Final Report of the

Immigrant Community Assessment

Prepared under contract #14830 for
Metropolitan Government of Nashville and Davidson County, Tennessee

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PREFACE AND ACKNOWLEDGEMENTS

According to the U.S. Census, the number of Nashville-Davidson County residents who were born outside of the United States tripled between 1990 and 2000, having grown to roughly 40,000 or 7% of the county population by 2000. Many originated in Africa, Asia, and Latin America. Of all foreign-born Nashville residents in 2000, two-thirds had arrived in the U.S. during the 1990s, three-fourths were not citizens, 20% were officially poor (compared to 13% of Nashville's native-born population), and 61% were born in Mexico or Central America.

In its request for proposals to conduct the Immigrant Community Assessment, Metropolitan Government of Nashville-Davidson County emphasized the growth to national prominence in the size of Nashville's immigrant community. Recently, the *New York Times* reported that refugees have been resettling in Nashville and other cities "where the cost of living is relatively low and entry-level jobs are available."[1]

The purpose of the Immigrant Community Assessment, as Metro put it in its RFP, was "to better understand the needs of Nashville's immigrant community"; "to gauge the adjustment of immigrants in the Nashville-Davidson county area"; "to assess the availability of a wide range of public and private, social welfare and economic services to immigrants in the area"; and to obtain "a comprehensive assessment of immigrant service accessibility status."[2]

The Immigrant Community Assessment research project constitutes an historic and constructive collaboration among three Nashville-based universities—Meharry Medical College, Tennessee State University, and Vanderbilt University, as well as the Nashville community of immigrants and refugees, the local community of professional social service providers, and Metropolitan Government of Nashville-Davidson County. The university-based team of social scientists designed and conducted the research with the advice of its Community Advisory Board, which was comprised of an ethnically diverse group of representatives of the local immigrant and refugee community and local professional social service providers.

In designing the research project, the research team of four sociologists, two psychologists, one education researcher, one health services researcher, and one lawyer-social worker followed Metro Government's assessment goals, as expressed in Metro RFP 02-08. We also endeavored to capture the perspectives of grassroots immigrants, ethnic community leaders, and professional social service providers, as well the U.S. Census, in the research design. The resulting design of the Immigrant Community

[1] Rachel L. Swarns, "U.S. a Place of Miracles for Somali Refugees," *New York Times*, Sunday, July 20, 2003, pp. 1, 23. Quotation is on p. 23.

[2] Metropolitan Government of Nashville and Davidson County, Request for Proposal Number 02-08, February 6, 2002, pp. 4-5.

Assessment consists of four research projects that together address Metro Government's assessment goals and gather data from these multiple perspectives of the social situation of Nashville's immigrant and refugee community. The four component research projects of the Immigrant Community Assessment, which were conducted during the period of August 2002-July 2003, are:

1) a statistical analysis of U.S. Census data on 1990-2000 changes in the size, composition, and settlement patterns of Nashville's foreign-born population;

2) a survey of 64 directors of social service agencies and community organizations in Nashville;

3) 16 focus groups conducted in seven languages with a total of 137 Nashville immigrants and refugees from Africa, Asia, and Latin America;

4) a study of several best practices that serve the immigrant and refugee communities in greater Atlanta, GA, Charlotte, NC, and Memphis, TN.

In this final report of the Immigrant Community Assessment research project, we present the findings of these four research projects. We conclude this report with several recommendations for augmenting and coordinating the roles of the public and private sectors of the Nashville community of social service providers in the direct provision of services and in addressing system-wide policies for serving the local immigrant and refugee community.

In undertaking the Immigrant Community Assessment research project, the research team intended to enhance the process by which immigrants and refugees are incorporated into local society. It is our hope that the findings and recommendations in this final report will contribute to a constructive and mutually beneficial incorporation of immigrants and refugees in Nashville.

The research team could not, and did not, complete the Immigrant Community Assessment research project on its own. Many individuals provided us with expert advice and support throughout the project.

The investigators are gratefully indebted to the following students and research associates at the three participating universities for their excellent research assistance on all phases of the project: Blind Akrawi, Behin Barahimi, Abby Cordova, Gregory Goodman, Allison Harms, Katherine Haskel, Jorie Henrickson, Kambria Hooper, Pamela Hull, Najla Husseini, Richisa Johnson, Sheila Katz, Heather Keith, Bihzhar Kokoy, Sonia Novoa, Thang Nguyen, Ekin Okat, Rebecca Rhodes, Melina Rincon, Elizabeth Royal, Carolyn Seugling, Carrie Lee Smith, Sandy Smith, Cyndi Taylor, Ashley Thompson, and Rita Yebuah. Dr. Souman Ghosh of the Office of Business and Economic Research at Tennessee State University collaborated in implementing the Agency Director Survey of the Immigrant Community Assessment.

We are also indebted to Community Advisory Board member Dr. Diana Marver of the Meharry-Vanderbilt Alliance for helping to assemble the research team, proposal, and Community Advisory Board, and to Dr. Clifton K. Meador, M.D., Executive Director of the Meharry-Vanderbilt Alliance, for his initial support of our bid to undertake this project.

Professor Carol Etherington, a member of our Community Advisory Board and faculty member at the School of Nursing, Vanderbilt University, and the following students in her Community Health, 2002 seminar generously shared with us the list of social service providers they had compiled and which contributed to the development of the sampling frame of our survey of agency directors and ethnic community leaders: Laura Beckwith, Julie Bergman, Erin Black, Jason Boylan, Kiersten Brown, Meredith Brown, Kristi Burleson, Maureen Conway, Ilana Cymerman, Jina Hawk, Cindy Hernandez, Nicole Holmes, Krystal Horn, Lisabeth Jones, Kristi Koleas, Maureen McGuire, Cristin Paterson, Hilary Scott, Andy Shirley, Tanya Sorrell, Erin Stege, Shannon Sweeney, Susan Van Slyke, Jamie Wiggleton, and Deborah Williams.

The research project benefited greatly from the wise counsel given the researchers by the volunteer Community Advisory Board of the Immigrant Community Assessment. The Community Advisory Board advised the researchers on research design and on translating research findings into constructive policy recommendations, and helped us to gain access to the community and focus group sites. The following individuals, whose affiliations are presented for identification purposes only, served on the Community Advisory Board:

Mohamud Ali, Somali Community Center
Barri Bernstein, Tennessee Bar Foundation
Aida Brcic, American Association of Refugee and Immigrant Women
Mary Bufwack, United Neighborhood Health Services
Donna Cheek, YWCA of Nashville and Middle Tennessee
Cathie Dodd, Woodbine Community Organization
Carol Etherington, School of Nursing, Vanderbilt University
Judy Freudenthal, Oasis Center
The Reverend Enoch Fuzz, Corinthian Missionary Baptist Church
Jerry Gonzalez
The Reverend Ngoc Ha, leader in the Vietnamese community in Nashville
Maria D. Harville, Catholic Charities of Tennessee
Luisa Hough, Mental Health Association of Middle Tennessee
Tahir Hussain, Nashville Kurdish Forum
Nabaz Khoshnaw, Al-Bayt Al-Iraqu (Iraqi House) Nashville
Mahgoub Mahmoud, Sudanese Elderly Council
Diana Marver, Meharry-Vanderbilt Alliance
Jeffrey McKissack, Matthew Walker Comprehensive Health Center, Inc.
Yvette K. Sebelist, King & Ballow
Chantho Sourinho, Lao-American Organization
Rhonda Switzer-Nadasdi, Interfaith Dental Clinic

Nancy West, Siloam Family Health Center
Sue Fort White, The International Bridge and Metro Human Relations Commission
Evelyn Yeargin, Mental Health Cooperative, Inc.

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Finally, and not least of all, we are very indebted to Gordon Gee, Chancellor, Vanderbilt University, James A. Heffner, President, Tennessee State University, and John E. Maupin, Jr., President, Meharry Medical College for their initial support of our bid to undertake the Immigrant Community Assessment.

The Principle Investigators of the Immigrant Community Assessment are solely responsible for the contents of this final report.

ABOUT THE INVESTIGATORS

Principal Investigator

Daniel B. Cornfield is Professor of Sociology at Vanderbilt University, Acting Director of the Vanderbilt Institute for Public Policy Studies, and Editor of the scholarly journal *Work and Occupations*. Since attaining his Ph.D. in 1980 from the University of Chicago, he has published his research findings in several books and over forty scholarly articles. His research, which has been supported by the National Science Foundation and other agencies, has addressed the impact of changes in the organization of workplaces, communities and labor markets on the livelihoods of diverse groups of workers. He has utilized a wide range of qualitative and quantitative research methods, including multivariate statistical analyses, on-site field work with in-depth interviews, and close inspection of historical archival materials.

Co-Principal Investigators

Angela Arzubiaga is Research Associate at the Vanderbilt Institute for Public Policy Studies (VIPPS). She obtained her Ph.D. in Education from the University of California Los Angeles (UCLA) in 1998. Since then, she has been awarded the University of California President's Postdoctoral Fellowship and been recognized, for her work on family policy matters, by the International Society for the Study of Behavioral Development (ISSBD). Her research interest in cultural family studies developed in part from prior experience. Before attending UCLA, she worked extensively for a decade, in Washington DC, in the public and private sectors in community and psychological service institutions. Dr. Arzubiaga has also taught Culture and Development courses at UCLA and her research focuses on immigrant families' adaptations. She is interested in eco-cultural and sociocultural models to understand family life and home-institution connections. Dr. Arzubiaga has led the collection, analysis, and interpretation of data and fieldwork of longitudinal large and small scale federally funded studies, in addition to developing and implementing training programs designed to validate and use ecocultural measures in the study of immigrant families.

Rhonda BeLue is Assistant Professor with a joint appointment at Meharry Medical College, Department of Surgery and Vanderbilt Medical Center, Center for Health Services Research. She earned her BS in Biology/Mathematics from the University of New Mexico in 1994, an MS in Statistics in 1999 and her PhD in Health Services Research in 2001 from Cornell University. Dr. BeLue's research interests include patient and physician decision – making, racial disparities in access to healthcare and overcoming barriers to accessing healthcare and outcomes research methodology. She has served as director of the statistical consulting service at Cornell Medical College where she collaborated and provided statistical and methodological advice for grants and

new and ongoing research projects for the School of Medicine. Currently, Dr. BeLue is conducting research on racial and socio-economic disparities in asthma and cardiovascular disease.

Susan L. Brooks has been on the faculty of Vanderbilt Law School since 1993 and, since July 2001, is Clinical Professor of Law. She directs the Juvenile Practice Clinic, in which law students represent children and parents in juvenile court matters under her supervision. Professor Brooks also teaches two seminars: Children and the Law, and Child Welfare: Law and Policy. Professor Brooks received her J.D. degree from New York University School of Law in 1990, where she was awarded the Judge Aileen Haas Schwartz Award for Outstanding Work in the Field of Children and Law. Prior to attending law school, Professor Brooks practiced social work in Chicago. She received an M.A. in clinical social work from the University of Chicago School of Social Service Administration in 1984, and earlier earned a B.A. from the same university. Professor Brooks has been involved in extensive research, writing, and community service projects related to child welfare, social services, and the role of the courts. She served as the lead investigator in a statewide study of the courts' involvement with the foster care system, which was sponsored by the Tennessee Supreme Court. In addition to providing direct legal representation and legislative advocacy on behalf of vulnerable children and families, Professor Brooks provides pro bono legal support and consultation to a number of community service agencies.

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Oscar Miller is Associate Professor of Sociology and Head of the Department of Social Work and Sociology at Tennessee State University. He earned his Ph.D. degree in Sociology at Vanderbilt University in 1994. His research has addressed workplace culture, satisfaction, commitment, and turnover, and the effectiveness of government programs and organizations. Much of Dr. Miller's work has examined the effect of race and ethnicity. His findings have been published in a book and several scholarly articles and technical reports. Dr. Miller has utilized a broad range of qualitative and quantitative research methods, including multivariate statistical analysis, field research involving face-to-face interviews, and survey research.

Douglas D. Perkins is Associate Professor and Director of Graduate Studies in the Department of Human and Organizational Development at Peabody College of Education and Human Development, Vanderbilt University. His 1990 Ph.D. is in Community Psychology from New York University. He is a Fellow of the Society for Community Research and Action and its liaison to international professional organizations in community development, environmental design research, and urban affairs. He has worked for Citizens Committee for New York City and directed a longitudinal, multi-method study of fear of crime and mental health in urban neighborhoods. Before coming to Vanderbilt in 2000, he taught Criminal Justice at Temple University (1987-1989) and Family, Consumer and Community Studies at the University of Utah (1989-2000). He was founding Director of Vanderbilt's Ph.D. Program in Community Research and Action. Perkins' research focuses on the social and physical ecology of urban neighborhoods, collaborative problem solving with grassroots community organizations, and the use of social research in public policy. The problems his research, teaching, and consultations have addressed include, but are not limited to, neighborhood revitalization, housing, crime, and disorder.

Peggy A. Thoits is Professor of Sociology at Vanderbilt University. She obtained her Ph.D. at Stanford University in 1978 and taught at Washington State University, Princeton University, and Indiana University prior to coming to Vanderbilt in 1990; she has been a fellow at the Center for Advanced Studies in the Behavioral Sciences at Stanford, 1990-91. Her research focuses on the social factors that influence psychological well-being. She examines stress, coping, and social support processes; the effects of multiple roles on mental health; self and identity dynamics; and the role of emotion in mental health/mental illness. She has published extensively in leading sociological and psychological journals and has numerous chapters in edited volumes as well. She serves as a regular study section member on the Risk, Prevention, and Health Behavior panel for NIMH, reviewing research grants.

Lynn S. Walker is Professor Pediatrics, Director of the Division of Adolescent Medicine and Behavioral Science, and Senior Fellow at Vanderbilt's Kennedy Center for Research on Education and Human Development. Dr. Walker is fluent in Spanish and has an undergraduate degree in Latin American Studies. She obtained her Ph.D. in 1982 from Peabody College of Vanderbilt University with a specialization in child health psychology. She completed a postdoctoral fellowship in health research at the Vanderbilt Institute of Public Policy Studies in 1983-85. Since 1987, she has directed a federally-funded program of research on psychosocial aspects of children's health. Her research team has developed measures of child health and illness behavior that are used nationally and internationally. Dr. Walker's research methods include clinical interviews, self-report questionnaires, observation, and laboratory experiments. Her findings have been published in over fifty scholarly articles.

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Executive Summary

According to the U.S. Census, the number of Nashville-Davidson County residents who were born outside of the United States tripled between 1990 and 2000, having grown to roughly 40,000 or 7% of the county population by 2000. Many originated in Africa, Asia, and Latin America. Of all foreign-born Nashville residents in 2000, two-thirds had arrived in the U.S. during the 1990s, three-fourths were not citizens, 20% were officially poor (compared to 13% of Nashville's native-born population), and 61% were born in Mexico or Central America.

In its request for proposals to conduct the Immigrant Community Assessment, Metropolitan Government of Nashville-Davidson County emphasized the growth to national prominence in the size of Nashville's immigrant community. Recently, the *New York Times* reported that refugees have been resettling in Nashville and other cities "where the cost of living is relatively low and entry-level jobs are available."[3]

The Immigrant Community Assessment research project was designed to accomplish five assessment goals that are listed on p. 5 of Request for Proposal Number 02-08, issued by Metropolitan Government of Nashville-Davidson County, Tennessee on February 6, 2002. Briefly paraphrased, these goals are:

> Goal 1. To understand the changing demographics and resettlement patterns as well as the civic, social, and economic behaviors of immigrants in Nashville;
>
> Goal 2. To obtain an analysis of available resources to immigrant communities and identify methods of linking immigrant populations to existing programs;
>
> Goal 3. To understand how well the immigrant population is being integrated into Nashville and the accessibility of services;
>
> Goal 4. To identify unavailable resources and critical needs;
>
> Goal 5. To identify best practices for responding to the needs of immigrants in other Southern cities.

The Immigrant Community Assessment research project constitutes an historic and constructive collaboration among three Nashville-based universities—Meharry Medical College, Tennessee State University, and Vanderbilt University, as well as the Nashville community of immigrants and refugees, the local community of professional social service providers, and Metropolitan Government of Nashville-Davidson County. The university-based team of social scientists designed and conducted the research with the advice of its Community Advisory Board, which was comprised of an ethnically diverse

[3] Rachel L. Swarns, "U.S. a Place of Miracles for Somali Refugees," *New York Times*, Sunday, July 20, 2003, pp. 1, 23. Quotation is on p. 23.

group of representatives of the local immigrant and refugee community and local professional social service providers.

Our policy recommendations and chief research findings follow. It is our intention to make recommendations that enhance and encourage a mutually beneficial incorporation of immigrants and refugees into Nashville. In designing the research project, the research team of four sociologists, two psychologists, one education researcher, one health services researcher, and one lawyer-social worker followed Metro Government's assessment goals. We also endeavored to capture the perspectives of grassroots immigrants, ethnic community leaders, and professional social service providers, as well the U.S. Census, in the research design. We developed these policy recommendations from the four research projects that we conducted to complete the Immigrant Community Assessment. These projects are: 1) the U.S. Census project (section II of the full report); 2) the agency directors survey (section IV of the full report), comprising a census of over 800 social services agencies in Nashville that we compiled and interviews with a random sample of representatives of 64 of these agencies; 3) the immigrant focus groups project (section III of the full report), consisting of 16 focus groups conducted in seven languages with a total of 137 individual participants; and 4) the Southern cities best practices project (section V of the full report), a survey of best practices for serving the immigrant and refugee communities in greater Atlanta, GA, Charlotte, NC and Memphis, TN and intensive interviews with representatives of nineteen of the model agencies in these cities.

Our discussions with immigrants and refugees in the focus groups indicate that immigrants and refugees are making important economic and social contributions to Nashville (section I of the full report). In addition, they contribute to the nation through military service. Locally, they engage in important mutual aid activities that help them to sustain themselves in cohesive communities. In our focus group discussions, immigrants and refugees also identified strengths of Nashville's public and private social services and economy. For example, focus group participants commented favorably about teachers, public schools, and employment opportunities and felt that Nashville was a safe city. These strengths are further detailed in section III of the full report.

As a needs assessment, our report and recommendations focus on themes for strengthening Nashville's public and private social services. The social service policy domains that we emphasize in our recommendations—education (adult and children), employment, health, housing and safety—are those that the immigrants and refugees discussed with the greatest frequency and intensity in the focus groups compared to the other domains that were addressed by the focus groups. Focus group participants were given the opportunity to discuss other policy domains, such as family, community, law, and transportation, and to identify any other policy domains of concern to them.

In order to develop a set of recommendations that can have the greatest impact on the widest possible range of Nashville's immigrant and refugee community, we emphasize social service needs that were shared by most or all of the immigrant and refugee ethnic groups who participated in the focus groups. These ethnic groups, as requested by Metro

in its RFP (p. 8), are Arabic, Hispanic, Kurdish, Laotian, Somali, and Vietnamese immigrants and refugees. Each of these ethnic groups also expressed needs that were unique to their group, or that were expressed by a minority of these groups. The needs that are unique to each of these ethnic groups are detailed explicitly in section III of the full report.

We organize our recommendations around seven themes on strengthening the incorporation of immigrants and refugees in Nashville-Davidson County that emerged from our research. The immediate objectives of this set of recommendations are to maximize mutual communication and understanding between native and foreign-born residents and increase the supply, accessibility, and culturally sensitive delivery of services for foreign-born residents of Nashville-Davidson County.

