health category. This was the only group that indicated the library as an important source of support, as they had access to the internet. This group utilized more sources of religious support than the younger group. Community centers were also reported at a low number.
Maps

The midlife group indicated many resources throughout the three areas, much like the younger group. Many resources were accessed in Segundo Barrio and El Paso, with many, but relatively fewer resources accessed in the Greater El Paso area.

The midlife group indicated several resources in Segundo Barrio. Many were centered around La Fe’s various organizations (the school, clinic and culture and technology center). The data points for in this group were more dispersed than in the others. Many of the points are residential addresses. A few were churches, and human service offices.

The data points in the midlife’s map of Greater El Paso were more dispersed throughout the city than other groups. A few participants indicated the Human Services offices just outside of Segundo Barrio. The YWCA and clinics along Alameda were indicated as well. The remaining points are residential addresses. Like the younger group, the midlife participants sought support from friends and relatives in Ciudad Juarez. Some of the points are private physicians that participants reported seeing.

ICA Discussion

The eight themes discussed in the second group were:

- Profesionalismo (Professionalism)
- Medios de Comunicación (Means of Communication)
- Información (Information)
- Bienestar Familiar (Familial Well-being)
- Mejor Servicio (Best Service)
- Apoyo (Support)
- Necesidad (Necessity)
- Seguridad (Security)

On the security of knowing that they could receive assistance:

“No importa que no tengas papeles...”
“It doesn’t matter if you don’t have papers...”
The first, and most discussed theme of this particular session, was “professionalism”. Both trustworthiness of the provider and their experience were valued by the participants. Just as in the first group, confidentiality was deemed an important attribute for their chosen sources of formal and informal support. Excellence in their field was also noted, referring to what they perceived to be the level of knowledge their provider had. This attribute was said to be linked with confidentiality and trustworthiness because they felt these are characteristics of well-rounded people. The manner of treatment was cited as very important.

**MEANS OF COMMUNICATION**

For “means of communication”, the ability of a service provider to effectively communicate what services they offered was a strong deciding factor for this group. Things such as phone calls, in person meetings and pamphlets were very helpful to participants. Aside from
referrals received from friends and family, the participants stated that they were made aware of many services through commercials (radio and television), and newspaper/magazine ads. Whatever their preferred form of media, participants said that good advertisement was a positive indicator of good service.

**INFORMATION**

<table>
<thead>
<tr>
<th>Table 4-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Información</strong> (Information)</td>
</tr>
<tr>
<td>Por decisión propia (By my own decision)</td>
</tr>
<tr>
<td>Por recomendación de mi vecina (Referral from my neighbor)</td>
</tr>
<tr>
<td>Recomendados (Recommended)</td>
</tr>
<tr>
<td>Recomendación (Recommendation)</td>
</tr>
<tr>
<td>Por recomendación (By recommendation)</td>
</tr>
<tr>
<td>Por medio de una amiga (By way of a friend)</td>
</tr>
<tr>
<td>Me recomendó una trabajadora social (A social worker referred me)</td>
</tr>
<tr>
<td>Por recomendación de un doctor (By referral from a doctor)</td>
</tr>
</tbody>
</table>

The third theme, “information”, is related to means of communication. Here, the participants spoke about personal referrals from friends, relatives and neighbors, but other service providers, such as social workers and doctors. Much like the younger group, participants felt that the opinions and experiences of people they knew had used those services were very valuable. To that point, participants said they were more likely to receive services from a recommended place, rather than trying a service blindly.

**FAMILIAR WELL-BEING**

<table>
<thead>
<tr>
<th>Table 4-12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bienestar Familiar</strong> (Familial Well-Being)</td>
</tr>
<tr>
<td>Bienestar (Well-Being)</td>
</tr>
<tr>
<td>Por amor (Love)</td>
</tr>
<tr>
<td>Salud (Health)</td>
</tr>
</tbody>
</table>

The theme of “familial well-being” is characterized by a service provider’s ability to promote well-being through their services; this included emotional well-being as well as
physical, such as schools and community centers. Participants preferred services that served their whole family. Loving environments with friendly staff were also favored.

**BEST SERVICE**

<table>
<thead>
<tr>
<th>Mejor Servicio (Best Service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Por rapidez (Quick)</td>
</tr>
<tr>
<td>Atención (Attention)</td>
</tr>
<tr>
<td>Es muy completo (It is very complete)</td>
</tr>
<tr>
<td>Amabilidad (Amiability)</td>
</tr>
<tr>
<td>Por disponibilidad (For availability)</td>
</tr>
<tr>
<td>Buen disposición (Good disposition)</td>
</tr>
<tr>
<td>Buenos resultados (Good results)</td>
</tr>
<tr>
<td>Por buenos consejos (For good advice)</td>
</tr>
<tr>
<td>Por darnos seguimiento (For follow up)</td>
</tr>
<tr>
<td>Mejor Servicio Best Service</td>
</tr>
</tbody>
</table>

In terms of service, participants said that they go to places that attend them quickly and kindly. Related to that, participants said that they liked sources of support where the provider was attentive and listened to their problems. If a service had appropriate availability that suited the participants (i.e. the office hours were reasonable and flexible), they were most likely to seek out the service. Follow up services were considered as a favorable facet. This included appointment reminders most particularly. Variety/Completeness of a particular provider and competence were also cited as important deciding factors of selecting services. With time being a factor, participants said that they liked services that offered multiple services in the same facility. Finally, participants discussed competence. This relates back to professionalism; as participants said that in order to receive good service and advice, the provider must be capable of doing his/her job well.
Participants valued moral support from service providers. They stated that they needed to be understood by the confidantes and given helpful advice. From education agencies, participants said that the opportunity to progress was a helpful source of support. They said that being able to rely on their availability and support were key selection criteria.

**NECESSITY**

<table>
<thead>
<tr>
<th>Necessidad (Necessity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Por lo barato (Affordability)</td>
</tr>
<tr>
<td>Corta distancia (Short distance)</td>
</tr>
<tr>
<td>Estado financiero (Financial status)</td>
</tr>
<tr>
<td>No hay de otra (There is no alternative)</td>
</tr>
</tbody>
</table>

Affordability was a determining factor of selection for formal support providers. As discussed in the Younger group, if they could not afford a needed service, they simply did without it. Sometimes even sliding fee scales were too expensive. Traveling distance was discussed as many participants rely on friends/relatives/neighbors to move. Others said they were restricted by the few options offered by particular services.
The final theme discussed in this group was security. Here, participants spoke of a provider’s ability to keep information confidential. This links back to professionalism and best service. Here, though, they discussed needing their legal status kept confidential by the provider. They also stated that they chose services based on whether or not those services required American citizenship or insurance. Participants said that they avoid service providers that have discriminatory policies, such as requiring a social security number, or basing eligibility on the ability to pay.