Theme 1. Increase countywide, community familiarity with the cultural traditions and contributions of immigrants and refugees in Nashville

The findings from our analysis of the 2000 U.S. Census indicate the newness of global immigration to Nashville and the degree of invisibility of the rapidly growing immigrant and refugee community in Nashville. In 2000, Nashville's foreign-born residents comprised 7% of Nashville's total population of some 570,000 residents. Two-thirds of the foreign-born who were residing in Nashville in 2000 had arrived in the United States during the 1990s. Two-thirds of Nashville's foreign-born residents originated in Latin America, and some 5% of Nashville residents—native and foreign-born—identified themselves to the Census as "Hispanic." Roughly one-third of Nashville's foreign-born residents, especially those who are ages 18-64, were what the U.S. Census termed "linguistically isolated"—they lived in households where no member over the age of 14 spoke English "very well." According to the Census data, the foreign-born tend to reside in the southeast quadrant of Nashville, although they are less residentially segregated from natives than native whites are from native blacks. Three-fourths of Nashville's foreign-born residents are not citizens. Non-citizen, foreign-born residents of Nashville are two times more likely than Nashville natives to be poor.

Our survey of Nashville social service agency directors shows that most service providers face difficulties in communicating with immigrant and refugee clients and patients. Over 80% of those responding to the survey indicated the presence of language barriers between staff and their clients and patients that resulted from the absence of translators and interpreters and the inability of staff and their clients and patients to communicate with one another in the same language. Approximately 85% of the surveyed directors indicated that their agencies faced difficulties in gaining access to interpreters. Agency directors also indicated that foreign-born clients were less likely than native clients to provide their agencies with feedback about the services. Approximately two-thirds of the survey respondents claimed that a minority of their foreign-born clientele provided their agencies with feedback or that they did not know how much feedback they received from their foreign-born clientele. In contrast, 70% of the survey respondents indicated that a majority of the native clientele, regardless of their race or ethnic background, provided their agencies with feedback about services. Over 40% of the survey respondents did not

know how satisfied or dissatisfied their foreign-born clientele were with the services provided by their agencies.

The immigrants and refugees who participated in our focus groups reported instances of a range of adverse interpersonal interactions with native residents of Nashville in all of the policy domains that they emphasized. Generally, these adverse interpersonal interactions reported by the focus group participants include: a) discriminatory denial of employment to foreign-born job seekers and assignment of foreign-born workers to low-status jobs for which they are over-qualified; b) on-the-job intolerance and cultural insensitivity toward foreign-born workers expressed by native co-workers and employers; c) intolerant and insensitive delivery of social services in all service domains by professional service providers who were unfamiliar with ethnic cultural traditions of foreign-born clients and patients; d) intimidating or harassing delivery of protective services and the management of rental housing, generating foreign-born residents' disaffection from these service providers; and e) taunting and harassment of foreign-born children by native children on school buses and in schools.

RECOMMENDATION 1.1: Develop instructional resources—for example, brochures, workshop curricula, videos, mini-conferences with immigrants and refugees—about the cultural traditions and local contributions of all foreign-born ethnic groups in Nashville for employers, real estate managers, and professional service providers in all service domains.

RECOMMENDATION 1.2: Increase the instructional opportunities on the cultural traditions and local contributions of Nashville's foreign-born ethnic groups for employers, real estate managers, and professional service providers in all service domains.

RECOMMENDATION 1.3: Encourage employers, real estate managers, and professional service providers in all service domains to avail themselves voluntarily of any instructional opportunities of the kind described in Recommendation 1.2.

RECOMMENDATION 1.4: Develop K-12 curricula and materials on global immigration to Nashville for instruction in social studies, geography, history, literature, foreign language, and statistics courses.

RECOMMENDATION 1.5: Support more public inter-cultural events and disseminate more public-interest information about global immigration to Nashville and the cultural traditions and local contributions of Nashville's foreign-born ethnic groups.

<u>Theme 2. Increase the availability and broaden the curricula of English-language instruction and instruction on daily life in the United States</u>

The U.S. Census study shows that Nashville's foreign-born residents have varying abilities to communicate in English. Roughly one-third of Nashville's foreign-born

residents, especially those who are ages 18-64, are what the U.S. Census terms "linguistically isolated"—they live in households where no member over the age of 14 speaks English "very well." At the same time, the U.S. Census shows that over 70% of Nashville residents whose native language is not English speak English "well" or "very well."

Focus group participants expressed a need for increased opportunities to learn English at proficiency levels higher than the elementary level. Focus group participants also indicated that the accessibility of English-language instruction was lowered by the limited schedules at which English language instruction is offered and by an insufficient supply of affordable and safe childcare services for adult, English-language students.

Focus group participants also expressed a desire to familiarize themselves further about daily life routines in the United States by taking courses on this topic.

RECOMMENDATION 2.1: Increase English-language instructional opportunities that are offered during non-working hours.

RECOMMENDATION 2.2: Offer more English-language instruction at proficiency levels higher than the elementary level.

RECOMMENDATION 2.3: Offer more instruction on daily life routines in the United States.

RECOMMENDATION 2.4: Increase the supply of affordable and safe childcare services for adult students.

Theme 3. Encourage the development of community-based social service agencies in areas where immigrants and refugees tend to reside

The statistical findings and maps from the U.S. Census project and the agency directors survey indicate that 80% of 813 public and private social service providers in Nashville are located outside of the southeast quadrant of Nashville, and that almost 60% of Nashville's foreign-born residents live within the southeast quadrant in the emerging international corridor along Nolensville and Murfreesboro Rds. The U.S. Census study also shows that Nashville's foreign-born ethnic groups tend to reside in different census tracts within the southeast quadrant, and that each foreign-born group comprises no more than a minority of residents within any one census tract. According to the agency directors survey, half of the directors responding to the survey identified transportation barriers that reduced the accessibility of their agencies' services to foreign-born clientele.

What is more, immigrant and refugee participants in our focus groups maintained that the accessibility of social services to immigrants and refugees is reduced by infrequently operating transportation services, limited schedules in which social service agencies are open to the public, and an insufficient supply of safe and affordable childcare services.

Focus group participants also indicated that language barriers between service providers and clients and patients, as well as providers' unfamiliarity with the ethnic cultural traditions of immigrant and refugee clients and patients, hinder communication and lower trust between individual service providers and individual clients and patients.

The results of our interviews with representatives of model agencies in Atlanta, Charlotte and Memphis suggest that a model of a sustainable, social service agency that serves immigrants and refugees effectively is an agency that: 1) is located in the neighborhood where immigrants and refugees tend to reside; 2) provides multiple, direct services and referral services; 3) employs a multi-lingual, professional and community staff who are familiar with the ethnic cultural traditions of the neighborhood residents; and 4) serves the widest possible range of immigrant, refugee, and native ethnic and racial groups who reside in the neighborhood. For the sake of brevity, we refer to a social service agency that has these four characteristics as a "community-based, multi-service, multi-ethnic" social service agency.

RECOMMENDATION 3.1: Encourage the development and diffusion of community-based, multi-service, multi-ethnic social service agencies in the southeast quadrant of Nashville.

RECOMMENDATION 3.2: Increase the frequency with which transportation services operate between the southeast quadrant and the other areas of Nashville.

RECOMMENDATION 3.3: Increase the supply of affordable and safe childcare services for families who visit social service agencies.

Theme 4. Increase the accessibility of employment, housing, and service providers to immigrants and refugees

Focus group participants reported language barriers and financial barriers to obtaining employment, decent and affordable housing, and social services.

Although the majority of Nashville's foreign-born population is not poor, the U.S. Census study shows that Nashville's non-citizen, foreign-born residents are twice as likely as Nashville natives to be poor. The poverty rate of Nashville's non-citizen foreign-born residents is 23%, compared to the poverty rate of 12% for Nashville natives. Approximately one-third of the agency directors who responded to our survey indicated that their foreign-born clientele were unable to pay for the services provided by their agencies.

Our survey of Nashville social service agency directors suggests that language barriers reduce awareness and accessibility of social service agencies to the immigrant and refugee community. Over 60% of the survey respondents stated that their agencies promote their services in the community by communicating only in English, and, of the

one-third that promote their agencies in languages other than English, over 90% communicate in Spanish.

Focus group participants maintained that accessibility of employment, housing, and service providers in all service domains was hindered in part by language barriers that led to misunderstandings, low awareness of rights, benefits, and procedures, and tension between foreign-born residents, on the one hand, and those with whom foreign-born residents engage in transactions in these domains. As policies for strengthening instruction in English-language and daily life routines in the U.S., Recommendations 2.1-2.4 are important, but are likely to be most effective after an immigrant or refugee has had time to settle into Nashville and become proficient in English. Indeed, our U.S. Census study shows that 45% of Nashville's foreign-born residents in 2000 had been in the United States for no more than five years.

In the short run, language barriers and financial barriers that hinder the accessibility of employment, housing, and vital services to the foreign-born can also be addressed with the aid of bilingual advocates, such as counselors, lawyers, and social workers. Over 80% of those responding to our survey of Nashville agency directors indicated the presence of language barriers between staff and their clients and patients that resulted from the absence of translators and interpreters and the inability of staff and their clients and patients to communicate with one another in the same language. Approximately 85% of the survey respondents indicated that their agencies faced difficulties in gaining access to interpreters. Our study of model agencies in Atlanta, Charlotte, and Memphis describes successful cases of community-based, multi-service, multi-ethnic agencies that serve as strong advocates for their clients, members, and patients, as well as providing them with direct services and referral services.

RECOMMENDATION 4.1: Increase the supply of bilingual advocates—counselors, lawyers, and social workers—who can advocate on behalf of non-English-speaking clients and patients, and on behalf of those who are not fluent in English, during the following interactions and transactions:

Adult Education

a. identifying and enrolling in institutions of higher education and vocational and technical education
b. aiding in the recognition of higher education credits earned in other countries

Children's Education

c. facilitating parent conferences with school teachers and administrators
d. arranging for appropriate student grade-level placement

Employment

e. assisting in job searches: resume preparation, identifying prospective employers, interviewing
f. learning employee rights
g. addressing occupational safety and health problems

Health
h. helping in the provision of healthcare
i. purchasing health insurance and filing health insurance claims

Housing
j. addressing rental housing conditions with housing managers
k. obtaining home mortgages

Safety
l. calling for help
m. interacting with law enforcement officers

Focus group participants also reported a scarcity of bilingual, emergency-service receptionists and providers.

RECOMMENDATION 4.2: Increase the supply of bilingual emergency-service receptionists and providers.

Theme 5. Streamline the credentialing of immigrants and refugees for employment in diverse sectors of the Nashville economy

Focus group participants reported that underemployment of foreign-born workers—that is, employment in a job for which a worker is overqualified—is partly attributable to gaps in communicating and presenting employment credentials that a worker had earned in her or his homeland. Some foreign-born workers are unable to retrieve formal documentation of their credentials from the homeland. For other foreign-born workers, local employment services and prospective employers are unable to read and interpret credentials written in languages other than English. Focus group participants also called for increasing the availability of higher education and vocational and technical educational opportunities.

Recommendations 4.1e-4.1g to increase the supply of bilingual advocates for employment-related issues are helpful policies, but, as practices that aid individual workers and employers, they increase only indirectly and incompletely countywide capacity to institutionalize and regularize the interpretation of foreign credentials and credentialing processes. Similarly, Recommendation 3.1 to encourage the diffusion of community-based, multi-service, multi-ethnic social service agencies is a helpful policy, but, as a neighborhood-centered policy, it increases only indirectly and incompletely countywide capacity to coordinate the multiple organizations—including private and public employers, labor unions, employment services, human resource management professionals, professional associations, occupational licensing agencies, vocational and technical education providers, and refugee resettlement agencies—that play a role in preparing foreign-born workers of all ethnic backgrounds for employment and in matching workers and jobs in the Nashville economy. Collaborating in this way can also

help to increase the supply of qualified bilingual individuals who can serve as advocates in the service domains identified in Recommendations 4.1a-4.1m.

RECOMMENDATION 5.1: Encourage collaboration among private and public employers, labor unions, employment services, human resource management professionals, professional associations, occupational licensing agencies, vocational and technical education providers, and refugee resettlement agencies in the development of on-going, countywide capacity to interpret foreign, employment credentials earned in all countries of origin and streamline the preparation, communication, and presentation of foreign-born workers' credentials for employment in the Nashville economy.

Theme 6. Develop public arenas for immigrants and refugees to express regularly their interests and needs

Our U.S. Census analysis indicates that three-fourths of Nashville's foreign-born residents are not citizens, and those of the remaining one-fourth who are registered voters are a small fraction of the local electorate. Immigrants and refugees align themselves with advocates, such as those described in Recommendation 4.1, in order to be heard and address problems. Our study of the Mayor's International Cabinet in Charlotte shows how this successful system-wide program allows for the regular expression of minority interests and institutionalizes the gathering and dissemination of helpful information about global immigration in the city. This best practice can also serve the information-dissemination objectives of Recommendations 1.1-1.5 that are presented above in the discussion of Theme 1.

RECOMMENDATION 6.1: Establish an on-going forum for the regular expression of interests by immigrants and refugees in Nashville.

Theme 7. Strengthen countywide capacity to monitor, plan, coordinate, and address the widest possible range of needs of immigrants and refugees

All of our recommendations suggest the desirability of establishing an on-going, countywide entity and effort to monitor social services needs and plan, coordinate and achieve a mutually beneficial incorporation of the rapidly growing and diversifying community of immigrants and refugees in Nashville. Our survey of Nashville agency directors suggests that inter-agency coordination is presently pursued primarily with informal means. Almost 60% of those responding to our survey indicated that their agencies learned about the services of other agencies by networking and word-of-mouth. The use of formal means of inter-agency coordination—such as conferences and association activities—was mentioned by no more than one-fourth of the survey respondents.

Taken together, our recommendations call for: a) continuously conducting policy-relevant research on the dynamic process of global immigration to Nashville; b) enhancing the mutual flow of communication among many inter-dependent groups,

including foreign-born residents, community leaders, advocates, service providers, employers, universities, and policymakers; and c) inter-agency coordination between and within the public and private sectors in sharing common resources, such as interpreters and translators, incubating and developing new private and public, pilot projects and agencies, and locating new service-delivery sites within Nashville.

RECOMMENDATION 7.1: Establish an on-going, countywide organization dedicated to "immigrant and refugee affairs" to monitor social services needs and plan, coordinate and achieve a mutually beneficial incorporation of the rapidly growing and diversifying community of immigrants and refugees in Nashville.

I. INTRODUCTION

The Immigrant Community Assessment research project was designed to accomplish five assessment goals that are listed on p. 5 of Request for Proposal Number 02-08, issued by Metropolitan Government of Nashville-Davidson County, Tennessee on February 6, 2002. Briefly paraphrased, these goals are:

> Goal 1. To understand the changing demographics and resettlement patterns as well as the civic, social, and economic behaviors of immigrants in Nashville;
>
> Goal 2. To obtain an analysis of available resources to immigrant communities and identify methods of linking immigrant populations to existing programs;
>
> Goal 3. To understand how well the immigrant population is being integrated into Nashville and the accessibility of services;
>
> Goal 4. To identify unavailable resources and critical needs;
>
> Goal 5. To identify best practices for responding to the needs of immigrants in other Southern cities.

In order to accomplish these assessment goals, our multi-university research team of four sociologists, two psychologists, one education researcher, one health services researcher, and one lawyer-social worker deliberated at length to develop a high-quality, feasible, and cost-effective research design for conducting the Immigrant Community Assessment. Our design of the Immigrant Community Assessment consists of the following four research projects, which were conducted during the period of August 2002-July 2003:

1. U.S. Census (USC) project: Based on Davidson County, Tennessee data from the 1990 and 2000 U.S. Censuses, we analyzed statistically in tables and color maps of 1990-2000 changes in the magnitude, demographic and socioeconomic characteristics, and residential settlement patterns of immigrants of a wide range of ethnic backgrounds in Davidson County**.** This research project accomplishes Metro government's first assessment goal.

2. Agency Directors Survey (ADS) project: We surveyed a scientific, random sample of 64 directors of private and public social service agencies and community organizations that work with immigrants in Davidson County. The sample was drawn from a comprehensive listing of all 813 known relevant agencies. The survey consisted of 1-hour, face- to-face private interviews with each of the agency and organization directors in their offices about their perceptions or assessments of: a) the contributions made by immigrant populations to the Nashville community; b) the range of currently available resources—services and referral systems—to immigrants; c) accessibility of services and programs to immigrants and barriers to services; and, d) needed resources that are not

available, critical needs, areas in which new services should be implemented, grant opportunities, and cost estimates. This research project addresses Metro government's second through fourth assessment goals, in conjunction with our third and fourth research projects, described below.

3. Immigrant Focus Groups (IFG) project: In order to discern a wide range of immigrant perspectives, we conducted 16 confidential focus groups in seven languages with a total of 137 immigrants of several ethnic backgrounds. The groups were members of the ethnic communities about whom Metro government explicitly and specifically requested information on p. 8 of RFP 02-08: "Hispanic, Laotian, Vietnamese, Kurdish, Arabic, and Somali immigrants." The focus group topics were the same topics as topics a-d described above in the description of the Agency Directors Survey project. For each of the ethnic communities, we conducted separate focus groups. This research project addresses Metro government's second through fourth assessment goals, in conjunction with our second and fourth research projects, described herein.

4. Southern Cities Best Practices (SCBP) project: In order to discern the best practices for responding to immigrant needs in other (non-Floridian) Southern cities of comparable size to Nashville, we identified several best practices in greater Atlanta, GA, Charlotte, NC, and Memphis, TN. We conducted long-distance telephone interviews with 19 experts in these cities about best practices in serving immigrant communities. The interviews addressed: a) the socioeconomic and demographic profile of the immigrant community in the three cities; b) failed social service programs in the three cities; and c) successful social service programs in the three cities. This research project addresses Metro government's fifth assessment goal.

The following chart summarizes how the four research projects of the Immigrant Community Assessment address Metro Government's five assessment goals:

Research Projects	Metro Government's Assessment Goals (1)	(2)	(3)	(4)	(5)
1. USC	X				
2. ADS		X	X	X	
3. IFG		X	X	X	
4. SCBP					X

What is more, the four-project design of the Immigrant Community Assessment is intended to capture multiple perspectives of the social services needs of the Nashville immigrant community. These are the perspectives of the U.S. Census, grassroots immigrants and refugees, ethnic community leaders, and professional social service providers.

The foreign-born population in Nashville tripled during the 1990s. By 2000, foreign-born residents had come to comprise 7% of the Nashville population, according to the U.S. Census. Many immigrants and refugees who settled in Nashville originated in Africa, Asia, and Latin America. Of all foreign-born Nashville residents in 2000, two-thirds had arrived in the U.S. during the 1990s, three-fourths were not citizens, 20% were officially poor (compared to 13% of Nashville's native-born population), and 61% were born in Mexico or Central America.

Immigrants and refugees have made economic, social and cultural contributions to Nashville. Our focus group research with immigrants and refugees provides the perspectives of immigrants and refugees themselves on their own contributions to Nashville. In response to our questions about their contributions, immigrant and refugee focus group participants mentioned three types of contributions:

1. Economic contributions: labor, entrepreneurialism, and taxes. Workers emphasized that they contribute labor, "our hands" as one Spanish speaker put it, to the local economy. Another Spanish-speaking worker put it this way:

   > What is really seen here. . . is that when the economy slows down, when the economy falls, they let the immigrants come in . . . What for? … We push up the economy when it is going down, that's very well known.