**Evaluation**

Participants in this group responded that they felt comfortable expressing themselves and enjoyed working in groups to answer the question. They rated the usefulness of the methods highly. Along with the group work, participants stated that hearing other people’s thoughts on their selection criteria gave them new ideas and helped them identify new sources of support.

The Likert score for the midlife group’s perception of the usefulness of the activities as a whole was a 9.667. The average score for their perception of the usefulness of the community mapping exercise was a 9.556. Their perception of the usefulness of the focus workshop was rated at an average of 9.889.
### Brainstorm Worksheet and Map Analysis

In this group, 11 formal sources of emotional support and 41 informal sources were identified. The instrumental category yielded 24 formal and 21 informal sources of social support. Fourteen formal and 26 informal sources of decisional support were cited. Finally, the informational category had 30 formal and 12 informal sources of social support.

The older women identified the most sources of formal and informal sources of social support out of the three groups. They did not map as many points as the other two groups. Like the younger and midlife groups, informal emotional support was the most utilized type of support.

#### Table 4-17

<table>
<thead>
<tr>
<th>Older (45-70+)</th>
<th>Emotional</th>
<th>Instrumental</th>
<th>Decisional</th>
<th>Informational</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sibling</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Partner/Spouse</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Other relative</td>
<td>13</td>
<td>10</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Neighbor</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Friend</td>
<td>14</td>
<td>6</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>41</td>
<td>21</td>
<td>26</td>
<td>12</td>
</tr>
<tr>
<td><strong>Formal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Professional</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>School/Staff</td>
<td>7</td>
<td>0</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Church</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Human Services</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Hospital/Clinic/Staff</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Financial Institution (i.e. Banks)</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Food Bank</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Public Transportation</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community Centers (i.e. La Fe CTC, Armijos)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Library</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>11</td>
<td>24</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td><strong>COMBINED TOTAL</strong></td>
<td>52</td>
<td>45</td>
<td>40</td>
<td>42</td>
</tr>
</tbody>
</table>
support. This group sought the most support overall. Out of the three groups, formal support was most utilized in this group, particularly in instrumental and informational support.

Support from parents was scarce in this group, as was support from siblings. Other relatives were particularly well cited as sources of support as were friends. Friends were cited more than in any other group. The Young and Midlife groups did not utilize very much support from neighbors, but the older group relied on them quite a bit in comparison. Mental health utilization was low, as were public transportation and community centers, though this group used more of the latter two services than the Younger and Midlife groups. The library was not used at all. This group did rely on assistance from food banks, though only two sources of support in this category were cited. The other two groups cited zero sources in the food bank category. Financial institutions were indicated as sources of support in this group with 8 sources listed. The other two did not cite them at all.

Maps

The older group is much less mobile than the latter two. Participants in the older group mapped the fewest points of all the groups. However, they reported the most forms of social support in both formal and informal types.

Participants in the older group cited more residential sources of support in Segundo Barrio. Community centers in Segundo Barrio were indicated, as were churches, and clinics other than La Fe. The older group mapped few points in the Greater El Paso area, as well. All were sources of support located in residences.

Again, the oldest group mapped the fewest sources of support in Ciudad Juarez. Participants stated that they were not mobile enough to travel there often. Participants also said
that their families have moved to the United States or live farther into Mexico. Sources of support in Juarez for this group are limited to friends and relatives.

ICA Discussion

The final group talked about the following 4 themes:

Confiable (Trustworthy)
Seguridad (Security)
Apoyo (Support)
Atención al Cliente (Attention to the Client)

On the flexibility of scheduling:
“Ya ve que al principio del mes esta uno bien y a los últimos del mes está mal, entonces le pueden cambiar la cita a algo donde usted puede ir.”
You see, at the beginning of the month, you are fine and at the end of the month, you feel bad, so they can change your appointment to some other time so you can go."

TRUSTWORTHY

<table>
<thead>
<tr>
<th>Table 4-18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confiable</strong> (Trustworthy)</td>
</tr>
<tr>
<td>Confianza (Trust)</td>
</tr>
<tr>
<td>Amor (Love)</td>
</tr>
<tr>
<td>Privacidad (Privacy)</td>
</tr>
<tr>
<td>Alegres (Joyful)</td>
</tr>
<tr>
<td>Buen compañerismo (Good companionship)</td>
</tr>
<tr>
<td>Amorosos (Loving)</td>
</tr>
<tr>
<td>Son sinceros (They are sincere)</td>
</tr>
</tbody>
</table>

In this group, the themes discussed are closely related. Participants were very concerned with the trustworthiness of a provider. Sincerity was cited because participants felt that this attribute was a sign of good character. Similarly, privacy and ethical practices were important to participants. In their discussion, the Older group said that they felt that being treated with dignity and respect was an essential attribute of selected sources of support. Amiability was an appreciated characteristic of providers. Participants felt very strongly about this, and said that an amiable atmosphere was essential. If a provider was not polite and kind, participants said they
would not seek further services. Participants said they felt that staff was being rude and inattentive in those cases. Finally, participants said that staff needed to take initiative and perform their jobs competently. They said that they did not feel safe being treated by people who did not seem confident in their work and they also said they did not like dealing with mistakes made with their appointments and files.

SECURITY

<table>
<thead>
<tr>
<th>Seguridad (Security)</th>
<th>Comprensión (Understanding)</th>
<th>Reflexión (Reflection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amor (Love)</td>
<td>Confortable</td>
<td></td>
</tr>
<tr>
<td>Alegres (Joyful)</td>
<td>Ética (Ethics)</td>
<td></td>
</tr>
<tr>
<td>Privacidad (Privacy)</td>
<td>Consejo sincero (Sincere advice)</td>
<td></td>
</tr>
<tr>
<td>Me siento bien (I feel good)</td>
<td>Seguridad (Security)</td>
<td></td>
</tr>
</tbody>
</table>

Trustworthiness was followed by security. This sub theme was a continuation, as participants continued to discuss privacy and ethical treatment. Here, these issues were included because participants felt that trustworthiness was only one component of security. A provider’s understanding of their needs made them feel that they would get the most appropriate treatment. Again, the good-natured behavior of staff, confidentiality, and a comfortable environment were said to make them feel that their providers were competent at their jobs. That, in turn, made them feel safe.