   Some workers stated that they would be even more productive were they to receive more training and education. According to a Spanish-speaking worker:

   > I think if the government can support us in some areas, like a technical degree [for becoming a] plumber, electrical, I feel we could be better prepared, and this would be a benefit for the state, because we could perform in a more qualified job … we could do a better job. We could be more capable to perform in any field that we're trained for; then it is beneficial for both parties, right? We... because we have the education, and the companies because they have qualified people.

   Immigrant entrepreneurs not only create jobs, they also pay taxes and thereby help to support local public services. A Laotian speaker stated,

   > I suggested that everyone gives their opinion so that you can hear from them not just from me. The Laotian community has contributed to making Nashville a better city like the income tax. And there are some who . . . have their own businesses. Like me, I have a business and I have to pay tax.

2. Mutual aid contributions. Immigrants of the same ethnic background often support one another emotionally, socially, culturally, and economically. As one Kurdish participant in our focus groups stated:

> Because of the Islamic center, we can all gather together and we can raise our kids in a very traditional way. We don't want them to forget our religion and our culture. We help each other when we have problems…for happiness. . . Not because they provide the services, but just because we are all together.

Another Kurdish participant explained:

> The only reason we gather together is because when you gather together, you don't miss your country that much…you don't miss folks back home and that's the only reason we are close together: we speak the same language and we help each other.

Several Somali focus group participants spoke of the importance of family and community, including community elders, in addressing family problems. A Somali man put it succinctly:

> We help each other to survive. . .

Similarly, a Somali woman stated:

> We have family members and relatives who we turn to help us and they help us, but we don't get assistance from the government side.

Another Somali woman explained to the focus group facilitator that when a family cannot resolve a problem within the family, they will "tell the elders."

3. Military service. For several of the focus group participants, the performance of service in the U.S. military was an expression of patriotism and a source of pride. In one focus group of concurring Vietnamese speakers, a woman participant said that she would enlist in the military and fight for the U.S. and would allow her children to do so as well. A Laotian speaker in another focus group stated,

> I have been working here since '79 and I think my income tax might have helped Nashville to become a better city. Also, one of my sons went into the army for eleven years now. Thank you.

In the remaining sections of this final report of the Immigrant Community Assessment, we present the findings of the four research projects described above. The results of the

U.S. Census analysis are presented in section II, the immigrant focus groups in section III, and the agency director survey in section IV. We conclude this report in section V with descriptions of several best practices for serving immigrants and refugees in greater Atlanta, GA Charlotte, NC and Memphis, TN. Section V also contains our policy recommendations for augmenting and coordinating the roles of the public and private sectors of the Nashville community of social service providers in the direct provision of services and in addressing system-wide policies for serving the local immigrant and refugee community. Section VI is an appendix that describes in detail our research methodology. Each of sections II-VI concludes with a summary at the end of the text and an appendix of tables, charts, and maps.

II. U.S. CENSUS PROJECT

We analyzed publicly available data from the 1990 and 2000 decennial U.S. Censuses to describe statistically in detailed tables and color maps, changes in the magnitude, demographic and socioeconomic status characteristics, and residential settlement patterns of foreign-born population groups living in Davidson County, Tennessee. The specific groups we were contracted by Metro Government to investigate were: (a) Arabs, (b) Hispanics, (c) Kurds, (d) Laotians, (e) Somalis, and (f) Vietnamese. The U.S. Census provides rich information about five of these six population groups while including complementary information describing other population groups as a point of reference. Detailed tables and color maps in this section are based on aggregated U.S. Census data, and refer to estimated numbers of people and associated percentages for Davidson County, Tennessee. Tables show data aggregated to the county level whereas maps show data aggregated to the Census tract level. Census tract boundaries roughly equate to perceived neighborhood. The reader should refer to individual tables and maps for detailed source(s) of information.

This project has three linked components: (1) detailed tables derived from descriptive, quantitative analysis of 1990 and 2000 decennial aggregated Census data, (2) color maps derived from compiling 1990 and 2000 decennial aggregated Census data, and (3) brief narrative describing the (a) methodological approach and (b) major substantive findings. Tables, the Chart, and Maps referenced in the narrative may be found in alphanumeric order at the end of this section of the report. Given the volume of data shown in the detailed tables and color maps, our goal was to highlight substantively important patterns with regard to the demographic, residential, and social characteristics of foreign-born population groups, and to contextualize these patterns in reference to native-born population groups. Preliminary to presenting our major substantive findings via detailed tables and color maps, we outline our methodological approach to the analysis presented here.

Methodological Approach

Limitations of the U.S. Census decennial data and our analysis of these data include the: (a) inability to specify foreign-born individuals of Kurdish ancestry in 1990 and 2000 decennial Censuses, (b) inability to specify foreign-born individuals of Somali ancestry in the 1990 decennial Census, (c) changes in Census tract boundaries from 1990 to 2000, (d) potential and numerically unspecified undercount of foreign-born individuals, especially undocumented immigrants[1], (e) inability to distinguish between immigrants and refugees within foreign-born population groups, and (f) lag time between 2000 decennial Census estimates and the contemporaneous status of Davidson County, Tennessee. Relative to the novel information yielded, these limitations do not detract from the breadth and depth of description achievable with Census data. And together with evidence from other sections of this report, we are confident about the validity and reliability of the conclusions we have drawn.

We relied on several questions linked to respondents' self-reported identity in the 1990 and 2000 decennial Censuses to address the magnitude, demographic and socioeconomic status characteristics, and residential settlement patterns of foreign-born population groups living in Davidson County, Tennessee. These questions assessed individuals': (a) self-reported race, (b) self-reported ethnicity, (c) self-reported ancestry, and (d) self-reported country of origin, first-mention only. Self-reported country of origin provides the data most relevant to the goals of this project, and together with additional self-report questions on race, ethnicity, and ancestry, the Census analysis yields much numerical information about the mosaic of individuals who reside in Davidson County, Tennessee. Chart IIA summarizes how the population groups shown in the detailed tables were operationalized. The operationalization process is described in the next couple paragraphs.

In order to obtain the magnitude, demographic and socioeconomic status characteristics of foreign-born population groups and map their residential settlement patterns in Nashville, we used questions in the 1990 and 2000 decennial Censuses asking foreign-born individuals to report their country of origin. This question requires individuals to choose a particular country from a provided list. However, the provided list is limited and does not provide information about all six of the foreign-born population groups of interest to Metro Government (see Chart IIA). On the one hand, the countries of Laos and Vietnam were included on the list enabling us to obtain counts of foreign-born individuals from these countries. On the other hand, individuals could not identify themselves as being from Arab, Hispanic, Kurdish, or Somali countries of origin. We obtained data for some of these groups without country of origin information by examining individuals who identified themselves as being from one of a number of countries typically associated with Hispanics (e.g., Mexico and other Latin America nations) or from Africa. As a result, we identified, enumerated, and described foreign-born individuals who claimed Laos, Vietnam, various Hispanic countries, and certain geographic areas of Africa as countries of origin.

In addition to querying foreign-born individuals about their country of origin, foreign-born and native-born individuals were asked to identify their ancestry group. Although it was not possible to distinguish between foreign-born and native-born individuals' answers to this question, we included the data from these questions to broadly identify people of Arab or Somali ancestry.

Unfortunately, since Kurdish ethnicity is not unambiguously linked to a particular country, we cannot use the country of origin question or ancestry question to describe characteristics of the Kurdish community within Davidson County, Tennessee. Moreover, Kurdish is not one of the categories of self-reported race or self-reported ethnicity in the 1990 or 2000 decennial Censuses. As a result, we cannot provide any valid or reliable information about Kurdish individuals relevant to this project using decennial Census data.

To summarize, we identified, enumerated, and described foreign-born population groups from Africa, Laos, Mexico, and several other Hispanic countries, and Vietnam. In addition, we identified, enumerated, and described people of Arab or Somali ancestry. As appropriate, we also included information on various other racial and ethnic native-born groups as a point of reference. Throughout, the reader is cautioned to note whether data refer to the foreign-born population or to the combined native-born and foreign-born population. In addition, the distinctions between self-reported country of origin (for the foreign-born), self-reported ancestry, self-reported race, and self-reported ethnicity should be noted in interpreting patterns within the detailed tables. Again, Chart IIA summarizes differences between these operational terms and shows the type of information available for each of the six foreign-born population groups we were contracted to investigate.

Finally, the reader should note that some of the geographic boundaries of Census tracts were re-drawn during the ten-year period from 1990 and 2000. Only in the few cases are Census tracts shown in the color maps not directly comparable between 1990 and 2000, nevertheless care should be exercised when interpreting changes in settlement patterns based upon the color maps.

Major Substantive Findings

The magnitude, demographic and socioeconomic status characteristics, and residential settlement patterns of specified foreign-born and select native-born population groups living in Davidson County, Tennessee in 1990 and 2000 are shown in Tables IIA-IIN. Again, readers should pay particular attention to Notes at the bottom of the detailed tables as they often qualify information contained in the tables.

Detailed Tables: Magnitude and Demographic Trends from 1990 to 2000

Table IIA shows changes in the number and percentage of the total Davidson County, Tennessee population from 1990 to 2000 by self-reported race and ethnicity. As shown in the first column for the year 2000, the total Davidson County population is approaching 570,000 individuals, with self-reported white and black population groups making up the majority share of the total number. In 1990 roughly 98% of the total population represented self-reported white and black groups. By the year 2000 this percentage had dropped to 93%. Proportional increases from 1990 to 2000 in persons reporting Hispanic ethnicity and other race/ethnicity may have contributed to these changes.

Table IIB shows the number and percentage of people reporting Arab or sub-Saharan African (and importantly Somali) ancestry. The numbers are relatively small, summing to just over 2% in the most recent decennial Census.

Table IIC shows the number and percentage of people by country of origin—essentially the estimated magnitude of the foreign-born population in 1990 and 2000. It

also shows information on the citizenship status of foreign-born individuals living in Davidson County, Tennessee. Our analysis indicates that, in the ten-year span between 1990 and 2000, Nashville's foreign-born population more than tripled in size, increasing from 12,662 in 1999 to 39,596 in 2000. From 1990 to 2000, the estimated number of naturalized citizens within the foreign-born population decreased by 12% adjusting for changes in the absolute numbers. And according to estimates from the 2000 Census, 75% of foreign-born individuals living in Davidson County, Tennessee were not citizens.

Table IID shows the number and percentage of foreign-born people by county of origin, and differences in these numbers and percentages over time. Again, information on most African population groups was not available in 1990. As indicated in the Note at the bottom of Table IID, the percentages do not sum to 100% because not all countries of origin are listed in the table since the contract from Metro Government mandated a focus on the six groups listed earlier.

Turning to the data, there were dramatic proportional and absolute numeric changes among some foreign-born population groups from 1990 to 2000. For example, large increases occurred among foreign-born individuals from Central America and Mexico (see Table IID). The number of foreign-born individuals from Central America increased 88 times from 154 in 1990 to 13,540 by 2000. The number of foreign-born individuals from Mexico increased 28 times from 377 in 1990 to 10,540 by 2000. In 1990, foreign-born individuals from these countries combined represented less than 4% of the foreign-born population. By 2000, Central American and Mexican foreign-born individuals accounted for over half of the foreign-born population residing in Davidson County, Tennessee.

The absolute numbers for other groups such as Africans, South Americans, and the Vietnamese also fluctuated but their percentage contribution to the foreign-born population group remained relatively constant. In contrast, absolute numbers for other groups such as Laotians did not fluctuate but their percentage contribution to the foreign-born population group changed.

Table IIE shows the number and percentage of foreign-born population groups by year of entry into the U.S. for the years of 1990 and 2000. According to the most recent decennial Census, just under half (45%) of all foreign-born individuals living in Davidson County, Tennessee entered the U.S. between 1995 and 2000. The comparable percentage from the 1990 decennial Census was 31%. Unfortunately, we cannot specify with decennial Census data whether foreign-born individuals entered the U.S. via another city and migrated to Davidson County, Tennessee. Overall, Table IIE demonstrates monotonically increasing entry rates into middle Tennessee across time.

Detailed Tables: Household Language Use and Linguistic Isolation

Table IIF and Table IIG examine household language use and the distribution of English proficiency within the total population of Davidson County, Tennessee residents in 1990 and 2000.

Table IIF shows that 90% of people age 5 or older are native English speakers according to 2000 data. Ten years earlier, 96% of people age 5 or older living in Davidson County, Tennessee were native English speakers. There were dramatic increases in the absolute and proportional representation of Spanish speakers age 5 or older. For instance, the number of native Spanish speakers age 5 or older increased from 6,401 in 1990 to 26,174 in 2000, a change from 1% to 5% of the total population age 5 or older living in Davidson County, Tennessee. Among native Spanish speakers age 5 or older, ability to speak English well or very well declined from 84% in 1990 to 63% in 2000. The overall percentage of households with native Asian or Pacific Islander language speakers increased from 1.0% in 1990 to 1.5% in 2000 while the absolute numbers increased from 4,565 to 8,218. The magnitude of other non-English native language speakers remained relatively constant over time and so did their ability to speak English very well (i.e., English proficiency).

Table IIG shows the number and percentage of people age 5 or older who are linguistically isolated. Census administrators defined linguistic isolation as living in a household where no member over the age of 14 speaks English very well. Of those 26,174 native Spanish speaking living in households participating in the 2000 decennial Census, 8,272 or about one-third were linguistically isolated. Most linguistically isolated individuals are 18-64 years of age, suggesting that the very young and very old may live in households where at least one person speaks English very well.

Detailed Tables: Residential Segregation

We now focus on the degree of residential segregation of foreign-born and non-citizen population groups compared to native-born and citizen population groups. Table IIH and the two following tables (IIi and IIJ) report the index of dissimilarity (D), a common estimate used in quantitative social science research that measures the extent to which population groups are segregated from each other in terms of residential settlement patterns at the Census tract level. In this particular case, the index of dissimilarity gauges whether foreign-born and non-citizen individuals are residentially segregated from each other and from other race and citizenship groups. The index of dissimilarity reported in Tables IIH through IIJ was calculated as follows:

$$D = (\tfrac{1}{2}) \Sigma \left| (A_i/A) - (B_i/B) \right| \qquad \text{(Eq. IIA)}$$

where Σ represents mathematical summation,
where A_i represents the population of group 1 in a particular Census tract,
where A represents the total population of group 1 in Davidson County, Tennessee,
where B_i represents the population of group 2 in a particular Census tract, and
where B represents the total population of group 2 in Davidson County, Tennessee.

The index of dissimilarity ranges from 0 (complete integration) to 100 (complete segregation) and can be interpreted as 'the percentage of group 1 that would need to relocate in order for groups 1 and 2 to be completely integrated at the Census tract level'. The index of dissimilarity is symmetrical so it could also be interpreted as the percentage

of group 2 which would need to relocate in order for group 1 and group 2 to be integrated.

Table IIH shows the extent to which native-born and the foreign-born population groups live in different Census tracts and the extent to which citizens and non-citizens live in different tracts. For example, in 2000 approximately 37% of foreign-born individuals would need to relocate in order to be completely integrated with native-born individuals. This is a low level of segregation in absolute magnitude as well as compared to the dissimilarity index—55%—describing black/white residential segregation in Davidson County, Tennessee in 2000. Overall, non-citizens and native-born individuals were only somewhat likely to live in different Census tracts. And finally, dissimilarity indices were fairly consistent from 1990 and 2000 decennial Censuses.

Table IIi shows the extent to which foreign-born and native-born individuals are segregated from native-born whites and native-born blacks based upon data from the 2000 decennial Census. Individuals whose country of origin was Africa were equally segregated from native-born whites and blacks. Roughly 60% of foreign-born Africans would need to relocate in order to be completely integrated at the Census tract level with native-born whites and blacks. More than 90% of individuals reporting Somali ancestry would need to relocate in order to be residentially integrated with native-born whites or blacks. Individuals of Arab ancestry and those reporting Mexico as their country of origin were much more integrated with white native-born population groups compared to black native-born population groups. At the Census tract level, individuals reporting Laos and Vietnam as countries of origin were very much segregated from both native-born whites and blacks.

Table IIJ shows the degree of residential segregation among country of origin and ancestry groups corresponding to groups of interest to Metro Government. The lowest level of residential segregation, 42, was found between individuals whose countries of origin were Mexico and Central America. The highest level of residential segregation, 96, was found between individuals whose country of origin was South America and self-reported ancestry was Somali. Again, a score of 100 (or 100%) represents complete segregation at the Census tract level whereas a score of 0 (or 0%) represents complete integration at the Census tract level. Overall, the foreign-born groups investigated in this project tended to live in different Census tracts. Again, a point of reference could be the estimated dissimilarity index—55%—describing black/white residential segregation in Davidson County, Tennessee in 2000.

Detailed Tables: Self-Reported Race/Ethnicity and Poverty Status

Table IIK shows the number and percentage of foreign-born individuals by their self-reported race and/or self-reported ethnicity, and citizenship status. For example, 35% of the foreign-born population identified themselves as white, about 10% self-identified as black, nearly 40% percent self-identified as Hispanic, 23% self-identified as Asian, and 11% self-identified as Multi-racial or Multi-ethnic. These percentages do not sum to 100% because Hispanics could be double-counted as white or black. Within self-

reported race and ethnic categories, most individuals did not have citizenship status. In terms of race, self-identified black or Asian foreign-born groups were most likely to be naturalized.

Table IIL shows the number and percentage of native-born and foreign-born people by poverty and citizenship status using data from the 2000 decennial Census. The total population numbers and foreign-born numbers are slightly smaller because poverty status was not determined for every individual. Analysis indicates that foreign-born individuals were more likely to live below the poverty line than were native-born individuals (12% versus 20%). This percentage difference is directly associated with citizenship status in that poverty rates are no higher among foreign-born individuals who become naturalized citizens (10%) than among native-born citizens (12%). Fully 23% of foreign-born non-citizens have incomes below the poverty line in contrast to 12% of native-born individuals.

Detailed Tables: Place of Birth and Household Language Use for Hispanics

Table IIM shows the number and percentage of Hispanic people broken down by nativity, place of birth, and citizenship status in Davidson County, Tennessee. In the year 2000, 14,977 (or 59%) of the 25,297 individuals comprising the total Hispanic population were foreign-born and 13,054 (or 87%) of Hispanic foreign-born individuals were not citizens. Thus only 13% or 1,923 of Hispanic individuals in Davidson County, Tennessee were naturalized citizens. Of the 10,620 native-born Hispanic individuals, 36% were born in Tennessee, 7% were born in Puerto Rico or U.S. Islands, and 57% were born elsewhere in the U.S.

Table IIN shows the number and percentage of Hispanic people age 5 or older residing in Davidson County, Tennessee by language spoken at home and English proficiency. Just 4,092 or 18% of Hispanic individuals speak English only according to data from the 2000 decennial Census. Of those 18,385 Hispanic individuals who speak Spanish, 3,226 individuals or 15% do not speak English whereas 7,116 or 31% of Hispanic individuals are bilingual reporting that they speak Spanish and English very well.