Also, if participants felt secure with their provider, they said they felt more confident that the advice they were given was sound and sincere. Participants stated that they wanted to feel good and be greeted by joyful staff members. This made them feel that the provider had their best interests in mind.
Support of many kinds was then discussed. Participants said that providers that pay attention to them are favored. Friendliness and flexibility (allow appointment changes, make special accommodations) were key attributes of providers they would prefer. The theme of support also links back to the first themes because participants said that trustworthiness and security foster a supportive environment. In their discussion, these themes were a continuation of one another. In this theme, participants brought up the issue of the provision of instrumental support, such as food and medicine, as noted in the brainstorm session, this was the only group that reported accessing support from food banks.

**ATTENTION TO THE CLIENT**

<table>
<thead>
<tr>
<th>Table 4-21</th>
<th><strong>Atención al Cliente</strong> (Attention to the Client)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lo flexible en horario (Flexible scheduling)</strong></td>
<td><strong>Porque son amables (Because they are kind)</strong></td>
</tr>
<tr>
<td><strong>Buena atención médica (Good medical attention)</strong></td>
<td><strong>Porque me atienden bien (Because they attnd me well)</strong></td>
</tr>
<tr>
<td><strong>Amables (Kind)</strong></td>
<td><strong>Cortesía (Courtesy)</strong></td>
</tr>
<tr>
<td><strong>Organizados (Organized)</strong></td>
<td><strong>Información (Information)</strong></td>
</tr>
<tr>
<td><strong>Me gusta cómo me atienden (I like how they treat me)</strong></td>
<td><strong>La limpieza (Cleanliness)</strong></td>
</tr>
<tr>
<td><strong>Lo reciben bien (They receive you well)</strong></td>
<td><strong>Consideración (Consideration)</strong></td>
</tr>
<tr>
<td><strong>Cortesos (Corteous)</strong></td>
<td><strong>Responsabilidad ( Responsibility)</strong></td>
</tr>
<tr>
<td><strong>Buena atención médica (Good medical attention)</strong></td>
<td><strong>Responsables (Responsible)</strong></td>
</tr>
<tr>
<td><strong>Sonrisa amigable y preguntan como esta (Friendly smile and they ask you how you</strong></td>
<td><strong>Lo sociable del lugar (The sociability of the place)</strong></td>
</tr>
</tbody>
</table>
Attention to the client was the most discussed theme in this session. As illustrated by the previous themes, the way they are treated by service providers contributes to their decisions to select particular support services, as many of the sub themes repeat. Participants talked about flexible office hours (including office hours on Saturdays), walk-in services, good medical attention, courtesy/respect, clean facilities, well organized staff, and amiability as the characteristics they most consider when selecting services.

Other things, such as traveling distance were mentioned. In the mapping exercise, participants indicated fewer sources of support outside of Segundo Barrio and said that they found it hard to get transportation to places outside of the neighborhood. Whether or not medical

<table>
<thead>
<tr>
<th>Amorosas (Kind)</th>
<th>Me atienden pronto (They attend me quickly)</th>
<th>Trabajan los sábados (They work on Saturdays)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nos atienden bien (They attend us well)</td>
<td>Me hacen sentir importante (They make me feel important)</td>
<td>Rapidez (Quick)</td>
</tr>
<tr>
<td>Amor (Love)</td>
<td>Buena atención médica (Good medical attention)</td>
<td>Cortesía (Courtesy)</td>
</tr>
<tr>
<td>Aceptan medicaid o medicare (They accept medicaid or medicare)</td>
<td>Me dan dispensa de comida (They give me food)</td>
<td>Amabilidad (Amiability)</td>
</tr>
<tr>
<td>Amables (Kind)</td>
<td>Porque abren muy temprano (Because they open early)</td>
<td>Dan su tiempo (They give their time)</td>
</tr>
<tr>
<td>Cercanía al lugar (Close to the place)</td>
<td>Me escucha con atención</td>
<td>La consideración con la gente (The consideration with people)</td>
</tr>
<tr>
<td>Me gusta cómo se portan conmigo (I like how they treat me)</td>
<td>Buenos compañeros (Good company)</td>
<td>Me gusta cómo me tratan (I like how they treat me)</td>
</tr>
<tr>
<td>El respeto (Respect)</td>
<td>Buen trato (Good treatment)</td>
<td>Servicios de trasporte (Transportation services)</td>
</tr>
<tr>
<td>Puntualidad (Punctuality)</td>
<td>Me ayudan mucho (They help me a lot)</td>
<td></td>
</tr>
<tr>
<td>Amables (Kind)</td>
<td>Apoyo a los ancianos (They support elders)</td>
<td>Motivan (They motivate)</td>
</tr>
<tr>
<td>Buen trato (Good treatment)</td>
<td>Me orientan (They orient me)</td>
<td>Apoyo (Support)</td>
</tr>
<tr>
<td>Atención al momento (walk in service)</td>
<td>Información (Information)</td>
<td>Me dan despensa de comida (They give me food)</td>
</tr>
<tr>
<td>Es rápido el servicio (The service is fast)</td>
<td>Amigables (Friendly)</td>
<td>Alegres (Joyful)</td>
</tr>
<tr>
<td>Buen atención médica (Good medical attention)</td>
<td>Consejos (Advice)</td>
<td>Consejos (Advice)</td>
</tr>
<tr>
<td>Comida gratis (Free food)</td>
<td></td>
<td>Alegres (Joyful)</td>
</tr>
</tbody>
</table>
providers accept Medicaid/Medicare was mentioned briefly. In conversation, this group discussed having insurance more than the Younger and Midlife groups. This group was far more selective in terms of quality of service than the previous groups, and this group focused their discussion on formal sources of support, more so than the other two.

**Evaluation**

This group indicated that they really enjoyed the discussion portion of the session. They rated both methods highly, but discussed the workshop more. This group also mentioned that they became aware of new sources of support during the session, and liked working in a group setting.

The Likert score for the midlife group’s perception of the usefulness of the activities as a whole was a 10. The average score for their perception of the usefulness of the community mapping exercise was a 9.818. Their perception of the usefulness of the focus workshop was rated at an average of 9.9.

**CROSS-CUTTING FINDINGS ACROSS GROUPS**

Looking at the data across groups provides an opportunity to better understand the cross-cutting themes and differences between groups. Cross-cutting findings from the following data gathering tools are now explored: brainstorm activity, community mapping exercise, focus workshop discussion, and the methods evaluation.
The Brainstorm activity was used as a catalyst for the community mapping exercise and was analyzed in an earlier section of the text. As noted earlier, the most accessed sources of support were informal. The oldest group utilized the most sources formal support overall. Emotional support was the strongest source identified by participants in all groups. Decisional support was used the least out of the four categories.

**Community Mapping**

In general, both groups 1 and 2 (Younger and Midlife) utilized numerous sources of support in all three areas (Segundo Barrio, Greater El Paso, and Ciudad Juarez). These two groups also utilized formal and informal sources of support in the three areas. The Older group only utilized informal sources of support in El Paso, and rarely traveled to Ciudad Juarez.