Color Maps: Residential Settlement Patterns

Maps IIA-IIN visually document over-time consistency and change in the residential settlement patterns of foreign-born population groups living in Davidson County, Tennessee. Again we focus on the six groups as mandated by our contract with Metro Government, and data are aggregated to the Census tract level in 1990 and 2000. Readers are reminded that the maps show the number of foreign-born individuals from: (a) the continent of Africa, (b) countries of origin such as Laos, Mexico, and Vietnam, (c) specific countries of origin in Central America (including the countries of Belize, Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua, and Panama, but excluding Mexico), and (d) specific countries of origin in South America (including Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Guyana, Peru, Venezuela, and others). Arab

and Somali population groups were identified using the self-reported ancestry question. Readers desiring more information should refer to Chart IIA to examine how we operationalized population group identity in 1990 and 2000 decennial Census data.

The residential settlement patterns of individuals from Central America (Maps IIE and IIF) and Mexico (Maps IIi and IIJ) changed more dramatically from 1990 to 2000 in Davidson County, Tennessee than those of other population groups of interest. This is consistent with the detailed tabular analysis outlined above. On most maps, the southeast corridor—defined as the geographic area bounded by Nolensville and Murfreesboro Roads extending from the city of Nashville, Tennessee—is a place of intense foreign-born population concentration and diversity. On a few maps, a small area several miles outside downtown Nashville on Charlotte Avenue emerged as corridor of foreign-born concentration and diversity. Even though these two residential patterns describe many foreign-born population groups, other foreign-born individuals are clustered in seemingly isolated parts of Davidson County, Tennessee. For example, and according to the 2000 decennial Census data, there is a large contingent of the Vietnamese foreign-born population group that resides north of the Cumberland River near Clarksville Pike.

From 1990 to 2000, dispersion of the African foreign-born increased such that a growing number of African foreign-born settled in southwest Davidson County, Tennessee (see Maps IIA and IIB). Comparing Maps IIC and IID, individuals of Arab ancestry tended to become more concentrated in areas in which they were already living. As stated earlier, the Central American foreign-born population group dramatically increased in residential dispersion and concentration from 1990 to 2000 as shown on Maps IIE and IIF. Comparing Maps IIG and IIH, individuals whose country of origin was Laos tended over time to move away from the Charlotte Avenue corridor described in the previous paragraph. Changes in the residential settlement patterns of foreign-born Mexican individuals as shown in Maps IIi and IIJ were quite dramatic. Comparing Map IIL derived from 1990 data and Map IIM derived from 2000 data, individuals born in South American countries grew in number and degree of dispersion across Davidson County, Tennessee. Likewise, individuals born in Vietnam were more residentially concentrated and concurrently more dispersed in 2000 as compared to 1990 (see Maps IIN and IIO).

Readers should also refer to Maps IIIA-IIIH in Section III of this report showing the geographic distribution of various agencies providing services to immigrants and refugees in Davidson County, Tennessee.

Conclusions

Based upon the aggregated 1990 and 2000 decennial Census data in the detailed tables and color maps describing changes in the magnitude, demographic and socioeconomic status characteristics, and residential settlement patterns of foreign-born populations living in Davidson County, Tennessee, we broadly conclude:

- Roughly 7% of people currently residing in the area are foreign-born—a three-fold increase from 2% in 1990,

- Some groups have changed in absolute number but not in percentage contribution to the total number of foreign-born individuals (e.g., South Americans) because the total foreign-born population has become larger and more diverse over time,

- The largest increase in the foreign-born population occurred among individuals originating from Central America and Mexico,

- Foreign-born people do classify themselves using standard racial and ethnic categories as presented in the U.S. Census,

- Foreign-born people tend not to live in the Census tracts with other foreign-born individuals but are relatively integrated with native-born whites and blacks at the Census tract level,

- Foreign-born individuals who are not citizens are more likely than naturalized foreign-born individuals and native-born individuals to live below the poverty line, and

- Census tracts in the southeast corridor are places where there is density and diversity in terms of foreign-born population groups.

ENDNOTES

[1] Census administrators report that the population undercount rate was much lower in the 2000 decennial Census as compared to the 1990 decennial Census. Initial undercount rates for the 2000 data overestimated the undercount by at least 3,000,000 people. The revised and obviously lower undercount rates are being calculated but are not yet available to the public. Preliminary projections show notable improvements from 1990 in coverage for all population groups, especially coverage of ethnic and racial minority population groups. In terms of the foreign-born population groups of interest to Metro Government, undercount adjustments cannot be calculated unless an Accuracy and Coverage Evaluation (ACE) survey is conducted in a particular locale at the time of the Census with respect to the foreign-born.

Readers should refer to the following internet addresses for official information on the 2000 undercount: http://www.census.gov/Press-Release/www/2001/cb01cs08.html and http://www.census.gov/Press-Release/www/2001/cb01cn03.html .

Chart IIA. Operational Definitions of Population Groups Using 1990 and 2000 Decennial Census Data

GROUP/COUNTRY	Respondents' Self-Reported Identity			
	(a) Race	(b) Ethnicity	(c) Ancestry	(d) Country of Origin
African American/Black	YES	NO	NO	NO
Arab*	NO	NO	YES	NO
Asian/Pacific Islander	YES	NO	NO	NO
Central America	NO	NO	NO	YES
Eastern Africa, Middle Africa, etc.	NO	NO	NO	YES
Hispanic*	NO	YES	NO	NO
Kurds*	NO	NO	NO	NO
Laotians*	NO	NO	NO	YES
Mexico	NO	NO	NO	YES
Somalis*	NO	NO	YES	NO
South America	NO	NO	NO	YES
Vietnamese*	NO	NO	NO	YES
White	YES	NO	NO	NO

Note: An asterisk indicates foreign-born population groups specified in Metro government contract.

Table IIA. Number and Percentage of People by Race and Ethnicity, Nashville, Tennessee, 1990-2000

	2000		1990	
	Number	Percent	Number	Percent
Total Population	569,891	100%	510,784	100%
White	382,008	67%	382,056	75%
non-Hispanic	371,994	(65%)	379,297	(74%)
Hispanic	10,014	(1.7%)	2,759	(0.5%)
African American/Black	147,862	26%	119,412	23%
non-Hispanic	147,135	(26%)	119,067	(23%)
Hispanic	727	(0.1%)	345	(0.1%)
Asian or Pacific Islander	12,091	2%	6,521	1.3%
Laotian	2,050	(0.4%)	1,434	(0.3%)
Vietnamese	2,157	(0.4%)	313	(0.1%)
American Indian/Alaskan Native	4,159	0.7%	1,474	0.3%
Other	18,624	3.3%	1,321	0.3%
non-Hispanic	999	(0.2%)	322	(0.1%)
Hispanic	12,536	(2.2%)	999	(0.2%)
Multi-Racial/Ethnic	12,417	2.2%	n/a	n/a
non-Hispanic	10,330	(1.8%)	n/a	n/a
Hispanic	2,087	(0.4%)	n/a	n/a
Hispanic (all races)	25,597	4.5%	4,212	0.8%

Sources: P7: Hispanic or Latino by Race (2000 Census, SF-3)

P009: Race (1990 Census, STF-3)

P012: Hispanic Origin by Race (1990 Census, STF-3)

Notes: In 2000, the Census began recording more than one race or ethnic category for individuals belonging to more than one group. Thus, in the above figures for 2000, counts for specified race/ethnic groupings represent the number of individuals reporting only one race or ethnic category. Individuals reporting more than one race or ethnicity are listed as 'Multi-Racial Ethnic'.

Table IIB: Number and Percentage of People of Self-Reported Arab, Subsaharan African, and Somalian Ancestry, Nashville, Tennessee, 1990-2000

	2000		1990	
	Number	Percent	Number	Percent
Total Population of Nashville	569,891	100%	510,784	100%
Arab	4,476	0.80%	1,471	0.29%
Subsaharan African	7,668	1.30%	1,722	0.34%
Somalian	308	0.05%	n/a	n/a

Sources: Pct. 16: Ancestry (first ancestry reported), 2000 Census, SF-3
Table 137: Ancestry, 1990 Census in "1990 Census of Population: Social and Economic Characteristics"

Notes: In both 1990 and 2000, respondents could list more than one ancestry group. The figures above reflect the first ancestry group indentified by respondents.

Table IIC: Number and Percentage of People by Country of Origin and Citizenship Status, Nashville, Tennessee, 1990-2000

	2000		1990	
	Number	Percent	Number	Percent
Total Population of Nashville	569,891	100%	510,784	100%
Native-born	530,295	93%	498,122	98%
Foreign-born	39,596	7%	12,662	2%
Naturalized citizen	9,891	25%	4633	37%
Not a citizen	29,705	75%	8029	63%

Sources: Pct. 21: Place of Birth by Citizenship Status, 2000 Census, SF-3
Table 138: Nativity, Citizenship, Year of Entry, Area of Birth, and Language Spoken at Home, in "1990 Census of Population: Social and Economic Characteristics"

Table IID. Number and Percentage of Foreign-Born People by Country of Origin, Nashville, Tennessee, 1990-2000

	2000		1990	
	Number	Percent	Number	Percent
Total Foreign-Born Population of Nashville	39,596	100%	12,662	100%
Africa	4,199	11%	1,095	9%
Eastern Africa	1,314		n/a	
Middle Africa	73		n/a	
Northern Africa	1,307		n/a	
Southern Africa	132		n/a	
Western Africa	1,095		n/a	
Central America	13,540	34%	154	1%
Mexico	10,523	27%	377	3%
South America	1,421	4%	431	3%
Laos	1,257	3%	1,184	9%
Vietnam	1,390	4%	390	3%

Sources: Pct. 19: Place of Birth for the Foreign-Born Population, 2000 Census, SF-3
Table 139: Place of Birth of Foreign-Born Persons, in "1990 Census of Population: Social and Economic Characteristics"

Notes: Percentages do not sum to 100% due to rounding and to the fact that not all countries of origin are reported here.

Table IIE. Number and Percentage of Foreign-Born People by Year of Entry to the U.S., Nashville, Tennessee, 1990-2000

	2000		1990	
	Number	Percent	Number	Percent
Total Foreign-Born Population of Nashville	39,596	100%	12,662	100%
1995-2000	17,721	45%	n/a	n/a
1990-1994	8,852	22%	n/a	n/a
1985-1989	4,606	12%	3,940	31%
1980-1984	3,072	8%	2,902	23%
1975-1979	1,783	5%	1,857	15%
prior to 1975	3562	9%	3,963	31%

Sources: P22: Year of Entry for the Foreign-Born Population, 2000 Census, SF-3
Table 138: Nativity, Citizenship, Year of Entry, Area of Birth, and Language Spoken at Home, in "1990 Census of Population: Social and Economic Characteristics"

Table IIF. Number and Percentage of People Age 5 and Older by Language Spoken at Home and Ability to Speak English, Nashville, Tennessee, 1990-2000

	2000		1990	
	Number	Percent	Number	Percent
Population of Nashville, Age 5 and Older	532,311	100%	475,176	100%
Native Language: English	480,014	90%	454,653	96%
Native Language: Spanish	26,174	5%	6,401	1.3%
speak English 'very well'	12,312	(47%)	4,217	(66%)
speak English 'well'	4,238	(16%)	1,161	(18%)
speak English 'not well'	6,238	(24%)	955	(15%)
speak English 'not at all'	3,386	(13%)	68	(1.1%)
Native Language: other Indo-European	12,889	2%	8,032	1.8%
speak English 'very well'	8,391	(65%)	5,674	(71%)
speak English 'well'	2,526	(20%)	1,482	(18%)
speak English 'not well'	1672	(13%)	796	(10%)
speak English 'not at all'	300	(2%)	80	(1.0%)
Native Language: Asian/Pacific Island	8,218	1.5%	4,565	1.0%
speak English 'very well'	3,554	(43%)	1,971	(43%)
speak English 'well'	2,666	(32%)	1,336	(29%)
speak English 'not well'	1,706	(21%)	1,044	(23%)
speak English 'not at all'	292	(4%)	214	(5%)
Native Language: any other language	5,016	1%	1,525	0.3%
speak English 'very well'	2,874	(57%)	1,113	(73%)
speak English 'well'	1,475	(29%)	276	(18%)
speak English 'not well'	554	(11%)	131	(9%)
speak English 'not at all'	113	(2%)	5	(0.3%)

Sources: Pct. 12: Nativity by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Older, 2000 Census, SF-3

Table 138: Nativity, Citizenship, Year of Entry, Area of Birth, and Language Spoken at Home, in "1990 Census of Population: Social and Economic Characteristics"

Table IIG. Number and Percentage of People Age 5 and Older by Language Spoken at Home, Linguistic Isolation*, and Age, Nashville, Tennessee, 1990-2000

	2000		1990	
	Number	Percent	Number	Percent
Population of Nashville, Age 5 and Older	532,311	100%	475,176	100%
Household Language: Spanish	26,174	5%	6,401	1%
Not Linguistically Isolated	17,902	(68%)	5,810	(91%)
Linguistically Isolated	8,272	(32%)	591	(9%)
Age 5-17	1,076	(13%)	65	(11%)
Age 18-64	7,105	(86%)	479	(81%)
Age over 65	91	(1%)	47	(8%)
Household Language: Asian or Pacific Islander	8,218	1.5%	4,565	10%
Not Linguistically Isolated	5,169	(63%)	2,747	(60%)
Linguistically Isolated	3,049	(37%)	1,818	(40%)
Age 5-17	556	(18%)	457	(25%)
Age 18-64	2,345	(77%)	1,286	(71%)
Age over 65	148	(5%)	75	(4%)
Household Language: Any Other Language	17,905	3.4%	9,557	2.0%
Not Linguistically Isolated	14,153	(79%)	7,700	(81%)
Linguistically Isolated	3,752	(21%)	1,857	(19%)
Age 5-17	590	(16%)	838	(45%)
Age 18-64	2,981	(79%)	931	(50%)
Age over 65	181	(5%)	88	(5%)

* Linguistic isolation is defined by the Census as living in a household where no member over the age of 14 speaks English 'very well'.

Sources: Pct 13: Age by Language Spoken at Home for the Population 5 Years and Over in Linguistically Isolated Households, 2000 Census, SF-3
P030: Age, Language Spoken at Home, and Linguistic Isolation, 1990 Census, STF-3

Notes: Persons living in group quarters are defined as 'not linguistically isolated'.

Table IIH. Degree of Residential Segregation (as Measured by the Index of Dissimilarity*) of the Foreign-Born and Non-Citizens Compared to Native-born Individuals and Citizens, Nashville, Tennessee, 1990-2000

	2000	1990
	Index of Dissimilarity	Index of Dissimilarity
Foreign-born compared to Natives	37	34
Naturalized citizens compared to Natives	31	32
Non-citizens compared to Natives	43	42
Naturalized citizens compared to Non-citizens	36	38

* The index of dissimilarity measures the extent to which different groups live in the same Census tracts. A score of 100 indicates complete segregation, while a score of 0 indicates complete integration.

Source: Calculated from "P21: Place of Birth by Citizenship Status," 2000 Census (SF-3) and "P037: Age by Citizenship," 1990 Census (STF-3).

Table IIi. Degree of Residential Segregation by Country of Origin and Ancestry Groups in Comparison to Native-born Whites and Blacks (as Measured by the Index of Dissimilarity*), Nashville, Tennessee, 2000

Country of Origin/Ancestry	Index of Dissimilarity in Comparison to Native-Born Whites	Index of Dissimilarity in Comparison to Native-Born Blacks
Africa	61	63
Somali	97	92
Arab	55	73
Central America	67	71
Mexico	58	68
South America	60	72
Laos	79	77
Vietnam	72	77

* The index of dissimilarity measures the extent to which different groups live in the same Census tracts. A score of 100 indicates complete segregation, while a score of 0 indicates complete integration.

Notes: Arab and Somali are ancestry groups. All other groups are country of origin groups.

Sources: Pct. 19: Place of Birth for the Foreign-Born Population, 2000 Census, SF-3
Pct. 63A-H: Place of Birth by Citizenship Status (race), 2000 Census, SF-3
Pct. 16: Ancestry (first ancestry reported), 2000 Census, SF-3

Table IIJ. Degree of Residential Segregation Among Country of Origin and Ancestry Groups (as Measured by the Index of Dissimilarity*), Nashville, Tennessee, 2000

	Africa	Somali	Arab	Central America	Mexico	South America	Laos	Vietnam
Africa	-							
Somali	67	-						
Arab	53	87	-					
Central America	52	77	61	-				
Mexico	50	81	54	42	-			
South America	69	96	59	67	60	-		
Laos	73	94	67	77	71	72	-	
Vietnam	71	93	59	74	71	61	71	-

* The index of dissimilarity measures the extent to which different groups live in the same Census tracts. A score of 100 indicates complete segregation, while a score of 0 indicates complete integration.

Notes: Arab and Somali are ancestry groups. All other groups are country of origin groups.

Sources: Pct. 19: Place of Birth for the Foreign-Born Population, 2000 Census, SF-3
Pct. 16: Ancestry (first ancestry reported), 2000 Census, SF-3

Table IIK. Number and Percentage of Foreign-Born People by Race and Ethnicity and Citizenship Status, Nashville, Tennessee, 2000

	2000	
	Number	Percent
Total Foreign-Born Population of Nashville	39, 596	(100% of total foreign-born)
White	13, 837	(34.9% of total foreign-born)
Naturalized Citizen	3,651	(26%)
Not a Citizen	10,186	(74%)
Black/ African American	3, 529	(8.9% of total foreign-born)
Naturalized Citizen	1,210	(34%)
Not a Citizen	2,319	(66%)
Hispanic	14, 977	(37.8% of total foreign-born)
Naturalized Citizen	1,923	(13%)
Not a Citizen	13,054	(87%)
Asian	8,951	(22.6% of total foreign-born)
Naturalized Citizen	3,020	(34%)
Not a Citizen	5,931	(66%)
Multi-Racial/Ethnic	4,213	(10.6% of total foreign-born)
Naturalized Citizen	825	(20%)
Not a Citizen	3,388	(80%)

Source: Pct. 63A-H: Place of Birth by Citizenship Status (race), 2000 Census, SF-3

Note: Percentages of the foreign born belonging to each racial or ethnic category do not sum to 100, because Hispanic individuals are also counted as white or black.

Table IIL. Number and Percentage of People by Poverty Status, Nativity, and Citizenship Status, Nashville, Tennessee, 2000

	Total		Below Poverty Line		Above Poverty Line	
	Number	Percent	Number	Percent	Number	Percent
Total Population of Nashville for whom Poverty Status is Determined	546,390	(100%)	70,960	(13%)	475,430	(87%)
Native-born	507,509	(100%)	63,249	(12%)	444,260	(88%)
Foreign-born	38,881	(100%)	7,711	(20%)	31,170	(80%)
Naturalized Citizen	9,679	(100%)	1,000	(10%)	8,679	(90%)
Not a Citizen	29,202	(100%)	6,711	(23%)	22,491	(77%)

Source: Pct51: Poverty Status in 1999 by Place of Birth by Citizenship Status, 2000 Census (SF-3)

Table IIM. Number and Percentage of Hispanic People by Nativity, Place of Birth, and Citizenship Status, Nashville, Tennessee, 2000

	Number	Percent
Total Hispanic Population of Nashville	25,597	(100% of total Hispanic population)
Native-born	10,620	(41% of total Hispanic population)
born in TN	3,846	(36% of Hispanic native-born)
born in Puerto Rico/U.S. Islands	772	(7% of Hispanic native-born)
born elsewhere in U.S.	6,002	(57% of Hispanic native-born)
Foreign-born	14,977	(59% total Hispanic population)
naturalized citizen	1,923	(13% of Hispanic foreign-born)
not a citizen	13,054	(87% of Hispanic foreign-born)

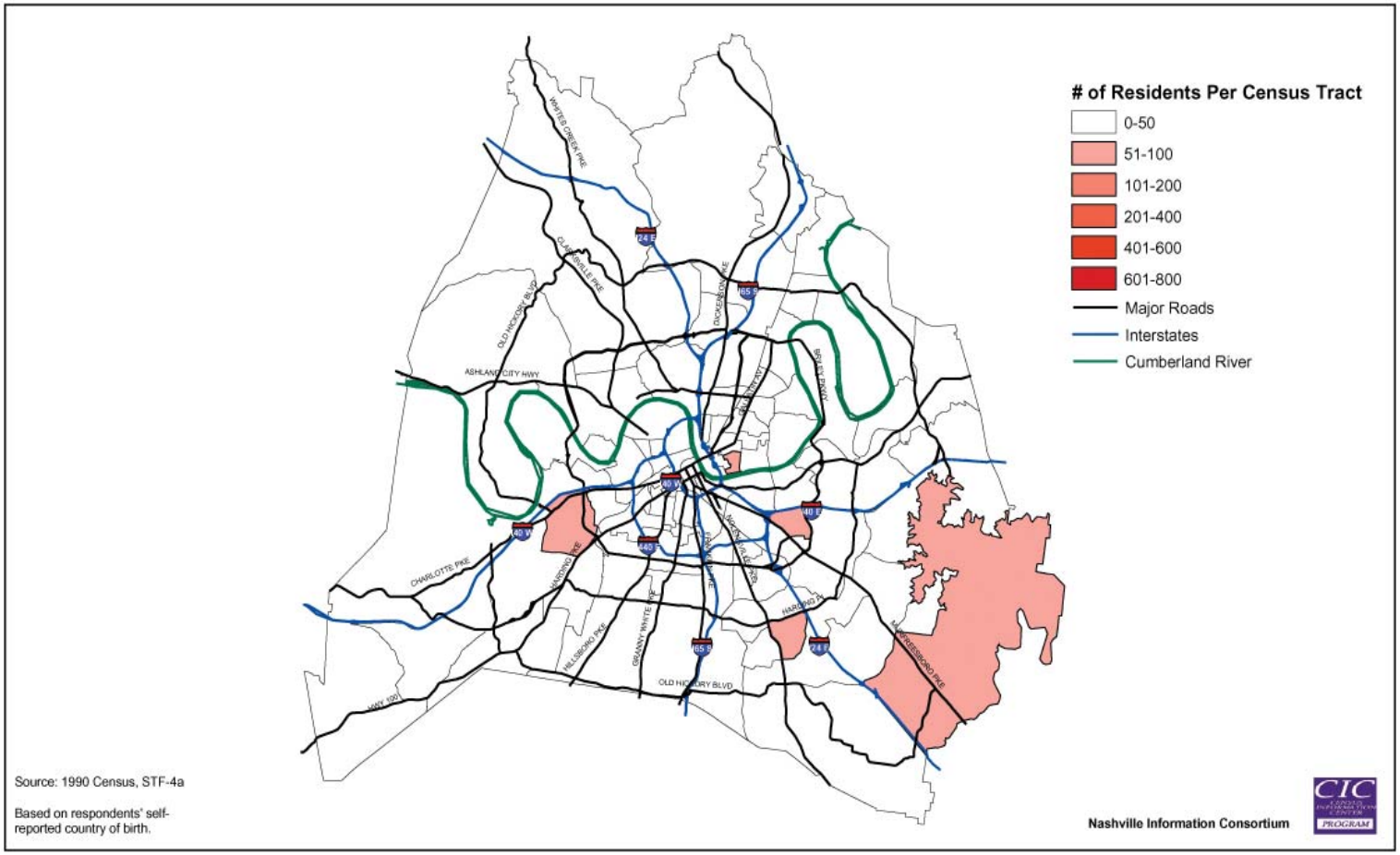
Source: Pct63H: Place of Birth by Citizenship Status (Hispanic or Latino), 2000 Census (SF 3)

Table IIN. Number and Percentage of Hispanic People Age 5 and Older by Language Spoken at Home and Ability to Speak English, Nashville, Tennessee, 2000

	Number	Percent
Total Hipanic Population of Nashville, Age 5 and Older	22,613	(100%)
Speaks only English	4,092	(18% Hispanic population)
Speaks Spanish	18,385	(81% Hispanic population)
speaks English 'very well'	7,116	(31% Hispanic population)
speaks English 'well'	3,007	(13% Hispanic population)
speaks English 'not well'	4,936	(22% Hispanic population)
speaks English 'not at all'	3,326	(15% Hispanic population)
Speaks some other language	136	(0.6% Hispanic population)

Source: Pct11: Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over (Hispanic or Latino), 2000 Census (SF 3)

Map IIA. Number of Residents Who Were Born in Africa
Nashville-Davidson County, Tennessee, 1990



Source: 1990 Census, STF-4a

Based on respondents' self-reported country of birth.

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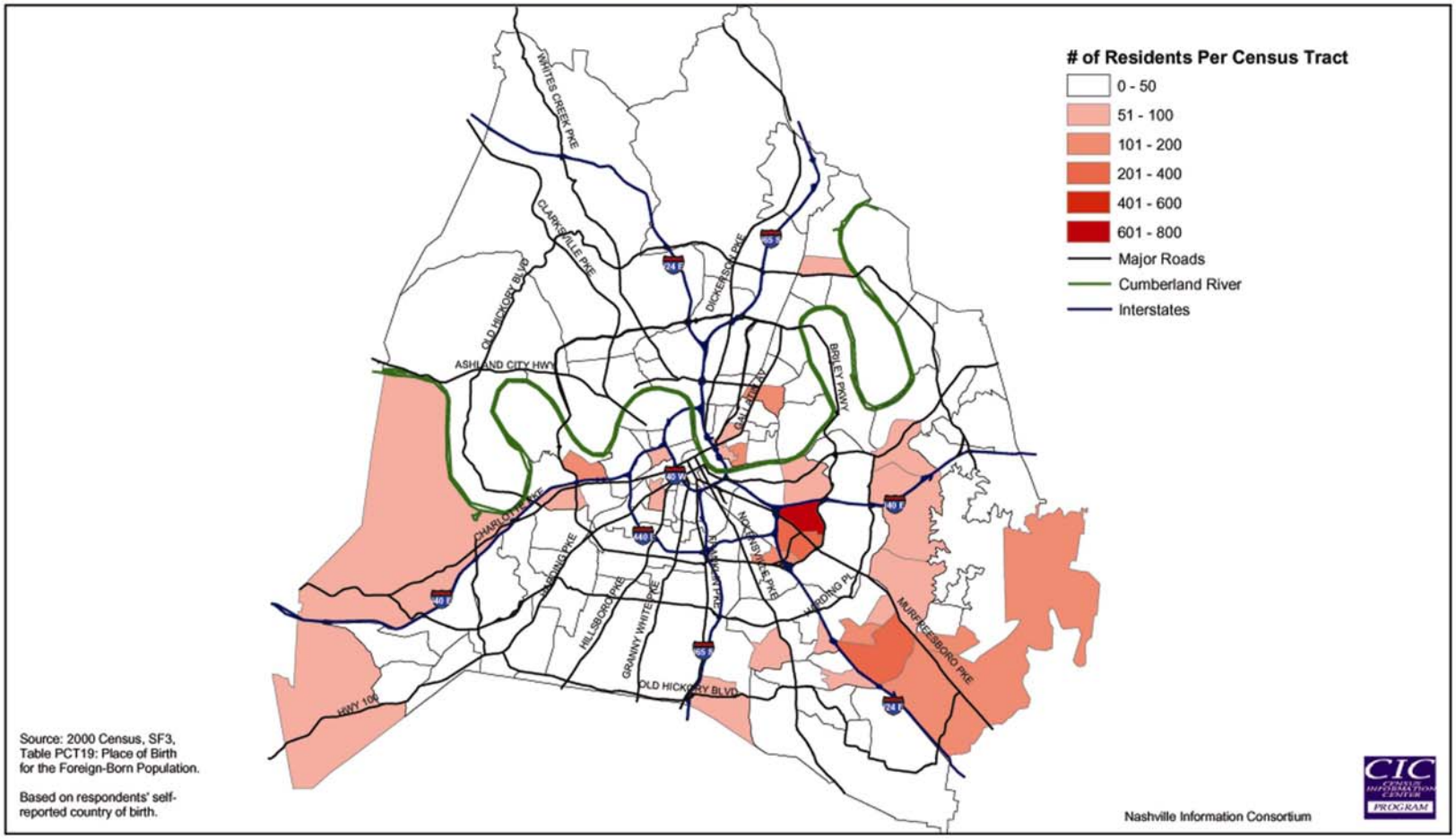
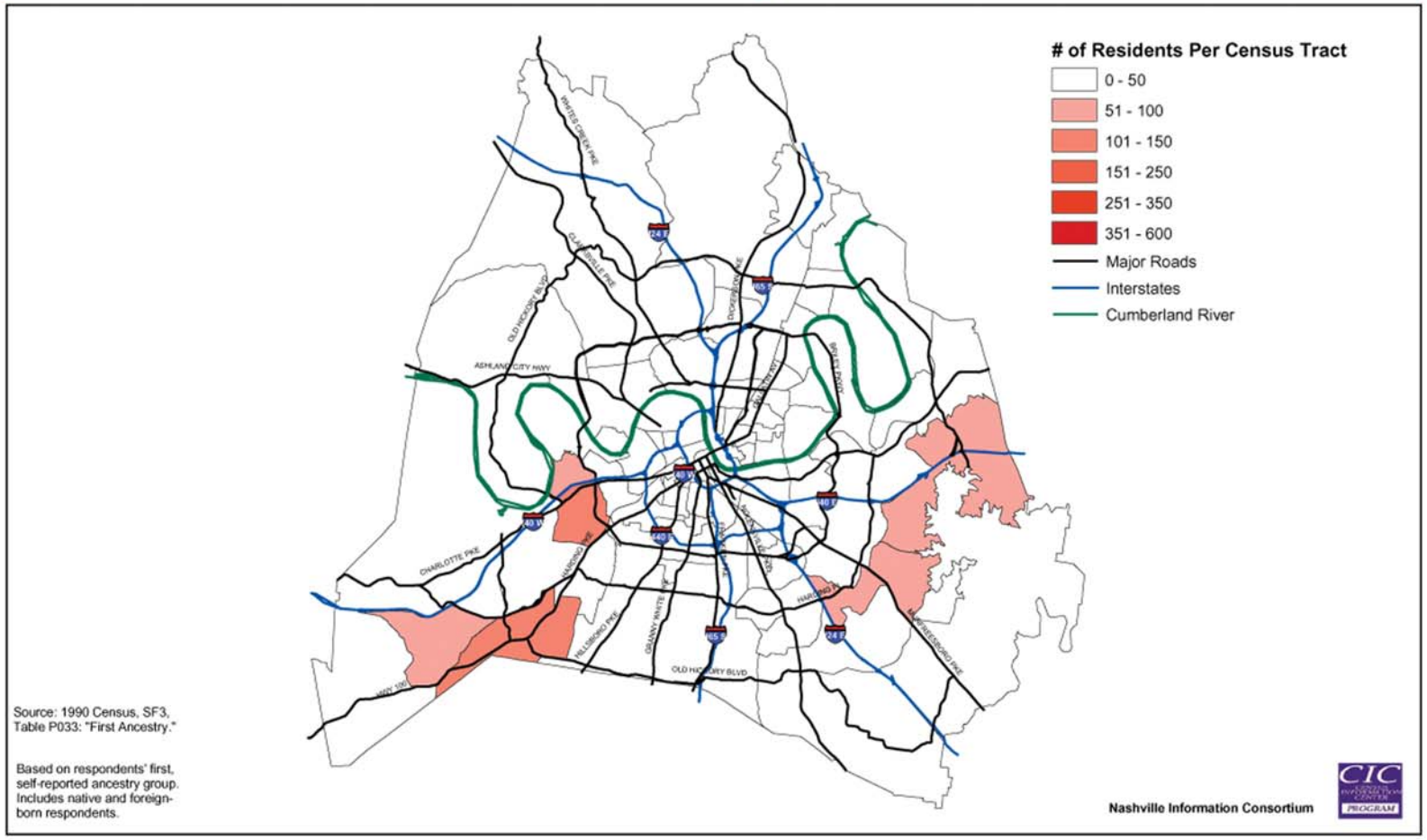
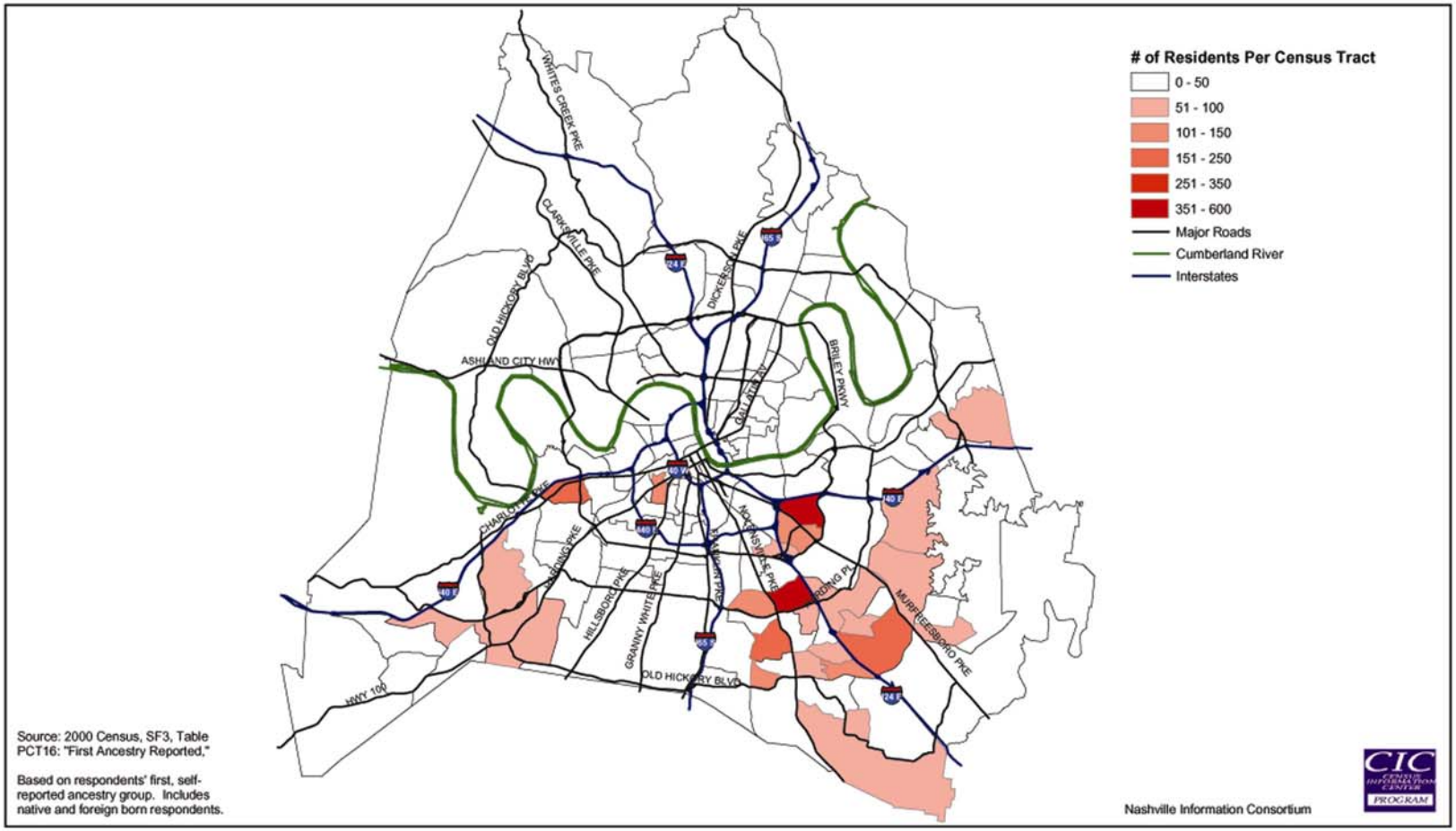
Map IIB. Number of Residents who Were Born in Africa
Nashville-Davidson County, Tennessee, 2000



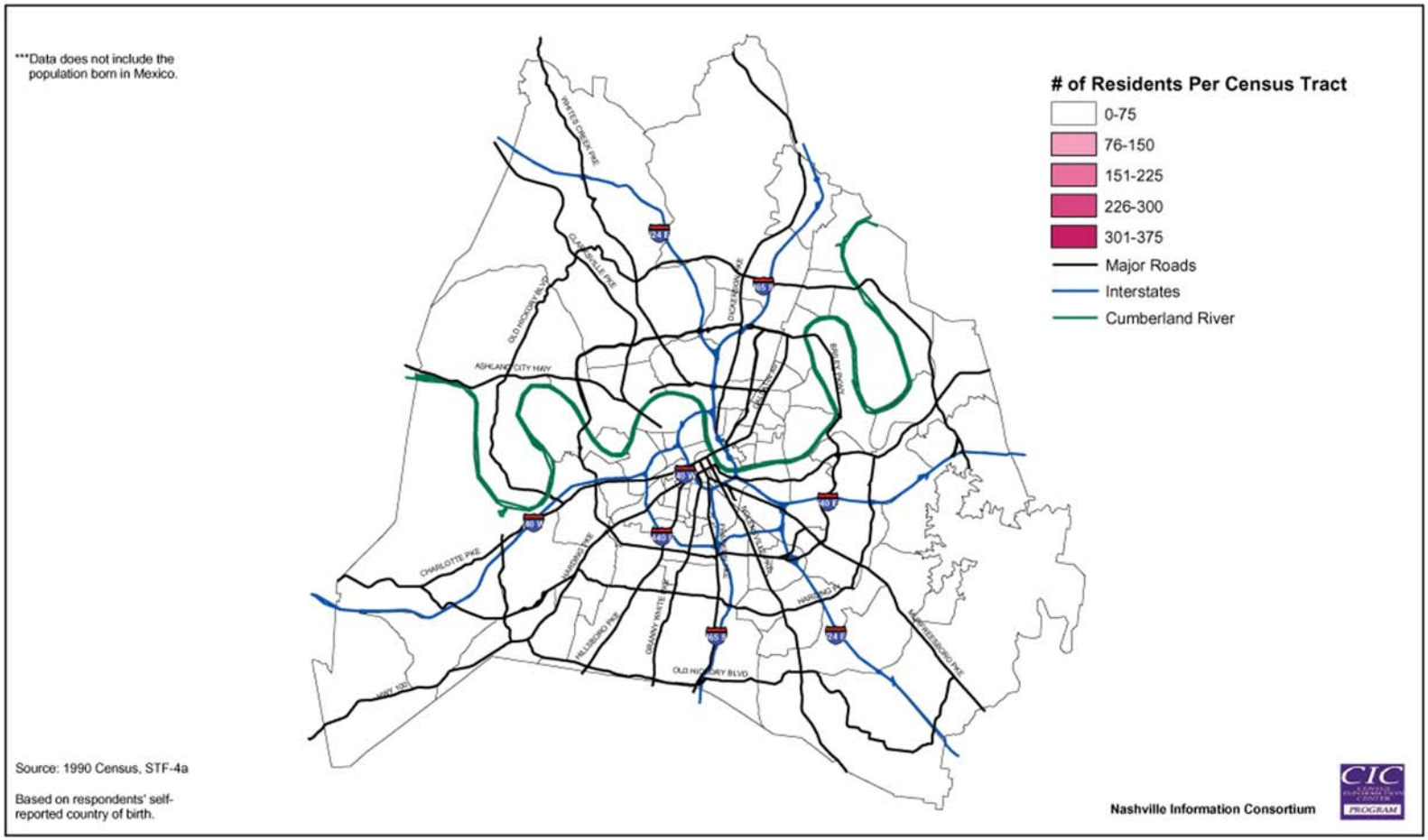
Map IIC. Number of Residents of Arab Ancestry
Nashville-Davidson County, Tennessee, 1990