The Younger, Midlife, and Older groups indicated several sources of support in Segundo Barrio. Many of their mapped points were placed on La Fe’s various services. A few churches
were mapped by each group. Also, participants in the three groups indicated several informal sources of support (friends/family) in residential areas throughout Segundo Barrio.

In the Greater El Paso area, the Younger and Midlife groups mapped formal (i.e. Human Services agencies) and informal sources of support (i.e. friends/family). These two groups also traveled farther north into El Paso and mapped points that were widely dispersed throughout the city, indicating that they travel long distances for support.

Finally, all three groups mapped several Human Services agencies and clinics throughout Segundo Barrio and El Paso. The Younger and Midlife groups identified sources of medical care in Ciudad Juarez. The Older Group did not identify any sources of medical care in Juarez, but they did rely on the Department of Human Services at a similar frequency as the Younger and Midlife groups.

**Focus Workshop**

All three groups discussed the importance of the quality of service at length. This theme, in the younger and older group, however, spoke about it in much greater depth than the midlife group. This was majority of every session’s focus. Friendliness and kind treatment were dominant sub-themes. Participants, particularly those in the older group, said they would not go to a medical provider if they were not courteous, flexible, or ethical.

Also within the theme of quality of service, all groups said that common language and ethnicity were necessary components of their desired services. English language proficiency was low in all three groups, and all groups chose to have the focus workshop conducted in Spanish. Common culture was said to be important because participants felt that their concerns were better understood and they felt they received more appropriate treatment from the provider.
Confidentiality was a strong sub theme, though it was grouped in different categories across the three groups. While the Older group focused this theme on service providers, the Younger and Midlife groups discussed this in regard to their informal support sources (i.e. friends, relatives, etc.) as well. Confidentiality was said to foster trust by all three groups.

Affordability came up in each session, but it was not a key point in any of the discussions. This does not mean that affordability was not a major concern, however. The Younger and Midlife groups mentioned inability to access Human Services and medical care due to lack of legal immigration status. This is a major limiting factor to accessing mainstream sources of instrumental support.

Other points related to access to services (i.e. traveling distance) were heavily discussed in the first group. This group also discussed more issues surrounding the challenges of having small children. Access issues in the other two groups were scattered throughout the overarching themes, and were mentioned sparingly. Their concerns were more focused on treatment and quality of service attributes from providers. In the first and second groups, particularly, referrals/recommendations from friends were mentioned as determinants of service selection quite often, as participants felt that they could trust a recommended provider.

Finally, matters of support (specifically emotional, instrumental and decisional) were very significant themes in Group 1 and 2. The third group did, however, report accessing support from food banks and financial institutions at a much higher frequency than the Younger and Midlife groups. Groups 1 and 2 relied much more heavily on informal sources of instrumental support.

Participants also reported that they preferred services where they were understood (culturally and personally) and given good advice. Again, the Older group used the most formal
support when selecting services related to advice (usually medical). These attributes were also said to garner trust and display the provider’s competence.

**Evaluation**

The lowest average on the Likert-type questions (1 to 10, with 1 being the lowest and 10 being the highest), across all groups, was a 9.56, so the participants rated the general methods’ (community mapping and focus workshop) usefulness highly. The highest Likert score was a 10 from Group three in the ranking of the day’s general activities.

Many of the open ended questions were left blank. For those that did answer the open ended questions, participants in all groups stated that they enjoyed working in a group. They stated that this dynamic allowed them to consider points that would not have come to their attention in an individual activity. The feedback was positive. Participants said that they liked the Focus Mapping Workshop because they were able to discuss their ideas fully. The negative feedback referred to the space where the workshop was held. They said that though it was comfortable, it was too small.

Participants also said that they became more aware of new support sources within the community during the workshop because participants openly shared information about their preferred support sources. This was a benefit that the researcher did not anticipate, as participants were not asked to specify their support sources to the group.
CHAPTER 5: DISCUSSION

Importance

This exploratory research study has illustrated the sources of support used by women that reside in Segundo Barrio. While this study was not guided by a hypothesis, the data gathered does give insight into the sources of support these women are aware of in their surroundings. Differences across age groups were also detected. The results of this study are not generalizable to other communities because of the exploratory nature of the methods. However, the methods used in this research study may be used in various qualitative data gathering activities. Though statistical inferences cannot be made from the data collected, the methods used yielded rich results that could lead to future studies.

Literature

This study supports the findings of Kelly, et al (2010) who found that young, low-income, Hispanic girls had access to social support/capital and that having support impacted their lives positively. Though the Segundo Barrio study was done with adult females, participants did talk about their support sources as being helpful and allowing them to do more. For example, one participant said that she relied on her child’s after school program for child care so that she could work. Without that resource, the participant did not feel she could contribute financially to her family. Also, Deborah Warr (2006) noted in her study that low-income women depended on social networks, particularly those of informal support sources, as is the case in Segundo Barrio.

The older group indicated more support sources linked to the immediate community. In the Granberry and Marcelli (2007) study, they found that the amount of time residents lived in an area had an effect on the amount of social capital acquired. While it cannot be inferred that the older residents of Segundo Barrio have lived in the neighborhood for a long period of time
because this information was not collected, it is a possible explanation that some have more ties to the community because of their length of residence.

A key difference in the literature is that participants in the studies described in the review of literature relied heavily on informal support almost solely and these groups were not noted to have access to unique, community-based sources of formal support. Segundo Barrio contains many community-based agencies that address the very special needs of this community, such as Centro de Salud Familiar, La Fe, and food programs through churches and schools.

This study adds to the current literature by providing a view of the support networks utilized by Hispanic women across age groups. While there were similar findings across the three groups concerning the use of informal support networks, each group shared different experiences and reasons for their support selections. It is also important to mention that all three groups rated the utility of the methods positively as a means of communicating their ideas and concerns.

Spatially mapping community resources and engaging community members in the community mapping process will contribute to the findings of other studies which have defined the most likely sources of social capital/social support, within the context of economically disadvantaged neighborhoods.

**Data**

In the first data collection method, all the participants reported having social support, as reflected in the Brainstorm activity and subsequent mapping exercise. The younger age group had a majority of informal sources of support in each of Berkman and Glass’ (2000) four categories of social support. The midlife group reported more informal support in every category except informational, and the older group had more informal and emotional support, nearly equal
amounts of formal and informal support in the instrumental category, and more reported support sources in the decisional category. Also, the younger and midlife groups identified more sources of support in Ciudad Juarez.

In the mapping exercise, it is interesting to note the younger two cohorts had more network ties to Juarez. The oldest group had the least ties to Juarez. This may be because the older women have lost their networks in Juarez due to the amount of time they have spent in the United States. Mobility was also an issue for this group. All three groups accessed social support resources in Segundo Barrio primarily, though several sources in Greater El Paso were identified as well. None of the groups accessed the majority of their support in Juarez. While the subject did not come up in the discussion, this may be due to the violence in Juarez.

From the focus workshop, all three groups agreed that the quality of service was important; however, the midlife group discussed more themes than the others. The midlife group also mentioned barriers to access, such as legal status and racism. All three groups were concerned with ethical/confidential treatment.

Data gathered from the evaluation of the methods was positive overall. Participants commented about the depth of focus they were able to give, and it helped them conceptualize their relationships to their surrounding areas. They also enjoyed the consensus building process. An unexpected benefit that participants commented about was that they learned about new sources of support from one another.

**Limitations**

The limitations of using the GIS software include inaccurate data due to the fact that the special data being used might not be the most updated version of street, landmark and other physical demarcations, demographic data and other related information. Also, participants were
asked to choose the general neighborhood, rather than the exact location of sources of support in residential areas. Because of this, the data points are not completely accurate and the distances between points cannot be used to judge the relative proximity of the sources of support to Segundo Barrio.

The limitations associated with this type of focus workshop includes difficulty in asking in depth follow up questions, as this method only allows for the discussion of one major topic linked to single focused questions. Participants were asked to spend nearly five hours in the Focus Mapping Workshop, which impacts who self-selects to participate. Because this study was held over several hours, parents without child care may have missed the opportunity to participate. Also, this method is not similar to a focus group. Participants are not questioned individually, so it is not possible to analyze the discussion and extract quotes easily.

A bias may result as individuals with more time may have different sources of social support than other Barrio residents. Participants were offered twenty dollar gift cards as incentives for participation. While this is a small amount, it is possible that the incentive could have affected a participant’s decision to participate. Researcher bias is a significant limitation in qualitative research and thus must be considered with this study. Though the method of the Focus Workshop does provide some control for this issue by allowing the participants to identify and categorize their ideas, the researcher must still analyze the findings. Finally, this study’s population was small and specific to a unique community, so results are not generalizable.

**Strengths**

A key strength of this study is that it adds to the findings in literature that a poor community does have valuable support sources, even though they may not always be tangible or easily measured. Further, this study shows that many women in Segundo Barrio are active in
their community, and though they make use of many sources of support, they also reciprocate. There are no known studies that have been conducted in Segundo Barrio regarding social support.

**Conclusion**

As this was an exploratory study, there were several observations made about what could be done in the future with this new knowledge. Future studies may consider exploring citizenship and insurance status in a focus workshop or focus group setting to gauge the community’s access to proper health care and mainstream services. Other service sectors may be analyzed as well, such as the mental health and nutrition. The question used in the study was meant to be neutral to give the participants freedom to explore; however, specifically asking about the benefits and barriers to accessing services may prove valuable in future research. Also, spatial statistics were not conducted. In the future, analyses of community resources may be undertaken to determine if there are spatial patterns in the locations of support services and if they are easily accessible by community members.

This community has shown to have a great deal of informal social support, but there is still a need in this community for services and better opportunities. The data shows that sources of informal support were used dominantly across the three groups. This suggests that formal services do not exist, are not attainable (due to affordability or some such barrier), or do not meet the specific needs of the participants. As an example, Segundo Barrio (as shown by the demographic data provided by the Census Bureau) has low educational attainment compared to El Paso and the United States. While adult education programs exist in this neighborhood, they do not seem to be used to their fullest potential in this group. It would be valuable to further study the reasons that hinder residents of Segundo Barrio to attain services. Understanding these
themes may strengthen existing sources of support and create new services that will benefit this community.


Appendix A:

IRB Protocol
Description of Research for:
Segundo Barrio, Rich or Poor? Thesis
Principal Investigator: Julie Krill
Thesis Advisor: E. Lee Rosenthal, PhD, MPH

PURPOSE
The purpose of the study is to identify sources of social support in the context of Segundo Barrio through the perceptions of female residents in different stages of life (young adult, middle aged and elderly) and to see how the neighborhood environment affects their access to social support. This community, while economically disadvantaged, has unique characteristics and resources and the investigator is interested in seeing how different age groups perceive them.

Hypothesis
Spatially mapping community resources and engaging community members in the community mapping process will contribute to the findings of other studies which have defined the most likely sources of social support, within the context of economically disadvantaged neighborhoods. The results of studies, such as these, are mixed, as to the correlations between neighborhood ecology (in this case, the neighborhood environment) and social support (Sampson et al, 2002), suggesting that economic differences do not always mean that a particular neighborhood is disadvantaged in other ways. With that, the purpose of this study is to identify social support in the context of Segundo Barrio through the perceptions of female residents in different life stages.

Overall Objectives
1) To examine how members of an economically disadvantaged community with strong social support/ties perceive their community assets.
2) To identify commonalities and differences in the context of social capital across the life span.

BACKGROUND AND SIGNIFICANCE

Descriptions of the theoretical constructs that will be used to conduct the study are the following:

Social Support
For this study, “social support” will be defined by Lisa Berkman and Thomas Glass’ (2000) four subcategories of social support. The four subcategories are listed and described as follows:
1) Emotional- The “loving and caring” provided by a confidante, relative or intimate partner.
2) Instrumental- Any tangible assistance such as, financial help, transportation, etc.
3) Appraisal- Help provided to assist in decision making, as well as giving feedback.
4) Informational Support- The provision of advice or information in the service of particular needs.
Structuration Theory

Structuration Theory, originally described by Anthony Giddens, posits that the relationship between peoples’ behavior and social structure are interrelated (Bernard, 2007). In the context of this study, this theory can be applied at the neighborhood level because social structures exist within the neighborhood (i.e. the clinic, churches, etc.) that affect residents’ behaviors and vice versa. This theory is relevant to this study because it suggests that the environment limits or enhances access to needed resources.

Descriptions of the two research tools that will be used to conduct the study are the following:

Community Mapping

Community mapping is a process that utilizes resident input to identify neighborhood features and then uses that data to examine the area’s social composition and other issues (such as socioeconomic status, living conditions, etc.) (Aronson, Wallis, O’Campo, & Schafer, 2007). This will be the main research tool used in this study.

GIS (Geographic Information Systems)

Geographic Information System (GIS) technology is a tool used to spatially represent data associated with place (i.e. structures in the built environment, income levels, etc.), and that data can inform viewers of access to places, or lack thereof, in an immediate way (Bernhardsen, 2001). Public health practitioners often use GIS as a tool to measure exposures to diseases, toxins, social ills, etc.