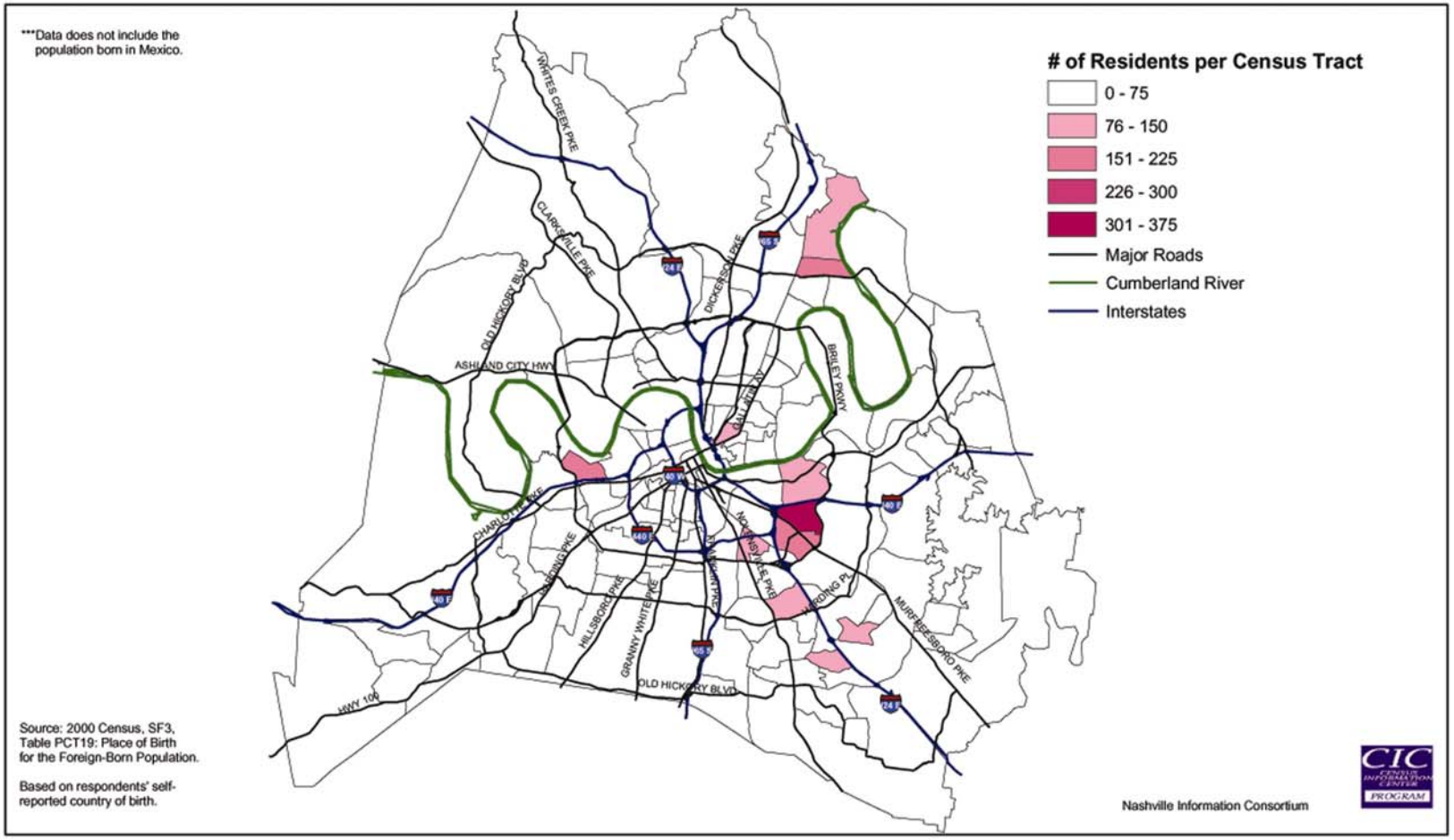
Map IID. Number of Residents of Arab Ancestry
Nashville-Davidson County, Tennessee, 2000



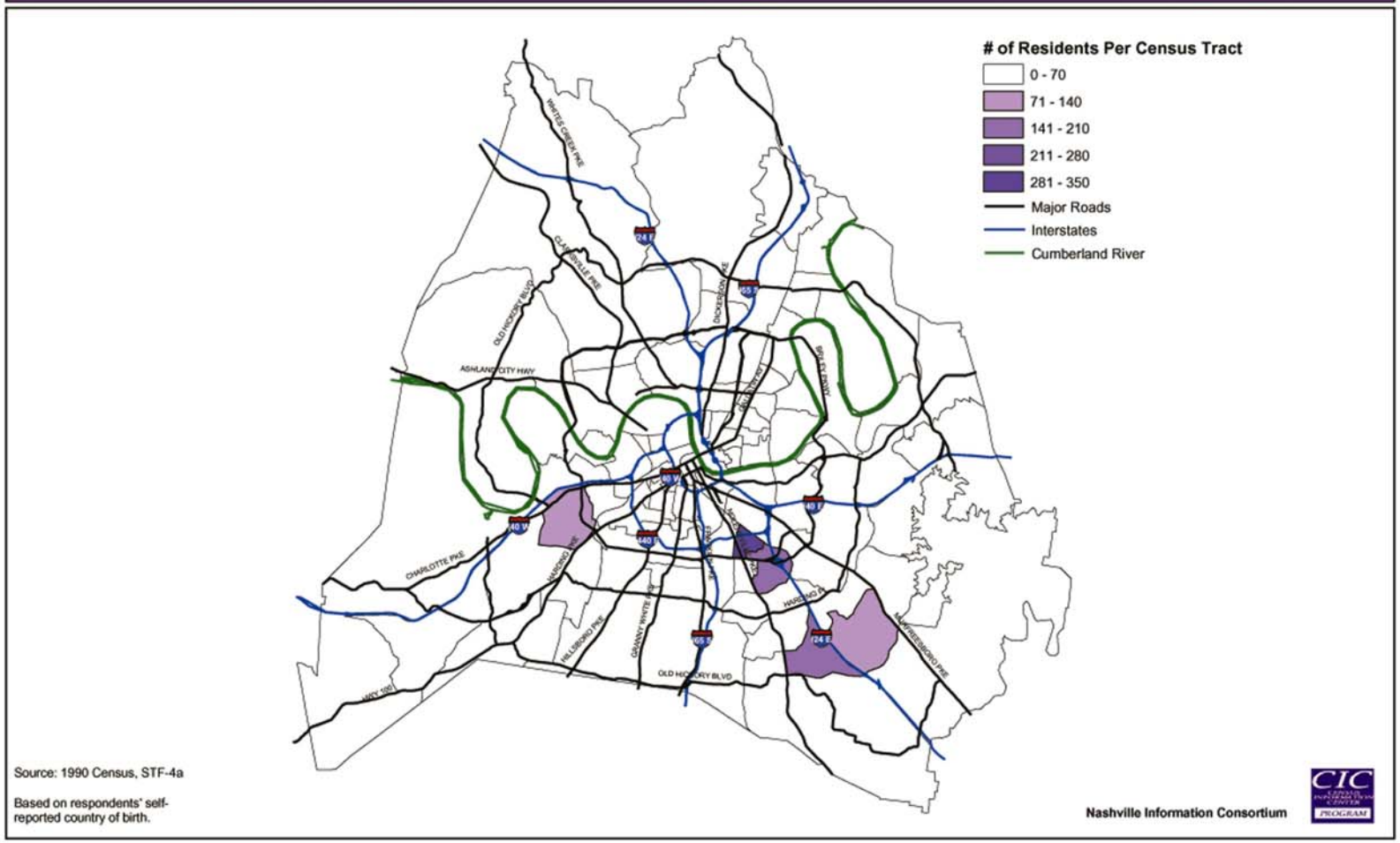
Map IIE. Number of Residents Who Were Born in Central America
Nashville-Davidson County, Tennessee, 1990



Map IIF: Number of Residents Who Were Born in Central America
Nashville-Davidson County, Tennessee, 2000



Map IIG. Number of Residents Who Were Born in Laos
Nashvillle-Davidson County, Tennessee, 1990



Source: 1990 Census, STF-4a

Based on respondents' self-reported country of birth.

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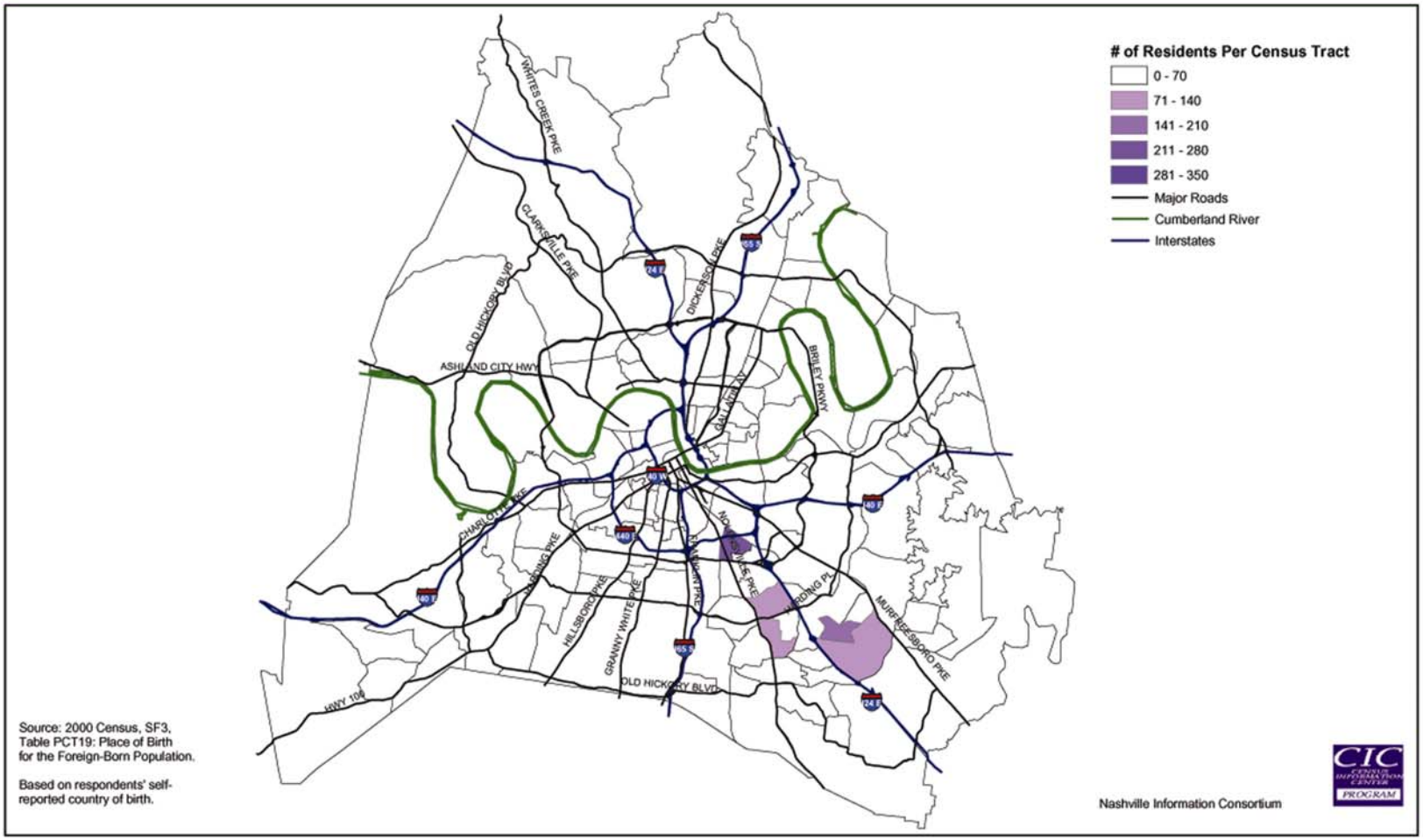
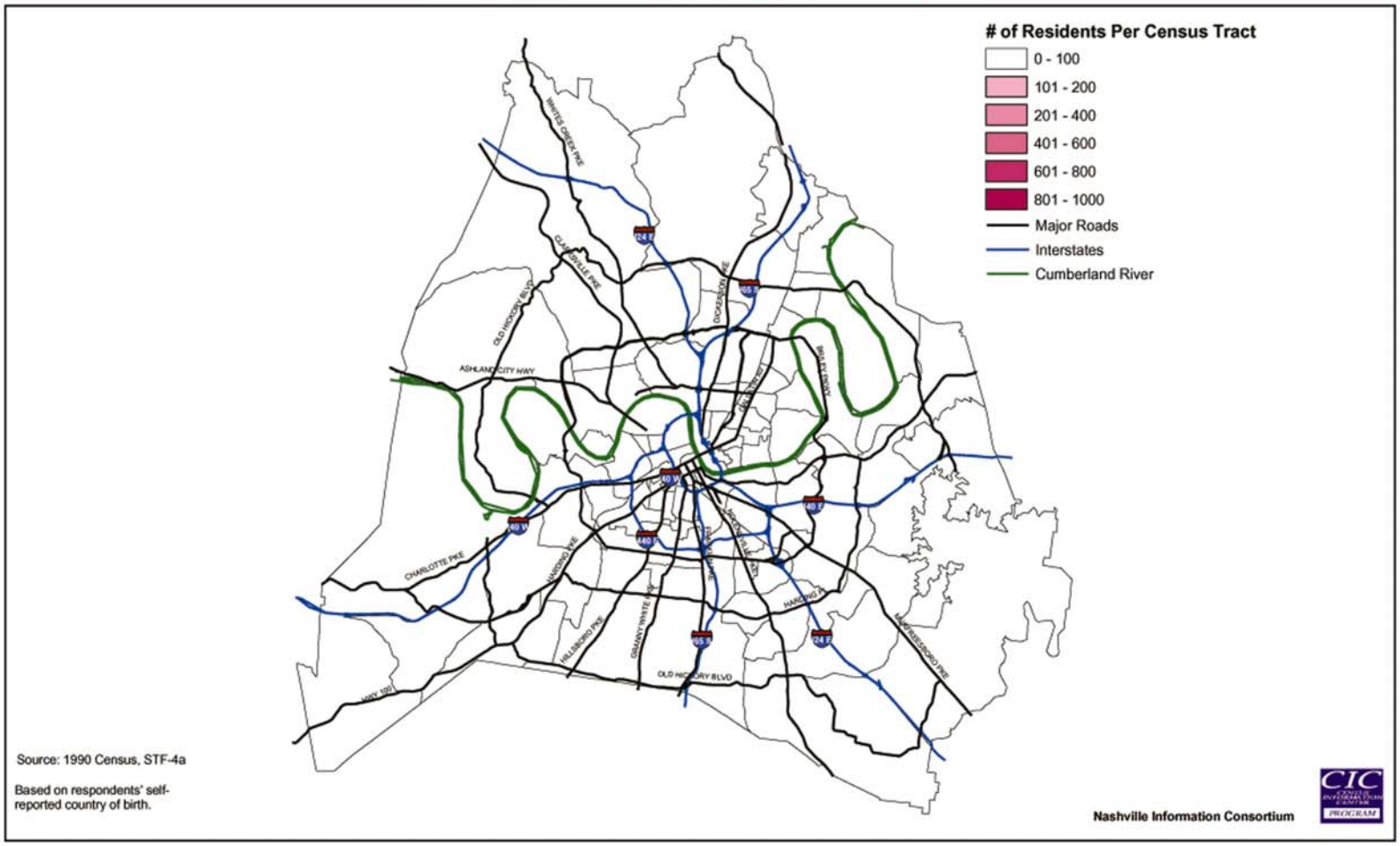
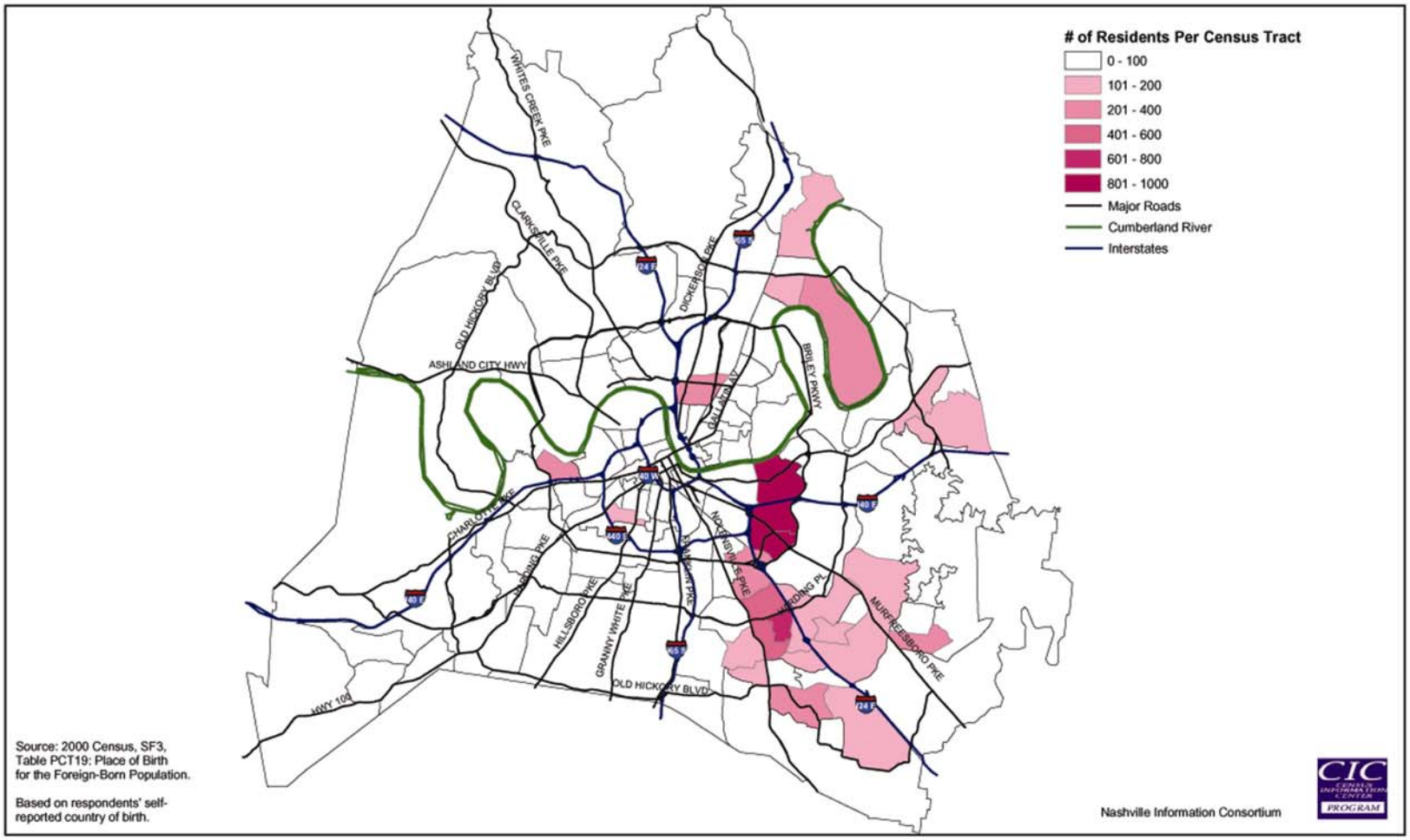
Map IIH. Number of Residents Who Were Born in Laos
Nashville-Davidson County, Tennessee, 2000