PROCEDURES

Design and Method

This study will be a qualitative analysis of the perceptions of adult female residents living in the Segundo Barrio and it will consist of community mapping exercises and a Focus Workshop facilitated discussion. The principle data collection method, for the overall study, is community/neighborhood mapping. This technique is used to locate community assets as determined by the residents of that community (Aronson, Wallis, O’Campo, & Schafer, 2007). Involving community members in the mapping process is vital because they are the most familiar with the area’s layout, resources, and needs (Craig & Elwood, 1998).

Participants will be asked to refer to the wall maps presented (City of El Paso, Ciudad Juarez and Segundo Barrio). They will be asked to define and map community resources where they receive social support. For this exercise, community resources are defined Berkman and Glass’ (2000) four subcategories of social support. After the community mapping activity, participants will be asked to discuss their perceptions of sources of support that are available to them.

When the data is collected, the points on the map will be entered into ArcGIS (Geographic Information System) and analyzed to determine if the identified sources of social support are clustered.
The maps that will be used will be simple street maps that have been enlarged to wall size. The following is a list of the maps that will be presented to the participants.

1 Map of the City of El Paso
1 Map of Ciudad Juarez
1 Map of Segundo Barrio
1 Map of all three areas (El Paso, Ciudad Juarez and Segundo Barrio)

PARTICIPANTS
Participants for this proposed project are adult, Hispanic, women, ages 18 and up, that reside in Segundo Barrio, located in El Paso, Texas. They will be recruited through Centro de Salud Familiar La Fe, Inc. The method of recruitment is included in the section below. Three groups will be formed by age group- 18 to 25, 30 to 45, and 50 to 70- to track similarities and differences in perspective across the lifespan. Age groups, ultimately, will be formed based on participation from community members. A maximum of 8 to 10 women will be needed for each group, for a maximum total of 30 participants. The participants will not be subjected to clinical/psychological/physical tests of any kind, so their health status is not of particular concern.

Recruitment
The principal investigator will be on site at the clinic during business hours (at an information table), starting two weeks prior to the sessions, and ending when the necessary amount of participants have been recruited. Participants will be provided with the informed consent forms and the terms of the forms will be explained. The participants will be given a confirmation card (if they agree to participate) with their assigned session date and time. A unique participant number will appear on the confirmation card that the participant will receive and the stub that the researcher will keep. The identification numbers will be used in place of names.

Informed Consent
Due to the community’s composition, it is expected that many participants will be of limited or no English proficiency, so the consent forms, and all other documents presented to the participants will be in English and Spanish. The researcher and Community Health Worker are bilingual and will be able to explain the consent forms and conduct the sessions in both languages.

Consent forms will be stored in an accordion file during the session and will be kept in a locked file cabinet in the Committee Chair’s office. Only staff will have access to the file cabinet.

RESEARCH PROTOCOL
Participants will be asked to participate in a community mapping activity and a Focus Workshop facilitated discussion. There will be three sessions with three separate groups of women. Each session will last from 4 to 6 hours, and will take place at Centro de Salud Familiar
La Fe, Inc. The principal investigator and a Community Health Worker will be the only staff present during the sessions. Both will have successfully participated in Institutional Review Board training prior to the sessions.

Privacy and Confidentiality
Identifying information will not appear on individual participant records retained by the researcher. The Identification Number that will appear on the participants’ confirmations cards, to be given during recruitment, will be used to identify the data collected from the brainstorm worksheet, mapping exercise and focus group. Participants’ names will not appear on the data collected to maintain their confidentiality. Participants will not be personally identified in the thesis report.

Confidentiality of Research Data
The research data collected will be kept in a locked cabinet in the Committee Chair’s office. Data that will be coded electronically will be kept on the researcher’s computer (exclusively) and the files will be password protected. The Focus Workshop facilitated discussion will be tape-recorded and transcribed. The tape recording will be transcribed, and then destroyed. The tape recording will be stored in a locked cabinet, until it has been completely transcribed. Only the principal investigator will handle the data.

Coercion/Undue Influence
Participants will not be drawn from specific programs at the clinic. The clinic will simply serve as a forum to advertise the project and hold the sessions. The clinic was chosen because it serves a large proportion of Segundo Barrio residents and has a diverse range of services that extend beyond medical care. Participants will receive a small incentive at the end of the 4 to 6 hour sessions (a $20 gift card).

Inclusion
Participants must be of legal age (18 years) and able to consent to the project of their own accord. It is also necessary that participants be Hispanic females. The targeted community for this study is the Segundo Barrio (within I-10 and Cesar Chavez Memorial Highway, and Cotton and Stanton), so participants must be (present) residents of that area, and have been living there for at least five years prior to being in the study.

Exclusion
Minors (people ages 17 and under) as well as males will not be included in this study. Nor will people that do not live within the defined boundary of the Segundo Barrio neighborhood. Each age group will spend four to six hours in one session during one day.

POTENTIAL RISKS
There are no risks associated with the study that the researcher may anticipate at this time.

POTENTIAL BENEFITS
There are no known benefits at this time.
AGENDA

9:30-10:00  Welcome/Snacks
- A table with refreshments will be set up for participants to enjoy while they sign in (their participant numbers will be used rather than names).

10:00-10:30  Context setting
- Brief explanation of the project, with time set aside for questions, followed by an introduction of the concepts of social support.

10:30-11:15  Personal brainstorming exercise (Worksheet)
- Participants will be given a worksheet with the definitions of social support followed by instructions to list places where they receive each type of social support.

11:15-11:30  Break

11:30-1:00  Group map-making
- Participants will be given stickers (each will get a different color and the stickers will also be numbered for identification purposes) to plot the points of the places where they get each type of social support. All four maps will be used in this exercise.

1:00-1:30  Lunch

1:30-2:30  Focus workshop facilitated discussion
- Participants will be asked to discuss the positive and negative attributes of the sources of social support that they identified in the group map-making exercise.

2:30-3:00  Closing and Distribution of Incentives
- Participants will be thanked for their participation and will be given a $20 gift card.

Sites or agencies involved in the research project
Centro de Salud Familiar La Fe, Inc. The agency has provided a letter of support, detailing their role in the project, which is attached.

Review by another IRB
This project will not be reviewed by another IRB.


Appendix B:

Informed Consent: English
Informed Consent Form for Research Involving Human Participants

Protocol Title: Segundo Barrio, Rich or Poor?
Principal Investigator: Julie Krill
Thesis Committee Chair: Dr. E. Lee Rosenthal
UTEP: Department of Public Health Sciences

Consent Form

A community mapping exercise to assess the access and utilization of social support in Segundo Barrio, El Paso, Texas.

You are being invited to take part in a community mapping exercise and discussion about your use of social support in your neighborhood. Social support is, for this study, defined as “emotional”, “instrumental” (financial help), “appraisal” (help making decisions) and “informational support” (help getting referrals for services). This activity is being conducted to fulfill the thesis requirement for the Master of Public Health Program at the University of Texas at El Paso (UTEP) and is being funded by the Principal Investigator.

Please take your time making a decision and feel free to discuss it with your friends and family. Before agreeing to take part in this research study, it is important that you read and understand this consent form completely. Please ask the study researcher or the study staff to explain any words or information that you do not clearly understand.

Study Details and Time Commitment
About 30 women will be enrolling in this study at Centro de Salud Familiar, La Fe, Inc. You are being invited to participate in the study because you are a female, over 18 years of age, and a resident of Segundo Barrio. If you decide to enroll in this study, it will last about 4 to 6 hours. If you agree to take part in this study, you will be asked to participate in community mapping exercises and a discussion to talk about your ideas about the types of social support in Segundo Barrio and other neighborhoods, specifically places in Juarez and El Paso, that you might go to. The discussion will be tape-recorded.

Confidentiality
Identifying information will not appear on any of the records kept by the principal investigator. Your name and personal information will not be used in the thesis manuscript that will result from this study.

Risks/Costs
There are no risks associated with this research project that we know of. It is free for you to take part in this study, but you will be responsible for travel to and from the research site.

Benefits
There are no known benefits to you for taking part in this study, but it is possible that you may learn more about resources available to you in your community. This research may help us understand what types of help that meet your needs and which types of help that are harder to get.
Incentives
You will receive a $20 gift card for being in this study. The gift card will be given to you right after the session. You will also get snacks and refreshments throughout the session, as well as lunch.

Injury
The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse you in the event of such injury or illness. You will not give up any of your legal rights by signing this consent form. You should report any such injury to Julie Krill at (915) 747-8233 and to the UTEP Institutional Review Board (IRB) at (915) 747-8841 or irb.orsp@utep.edu.

Withdrawal
Taking part in this study is voluntary. You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study. If you choose to take part, you have the right to stop at any time. However, we encourage you to talk to a member of the research group so that they know why you are leaving the study. If there are any new findings during the study that may affect whether you want to continue to take part, you will be told about them. The researcher may decide to stop your participation without your permission, if he or she thinks that being in the study may cause you harm, or based on any other concern.

Authorization Statement
I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary and I choose to be in this study. I know I can stop being in this study without penalty. I will get a copy of this consent form now and can get information on results of the study later if I wish. If you have any questions or concerns about your participation as a research participant, please contact the research principal investigator, Julie Krill at (915) 747-8233 or jakrill@miners.utep.edu, and/or the UTEP Institutional Review Board (IRB) at (915) 747-8841 or irb.orsp@utep.edu.

Participant Name: __________________________
Date: __________________

Participant Signature: __________________________
Time: __________________

Consent form explained/witnessed by:

Signature: __________________________
Date: __________________

Printed Name: __________________________
Time: __________________
Appendix C:

Informed Consent: Spanish
La Universidad de Texas en El Paso (UTEP) Comité Examinador Institucional
Forma de Consentimiento Informada para Investigación que Implica Participantes Humanos

**Título:** Segundo Barrio, ¿Rico o Pobre?
**Investigadora Principal:** Julie Krill
**Supervisada por:** Dr. E. Lee Rosenthal
**UTEP: Departamento de Ciencias de Salud Pública**

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**Forma de Consentimiento**

Un estudio del acceso y utilización de apoyo social en Segundo Barrio Segundo, El Paso, Texas, usando cartografía comunitaria.

Le invitamos a participar en un ejercicio de cartografía comunitaria y tratar el tema del apoyo social en su vecindad. El apoyo social, para este estudio, es definido como el apoyo “emocional”, “instrumental” (financiero), de “valoración” (ayuda con haciendo decisiones) y apoyo “informacional” (apoyo o ayuda de conseguir referencias para servicios). Esta actividad está siendo conducida para realizar la exigencia de tesis para la Maestría del Programa de Salud Público en la Universidad de Texas en El Paso (UTEP) y está siendo financiada por la Investigadora Principal.

Por favor tome su tiempo tomando una decisión y siéntase libre a hablar de ello con sus amigos y familia. Antes de consentir en participar en este estudio de investigación, es importante que usted lea y entienda esta forma de consentimiento completamente. Por favor pida al investigador de estudio o el personal de estudio explicar cualquier palabra o información que usted no entiende claramente.

**Detalles de Estudio y Compromiso de Tiempo**

Aproximadamente, 30 mujeres se matricularán en este estudio en Centro de Salud Familiar, La Fe, Inc. Le pedimos que participe en el estudio porque usted es una mujer, de 18 años de edad o más, y una residente del Segundo Barrio. Si usted decide matricularse en este estudio, su participación durará aproximadamente 4 a 6 horas.

Si usted consiente en participar en este estudio, el grupo de investigación le pedirá participar en ejercicios de cartografía comunitaria y hablar sobre sus ideas de los tipos del apoyo social en Segundo Barrio y áreas circundantes, expresamente comunidades en Ciudad Juárez y El Paso. La discusión será grabada.

**Confidencialidad**

Su información personal no aparecerá en ninguno de los archivos guardados por la investigadora principal. Usted no será identificada personalmente en el manuscrito de tesis que resultará de este estudio.

**Riesgos/Gastos**

No hay ningunos riesgos conocidos asociados con este proyecto de investigación. No hay ningunos gastos para los participantes en este proyecto de investigación. Sin embargo, usted será responsable por su trasporte al sitio de investigación.

**Beneficios**
No hay ningunos beneficios conocidos para usted por participar en este estudio. Sin embargo, es posible que usted pueda hacerse más consiente sobre recursos disponibles a usted en su comunidad. Esta investigación puede ayudarnos a entender las barreras al acceso de recursos n su comunidad.

**Incentivos**
Usted recibirá una tarjeta de regalo de 20 dólares por su participación en este estudio que se le entregará directamente después de la sesión. También recibirá bocadillo/refrigerio y comida.

**Herida**
La Universidad de Texas en El Paso y sus afiliados no ofrecen pagar o cubrir el coste del tratamiento médico por enfermedad o herida relacionada a la investigación. Ningunos fondos han sido reservados para pagar o reembolsarle en caso de tal herida o enfermedad. Usted no dejará ninguno de sus derechos legales por firmar esta forma de consentimiento. Usted debería relatar tal herida a Julie Krill en (915) 747-8233 y al Comité Examinador Institucional UTEP (IRB) en (915) 747-8841 o irb.orsp@utep.edu.