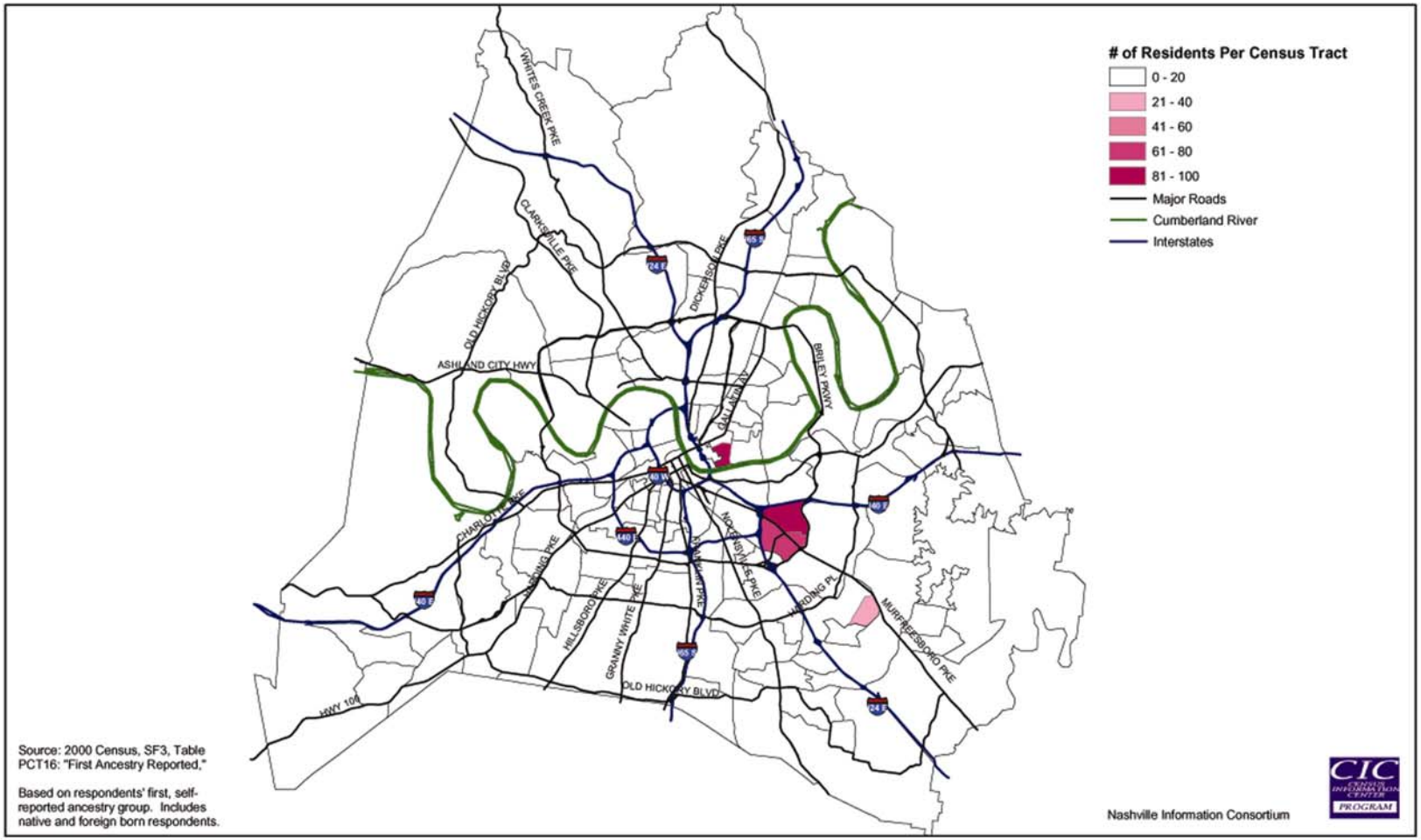
Map IIi. Number of Residents Who Were Born in Mexico
Nashville-Davidson County, Tennessee, 1990



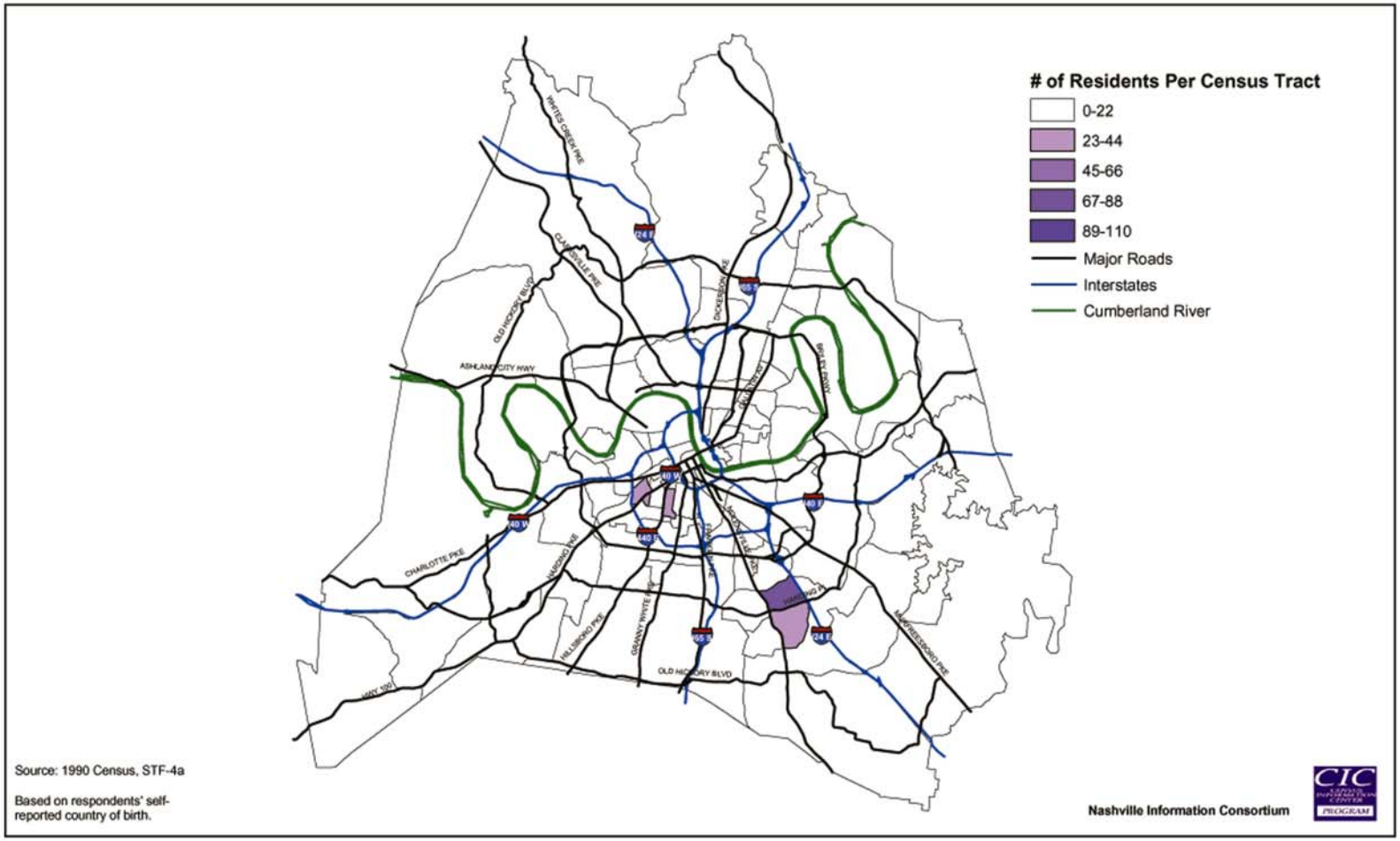
Map IIJ. Number of Residents Who Were Born in Mexico
Nashville-Davidson County, Tennessee, 2000.



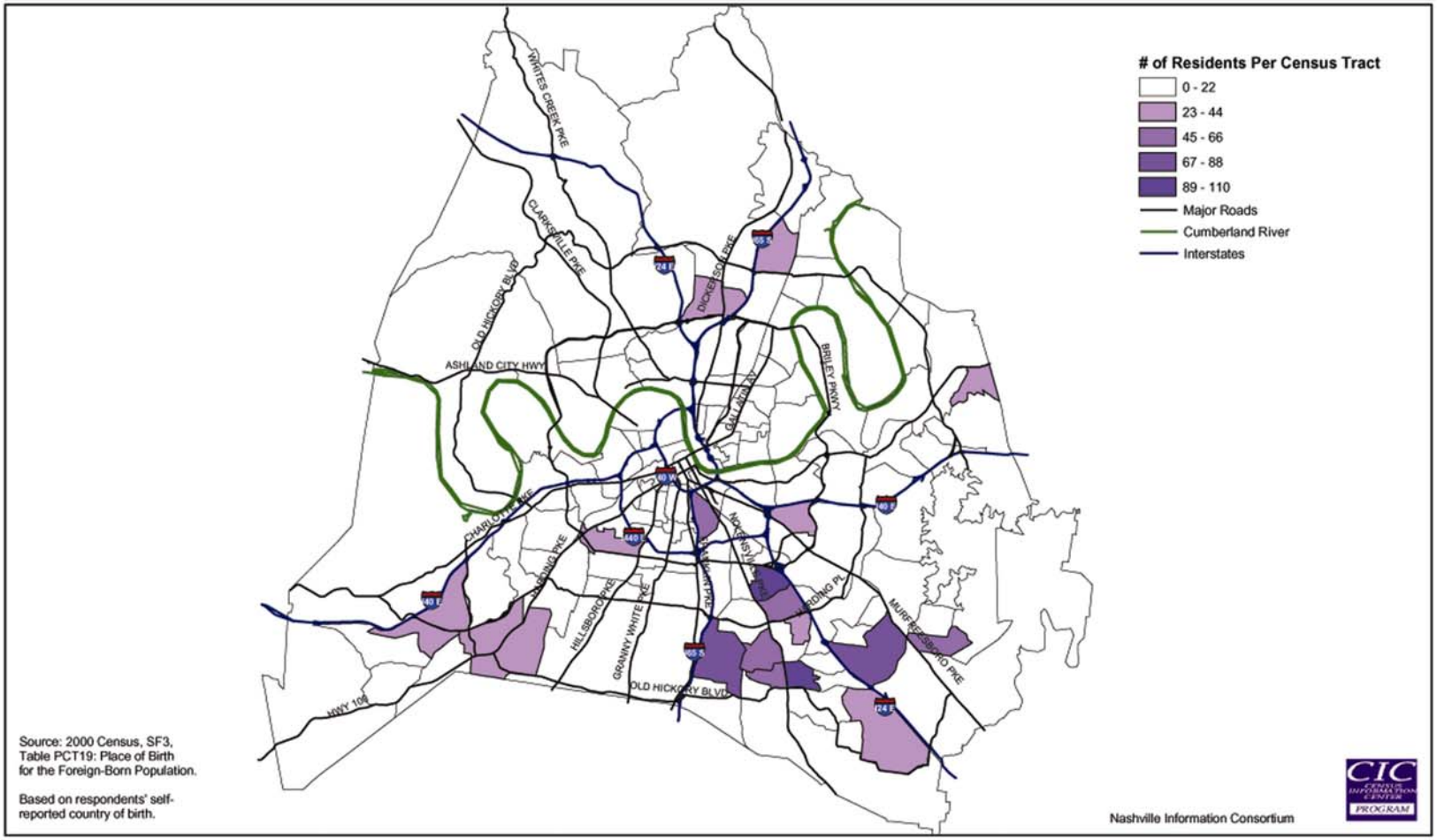
Map IIK. Number of Residents of Somali Ancestry
Nashville-Davidson County, Tennessee, 2000



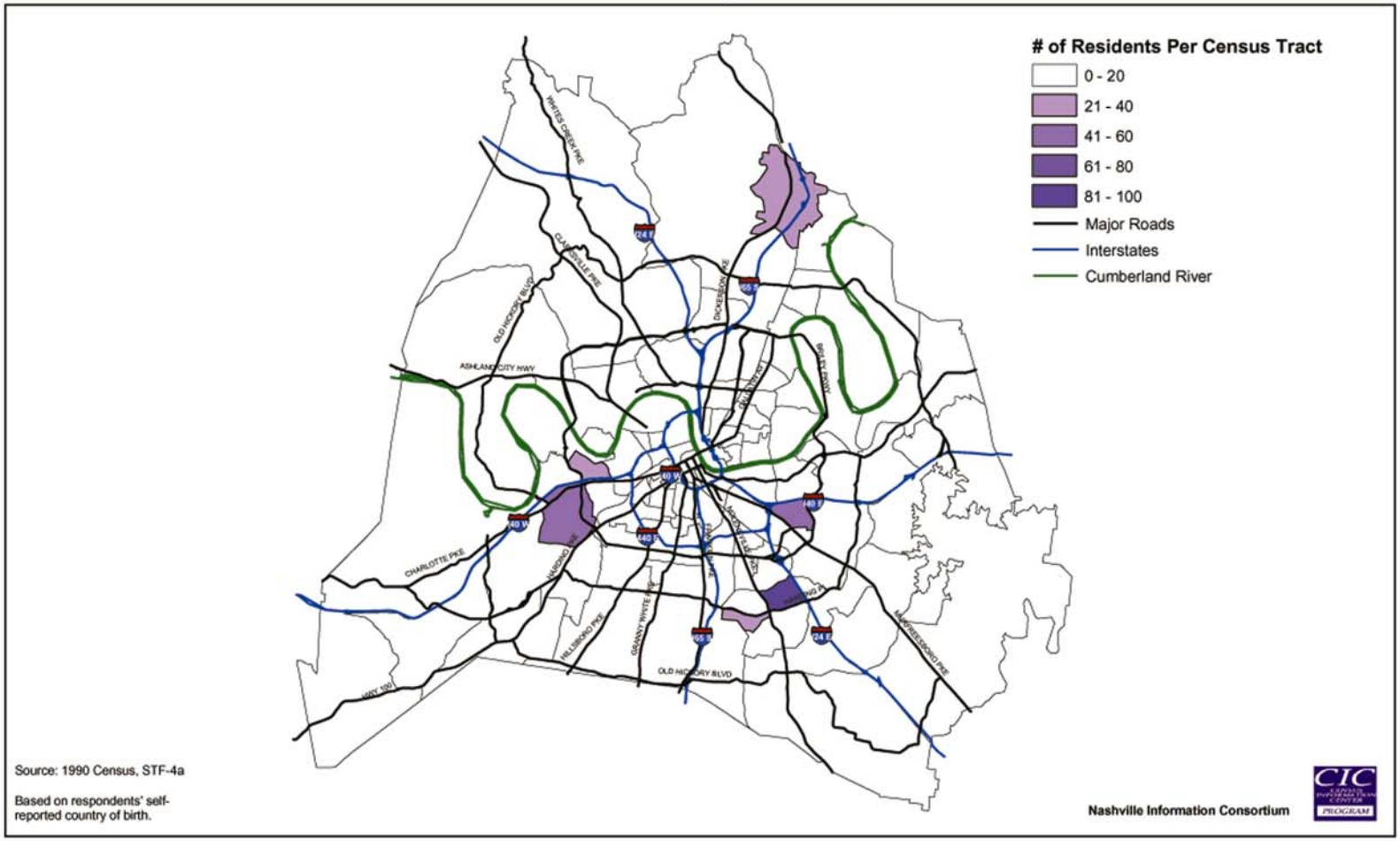
Map III. Number of Residents Who Were Born In South America
Nashville-Davidson County, Tennessee, 1990



Map IIM. Number of Residents Who Were Born in South America
Nashville-Davidson County, Tennessee, 2000



Map IIN. Number of Residents Who Were Born in Vietnam
Nashville-Davidson County, Tennessee, 1990

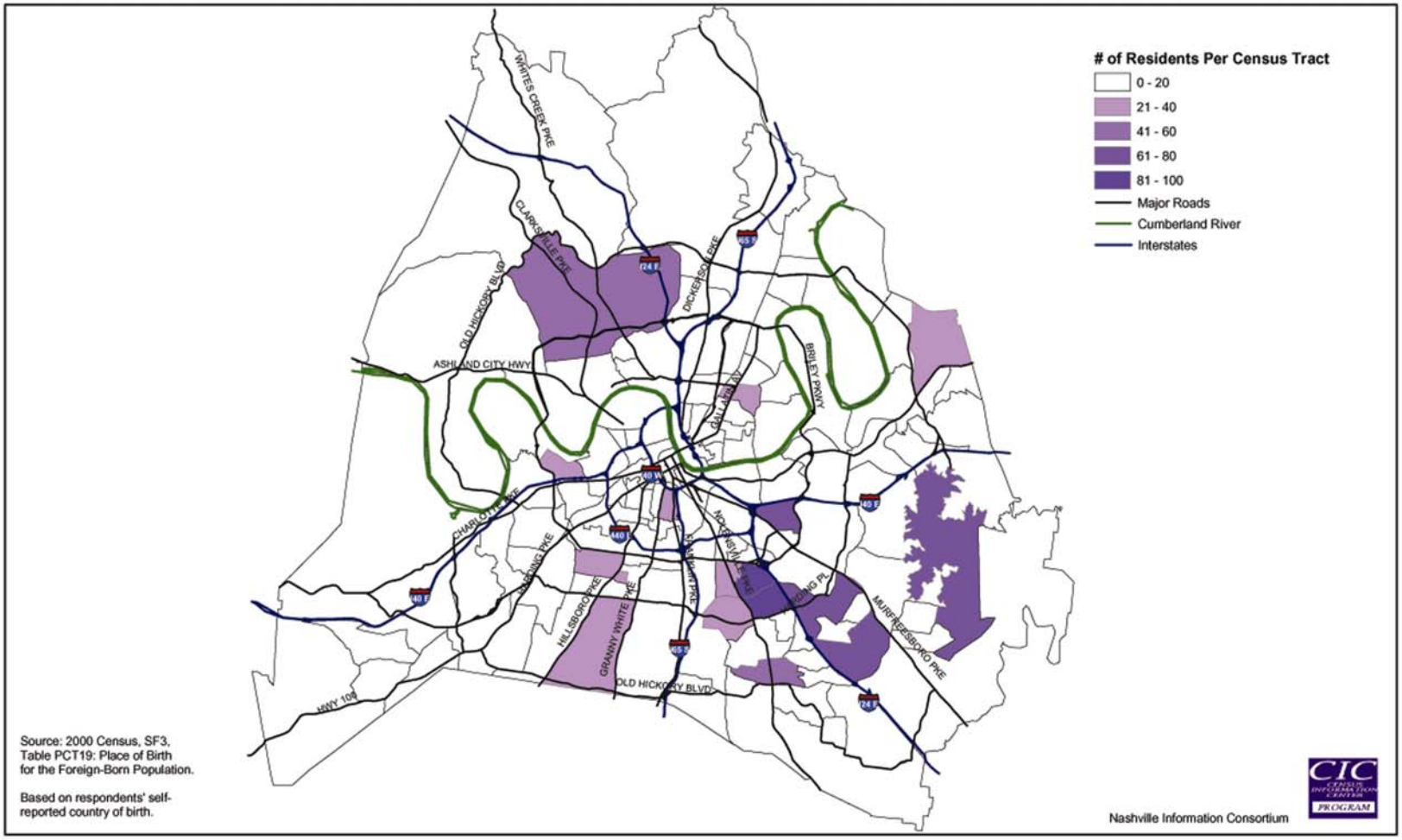


Source: 1990 Census, STF-4a

Based on respondents' self-reported country of birth.