**Retirada**
La participación en este estudio es voluntaria. Usted tiene la opción para no participar en este estudio. No habrá ninguna penalidad si usted decide no participar en este estudio. Si usted decide participar, usted tiene el derecho de parar en cualquier momento. Sin embargo, le animamos a dirigirse a un miembro del grupo de investigación de modo que ellos sepan por qué usted deja el estudio. Si hay nuevas conclusiones durante el estudio que pueden afectar si usted quiere seguir participando, se lo diremos. La investigadora puede decidir parar su participación sin su permiso, si ella piensa que estar en el estudio puede causarle daño, o basado en cualquier otra preocupación.

**Declaración de Autorización**
He leído cada página de esta forma sobre el estudio (o me lo leyeron). Sé que estar en este estudio es voluntario y decidí estar en este estudio. Sé que puedo dejar de estar en este estudio sin ninguna pena. Consigo una copia de esta forma de consentimiento ahora y puedo conseguir la información sobre los resultados del estudio más tarde si deseo. Si usted tiene alguna pregunta o preocupación por su participación como una participante de investigación, por favor póngase en contacto con la investigadora principal, Julie Krill en (915) 747-8233 o jakrill@miners.utep.edu, y/o el Comité Examinador Institucional UTEP (IRB) en (915) 747-8841 o irb.orsp@utep.edu.

Nombre del Participante: ________________________________
Fecha: ______________
Firma del Participante: ________________________________
Hora: ______________
Forma de consentimiento explicada/atestiguada por:
Firma: ________________________________
Fecha: ______________
Nombre en Molde________________________________________
Tiempo: ______________
Appendix D:

Brainstorm Worksheet- Bilingual
Individual Brainstorm Exercise/
Ejercicio Individual de Lluvia de Ideas

Please take a few moments to think of the places where you go to receive support in each of the following categories and write them down in the space provided below:

5) **Emotional**- The “loving and caring” provided by a confidante, relative or intimate partner.
6) **Instrumental** (Financial)- Any tangible assistance such as, financial help, transportation, etc.
7) **Appraisal** (Decisional)- Help provided to assist in decision making, as well as giving feedback.
8) **Informational Support** (Referral)- The provision of advice or information in the service of particular needs.

Por favor tome unos momentos para pensar en los sitios donde usted va para recibir el apoyo en cada una de las categorías siguientes y anotarlos en el espacio proporcionado abajo:

1) **Emocional** - “el cariño y preocupación” proporcionado por una confidente, pariente o compañero íntimo.
2) **Instrumental** (Financiero)- Cualquier ayuda tangible como, ayuda financiera, transporte, etc.
3) **Valoración** (Decisiones) - Ayuda proporcionada para asistir en fabricación de decisión, así como dar a reacción.
4) **Apoyo Informativo** (Referencias)- la provisión de consejo o información en el servicio de necesidades particulares.

<table>
<thead>
<tr>
<th>Emotional/Emocional</th>
<th>Instrumental/Instrumental</th>
<th>Decisional/Valoración</th>
<th>Informational Support/Apoyo Informativo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>1)</td>
<td>1)</td>
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<td>5)</td>
<td>5)</td>
</tr>
</tbody>
</table>
Appendix E:

Maps
Group 1- Younger
Map of Segundo Barrio, Greater El Paso, and Juárez

Map of Segundo Barrio (located in South Central, El Paso, Texas)
Map of El Paso, Texas

Map of Ciudad Juárez, Chihuahua, Mexico
Group 2- Midlife
Map of Segundo Barrio, Greater El Paso, and Juárez

Map of Segundo Barrio (located in South Central, El Paso, Texas)
Group 3- Older
Map of Segundo Barrio, Greater El Paso, and Juárez

Map of Segundo Barrio (located in South Central, El Paso, Texas)
Appendix F:

Budget
Department: College of Public Health Sciences  
Faculty Advisor/Committee Chair: Dr. E. Lee Rosenthal

<table>
<thead>
<tr>
<th>Items</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials and Supplies</td>
<td></td>
</tr>
<tr>
<td>Stickers, writing utensils, maps, copies</td>
<td>$300</td>
</tr>
<tr>
<td>Consultant Services</td>
<td></td>
</tr>
<tr>
<td>Community Health Worker ($100/session)</td>
<td>$300</td>
</tr>
<tr>
<td>Participant Incentives</td>
<td></td>
</tr>
<tr>
<td>Gift Cards ($20/30 participants)</td>
<td>$600</td>
</tr>
<tr>
<td>Food</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$1,400</strong></td>
</tr>
</tbody>
</table>

Note: Principal investigator already owns the license for the software necessary to analyze the data; therefore, there will not be an additional expense for this item.
Appendix G:

Letter of Support
May 14, 2010

Julie Krill
c/o Dr. E. Lee Rosenthal
University of Texas at El Paso
College of Health Sciences
1101 N. Campbell
El Paso, Texas 79902

To Whom it May Concern,

The purpose of this letter is to grant Julie Krill, a student at the University of Texas at El Paso, permission to conduct a community mapping project, and lead a group discussion, with residents of Segundo Barrio.

The project is intended to assess sources of social capital within the community as perceived by adult female residents in Segundo Barrio. The data collected will be used to develop a portrait of the community, to be presented in a Master’s Thesis and, as appropriate, shared with La Fe staff.

The Clinic will provide suitable space for the activity over the course of three to six sessions in the months of June through August. The Clinic will also assist with participant recruitment (an estimated 25 to 30 individuals are needed). We understand that all participants will sign consent forms approved by the University of Texas at El Paso’s Institutional Review Board and their confidentiality will be maintained even with our clinic staff.

As Chief Operating Officer for Centro de Salud familiar La Fe, I do hereby grant permission for Julie Krill to utilize the Clinic in the aforementioned manner for her thesis project. I will serve as the primary contact to coordinate activities.

Sincerely,

[Signature]

Robert Gonzales
Chief Operating Officer

1314 F. Yandell • El Paso, TX 79902 • Fax: (915) 334-7601 • (915) 334-7679
CURRICULUM VITA

Julie Anne Krill was born in Crown Point, Indiana to Laura Elena Valencia and raised in El Paso, Texas. She graduated from Andress High School, in El Paso, Texas, in the spring of 2002. That following fall, she began attending Stephens College in Columbia, Missouri. In the fall of 2004, she transferred to Berry College in Mount Berry, Georgia and graduated with a Bachelor of Science in Psychology, a Bachelor of Arts in International Studies, and a minor in Spanish. After working for a social services agency for a few years, she applied to the Master of Public Health program and began attending the University of Texas at El Paso in the fall of 2008.