Nashville Information Consortium

Map IIO. Number of Residents Who Were Born in Vietnam
Nashville-Davidson County, Tennessee, 2000



III. IMMIGRANT FOCUS GROUPS PROJECT

In this section we report on immigrants' and refugees' perspectives gathered during 16 confidential focus groups with immigrants and refugees of seven[4] language communities. The groups included members of the communities listed on p. 8 of the RFP: Arabic, Kurdish, Laotian, Latino, Vietnamese, and Somali immigrants and refugees. The groups were conducted in seven languages: Arabic, Behdini (Kurdish), Laotian, Somali, Sorani (Kurdish), Spanish, and Vietnamese. The focus group topics included perceptions or assessments of: a) the contributions made by immigrant populations to the Nashville community (Metro assessment goal #1; findings on contributions are discussed earlier in the report); b) the range of currently available resources—services and referral systems—to immigrant and refugee communities (Metro assessment goal #2); c) accessibility of services and programs to immigrants and refugees and barriers to services (Metro assessment goal #3); and, d) needed resources that are not available, critical needs, and areas in which new services should be implemented (Metro assessment goal #4).

We will first guide you to tables with demographic information on the focus group participants. Next, you will find a brief description of the focus group research methods. Subsequently, you will find the principal discussion of the focus group findings arranged within five social service policy domains: education (includes two subsections: adult and child education), employment, health, housing, and safety. The five domains emerged as most salient based on the intensity and frequency of discussions within and across groups. The focus group themes were based on ten social service domains which pertained to the following broad areas: community, education, employment, health, help with stress, housing, the law, security, support for the family, and transportation. The moderator introduced these broad areas in addition to an area named "other" which encouraged participants to include any policy areas that had not already been mentioned.

For demographic information on focus group participants see Table III A in the appendix of this section. The table represents participants by ethnicity and gender, age, time in US and/or Nashville, marital status, children, education, employment status, immigration status, and current status.

Focus group participants were purposively recruited from language communities representing the communities listed on p. 8 of the RFP: Arabic, Kurdish, Laotian, Latino, Vietnamese, and Somali immigrants. As indicated in Table IIIA, the 137 participants included 81 women and 56 men who ranged in age from 21 to 70 years. The majority (74%) had arrived in the US with refugee status. The participants have lived in Davidson County for a varying amount of time, 51.1% have been here less than five years, 32.8 % have been here five to ten years, and 14.6% have lived here longer than ten years, and 1.5% is time unknown. The majority were married and had young or adult offspring. Formal educational experience was typically less than high school, although several had

[4] We are counting both Behdini and Sorani as separate languages however both are Kurdish dialects.

education beyond a four-year college degree. 90 of 137 respondents indicated their employment status, with 48 being employed.

Our project community advisory board assisted the researchers in gaining access to community organizations and focus group participants. For each of the language group communities, we conducted separate focus groups. Groups were conducted in seven languages: Arabic, Behdini (Kurdish), Laotian, Somali, Sorani (Kurdish), Spanish, and Vietnamese. When appropriate, groups were distinguished by the gender of the focus group participants as well as other criteria suggested by our advisory board. Each focus group consisted of 5-11 participants, lasted approximately two hours, and was conducted on the premises of a community organization, place of worship, or at a conference room at the Vanderbilt Institute for Public Policy Studies. Trained moderators led meetings with the aid of native fluent interpreters. The focus group discussions were audiotaped. In addition, one or two trained observers wrote notes and/or dialogue during each of the focus group meetings. Interpreters and translators translated and transcribed focus group discussion into English manuscripts[5].

It is important to note the following limitations. The statements made by focus group participants indicate a range of views and opinions but do not necessarily reflect the distribution of these views or opinions within the wider community. In addition, another limitation needs to be considered. Participants in focus groups often choose to not discuss critical needs of a more personal nature such as mental health needs, issues of domestic violence, or experiences of victimization due to fraudulent legal actions because these may place them again in a vulnerable position. Focus groups operate within time limitations, group settings, and expose participants to persons with whom they are not acquainted. In this regard, our assessment of needs excludes the needs, which may be present and are critical but that participants would not discuss in focus groups. See section VI for a detailed discussion of the methodology.

Following is the principal discussion of the focus group findings arranged within five social service areas: education (includes two subsections: adult and child education), employment, health, housing, and safety. Each of the five social service domains begins with a definition of themes within the social service area. In addition, each social service area has five sections. The first section presents immigrants' and refugees' perspectives on the strengths within the social service area. The second section discusses immigrants' and refugees' perspectives on the weaknesses within the social service area. The third section examines group specific themes within social service areas. The fourth section presents demographic patterns. We examined patterns by gender, age, and duration of residence in the United States or Nashville. It should be noted that the demographic patterns represent patterns within the sample or the pool of focus group participants but

[5] The groups were conducted in the community's language with the use of interpreters. However, participants at times preferred to speak in English and we respected their choice. Our procedure at the start of a group was to ensure that all those present were aware that interpreters were present. We would ask participants to allow time for consecutive interpretation and both English and the community's language were interpreted. Participants' use of English differed from native speakers' English.
Translations of transcriptions were conducted in three phases, including a consensus building translation by at least two (more often three) translators.

not necessarily patterns in the population of immigrants and refugees. Each of the social service policy area final sections include a fifth section where the major themes are examined according to immigrants' perceptions of the availability, accessibility, and adequacy of the social services within the policy domain. Our definitions for availability, accessibility, and adequacy follow. Availability was defined as: Do immigrants and refugees know about the services? Accessibility was defined as: Do immigrants and refugees believe the services exist in Davidson County for immigrants or refugees and their kin? Do immigrants and refugees believe they (immigrants or refugees and kin) can obtain services? Adequacy was defined as: Do immigrants and refugees perceive that the services meet their needs?

Adult Education

This section of the report examines immigrants' and refugees' perceptions about educational opportunities for adults. Immigrants and refugees discussed primarily opportunities for higher education, English as a Second Language (ESL), and classes on living in the United States. First, we will present immigrants' and refugees' perspectives on the strengths of the educational opportunities for them in Nashville.

Strengths

Immigrants and refugees mentioned three strengths in regard to their educational opportunities. The strengths included, dedicated ESL teachers, a range of higher educational opportunities, and educational programs that made specific accommodations to meet the constraints of work schedules. However, the majority of focus group participants did not share these perspectives on the educational opportunities available to them.

1. The first strength mentioned was dedicated ESL teachers. As mentioned previously, although all groups did not praise their ESL teachers, in one group the praise was emphatic. From the immigrants' and refugees' perspective the teachers were 'nice' and 'patient'. A Spanish-speaking man stated "And like Gracia[6] said, to the teachers we have, they give… they have a lot of patience and they're really nice, they have, they support us so we can improve our English." A woman in the same group added:

> We have been given so much, and I admire the people who give time for us. I take my hat off to them, honestly, to… offer them, umm, everything, everything they for us, eh, and they support us and the effort they make to… to learn…

2. The second strength mentioned was the availability of a range of educational opportunities for refugees in particular. However, the majority of immigrants did not

[6] All names have been substituted to protect participants' rights to privacy.

share this view. In an Arabic speaking group, a man commented that there are many services and opportunities out there to help us with our education:

> There are a lot of services which we cannot see for refugees and it is unlimited and it is run by a budget from the state directly, even if it is in the universities or the institutions available here and there are some studies for high school for free for GED exams, after he finishes GED they will send him to any institution present here free and at the same time to university but it is different for universities they have more rules and regulations but it is still covered and they offer some discounts. I'm one of them, I'm studying for Masters degree and I pay really pennies or very little in comparison with others because I have a refugee status, at the same time I'm taking some courses with [education services provider[7]] which is paid for 100% from the Career Center, it is available but how you get there I really agree with him the connection is not there, it is available but how to get there it is your personal effort, you have to get there no body lead you or guide you, but not everybody knows about this.

3. A third strength mentioned was the willingness of persons running a program to provide English lessons at home for a Vietnamese woman limited by her work schedule. The woman stated:

> Yes, they had taken me to classes, but I was busy with work, they had taken me to classes for three months. So they send a teacher to come my home to teach me English. And they find jobs; they have found my family jobs. .

However, as noted above, the woman's experience and perspective on English classes was in contrast to the experience of other immigrants and refugees. In fact, another Vietnamese man in the same group commented on how he had not been as fortunate as the first speaker:

> No, I went to school for about three years. The rest of the time I go to work and did not have a chance to go back to school needing to make money to take care of my family.

[7] The names of organizations or entities have been masked. When a name appeared in a quote, it was replaced with an [x] or substituted by brackets and a reference to the type of service provided. References explaining anything pertaining to specific organizations or entities were dealt with in the same manner.

Weaknesses

There were 6 weaknesses immigrants and refugees mentioned about adult education. First, immigrants and refugees discussed the unavailability of English classes. Second, immigrants and refugees commented on the lack of availability of higher education, technical, and vocational opportunities. Refugees in particular emphasized the need for training and access to knowledge on living in the US. Third, immigrants and refugees discussed the barriers they face when trying to access educational opportunities. Immigrants noted the difficulties their legal status and their unrecognized prior training or certifications posed when enrolling in schools. Fourth, from the immigrants' and refugees' perspective, they have multiple barriers that make it difficult for them to access educational opportunities. Fifth, immigrants and refugees felt their educational opportunities are limited due to their level of command of the English language and lack of language brokers to facilitate their acquisition of English. Sixth, immigrants' and refugees' view on ESL classes is that they do not meet their needs for more advanced levels of English Language Learner classes.

1. First, immigrants and refugees discussed the unavailability of English classes while emphasizing the importance of speaking English. For example, Laotians stated that English classes are not available to them. The following words express Laotian refugees' perceptions of the availability of English classes:

GM[8]: … Are… are there English classes available to you?

LD: Uh… We don't know if there are any, any available.

LE: OK, if the government provided English classes somewhere and provide transportation there would people going to those places.

Also, in an Arabic-speaking group a woman commented on the unavailability of English Language Learner (ELL) classes:

> Back home I was a teacher and when I came here I was cleaning places and I was suppose to learn English first. I've been having problem with not finding a school. I want to learn English because once I learn I can go do whatever I used to do which was a teacher. I wish to be a teacher again but I need a place to learn the language first.

Immigrants and refugees shared the view that learning English is a primary concern. The words of a Spanish-speaking woman are an example of the sentiment shared by the majority: "…and then prosper here, right? In Nashville, the most important thing is speaking English."

An Arabic-speaking woman commented:

[8] GM refers to the focus group moderator

> I have a problem with interpretation… (inaudible) If you can develop some schools that can teach us English that will help and employment especially for our husbands is very [difficult] now employment is not that much especially for our husbands who does not speak that good English and a lot of employers they now require English.

Another woman added:

GM: So aside from learning English and um …you would like... um… other, other kinds of services for education or schools...or?

AJ: Most important thing is language. Then for example, I like to finish my college degree. Whether I like it or not, I have to develop my English.

Furthermore, in another Arabic-speaking group a woman commented the following in response to the group moderator's question:

GM: Can you suggest to us what would be the best thing to help when you first come to America? What's the best thing for you?

AV: The best thing at first would be free schools and they have to teach us the language and I think that's more important thing in the United States. If a person can't speak the language he can … (Inaudible)…himself in the U.S. because he doesn't know anything. There's freedom here in the U.S. and they can help us with driving and teaching everything like open up schools for Arabic people. They need to learn because language is more important than everything.

GM: Does everybody agree with that?

AT: Yes.

2. Second, immigrants and refugees from several language groups noted the unavailability of higher education, technical/vocational, and training classes including classes on living in the United States. For example, a woman in a Spanish-speaking group commented that "I've been trying to get computer classes but I haven't found any…" A man in an Arabic-speaking group also commented on the unavailability of educational opportunities:

> Secondly in refugee programs in their internal program those who come here and they have ambition to continue their education, they will not give any advice to that person. They will take you to a factory to work you out, they will call for you to find a job, and they will not lead you to continue your study.

Participant consensus was established when a man in a Spanish-speaking group made the case for government supported training that would ultimately benefit both "parties":

> I think, just like the lady mentioned, just as they have the disposition, right? And resources to give us an education, English in this case… I think if the government can support us in some areas, like a technical degree, like he was saying plumber, electrical, I feel we could be better prepared, and this would be a benefit for the state, because we could perform in a more qualified job; then the companies, could have a better, I don't know… we could do a better job. We could be more capable to perform in any field that we're trained for; then it is beneficial for both parties, right? We... because we have the education, and the companies because they have qualified people.

Refugees in particular requested training and access to knowledge on living in the US. A Somali man commented, "If the government can make programs for the new people who arrive here for the purpose of resettlement, for refugees arriving to the USA, to get help quickly to catch up with the system would be very nice."

In regard to technical and vocational training, a man in an Arabic-speaking led group proposed the type of training and courses he thinks are needed:

AF: We want to evaluate all those who come, what is their educational status and to put those in "as he describe it" a rehabilitation course and this rehabilitation course will depend on their background, if they were all high school graduates or engineers or doctors…(Interruption)

AE: Re-certified.

AF: They put them in rehabilitation courses fro six months to one year and teach them how is life here in the US and support them financially, find places to work and be like a complete program so that the person can be qualified for his life and will have good right social relationships at the same time he can control and support his family and provide for his family. There must be a clear program before the refugee comes, not what is happening now, he will come and make you sign some papers and in 3 months that is it, you are on your own. This is really a matter should be discussed in a very serious way. I studied this subject from the minute I came and I put a complete program fro this as I was an engineer back home I'm affected by lack of this program and I really suffered and suffered a lot from it.

In addition to the suggestions offered by the Arabic-speaking man, programs operating in other states were discussed. From the immigrants' and refugees' perspective the programs were models for Nashville:

AE: I would like to discuss the education system like higher up education in universities like in another states like California for example there is ROP, it is a college designed to help foreigners who come from outside US and a lot of our friends who live there benefited from that program in California more than us because we don't have that kind of programs here.

GM: Do you know what that program is called?

AE: ROP[9]

GM: What does that stands for?

AE: I don't know what it stands for it is ROP. They are helping them to re-certify those people who have some kind of education or other professional skills. It costs a lot less and a refugee who has a professional or vocational profession can go and study a little bit along the same line. Universities here do not provide these kinds of services here. There should be special programs for those to train them and to re-certify them in their old profession

GM: So oh, so people who come to the country already with a degree or educational degree…

AE: …(Inaudible)…. Another country with some kind of degree or something you already studied for 10-12 years and first you don't have time and the money to re-do it again you have to start from the beginning, he got the idea and have the experience but he want to restudy a lot of it or regroup or re-acquire those information again to help themselves in the US. Personally I followed this a lot and the only state that is not good is Nashville, TN.

The need for more classes and programs were again noted in a Somali group by a man that stated:

> There are classes here going on at the [X]. It was a new program not a one that existed before. We need more classes and increased time. The availability of classes is only two days. We need help on that and we need more hours. We also need to learn vocational skills.

3. Third, immigrants and refugees discussed the barriers they face when trying to access educational opportunities. Immigrants and refugees noted the difficulties their legal status and their unrecognized prior training or certifications posed when

[9] ROP stands for Regional Occupational Program. The program provides occupational training for adults.

enrolling in schools. Following are examples of the access problems mentioned. A Spanish-speaking man stated:

> Yes, that's what I'm saying, that is… sometimes we don't have the documents to… even if you have education, but no, no, no… papers, you can't, that would be nice to receive support from somebody concerning that, the immigrant could receive like he said a social security number so you can have a good job, I would like to see that, but like you come here, yes, you come here to work in… the hardest possible, when you don't have documents you have to work anything, but with valid documents I think it would be nice.

A man in an Arabic-speaking group noted:

> To apply for any university they will ask you for your certificates, you cannot get anything back from Iraq, for example we have a friend he has a Masters degree, he escaped from Iraq and cannot go back home off course and they will not give him his certificates, this is first point he could not get his certificates to continue his education. The other point, some other universities will accept him as a student but it is so expensive he cannot go and study there, to get a loan we got a loan in [education services provider] it was $500 a month, to work full time and pay for your study is difficult.

Another man added:

> They deal with all students the same as far as the documents concerns because if somebody comes from other countries as a political asylee, he left everything and it is difficult for him to get his documents.

A Laotian woman noted the implications of her legal status on studying at a University:

> I have something to say. Umm, I go to [education services provider] and when I first applied to [education services provider] umm, I did not know that I being considered and international student. I've been here… When I applied I was umm… I guess, living in the United States for nineteen years and umm… of course, I mean I did not know… (Inaudible)… you're an international student; you're not accepted yet because you're an international student and I had to go take like an English proficiency test to prove you can speak… I mean in a way I kind of think was very, I don't know, absurd because I've been here for

> nineteen years, went to school for thirteen years, I mean, why can I not speak English?! I mean, I basically I, I can understand read and write umm… but then they; they were like, OK no. We still have to have proof that you can read and write and understand English very well, so I had to go take this test and pay money, which I did not want to spend because I can speak, read and you know… Yeah! And you know, fluently! And I had to do that. And then the international students at [education services provider] which, I… I don't know why, I think in a way its kind of umm… discriminating that they make international students pay more than, umm… I guess, citizens at [education services provider]. And I'm still considered an international student because I am not a citizen. And so, I am like, well… you know, well I can understand but… that is, that is very… and that kind of delayed the process, that delayed me getting the classes that I needed… (Inaudible)… and so I was very… (Inaudible)…

Furthermore, in another meeting a Somali man stated:

> The problem is… Somalis came late, in the late years. We used to be a country, different from other refugees; all of us escaped from the country and migrated here. We are a part of every community. We are doctors, educators, and normal people. I want to mention the problem all those people have not only about housing. The first thing is that everybody had a certification whether is high school or university. We also have the knowledge and experience for work and have a place in Somalia to earn money. Some of us were even businessmen, some were just normal. When we came here we encountered a problem of our certificates. Our birth certificates, certificates from our schools, we didn't have any. All of our documents were lost in the civil wars. When we came here we went to continue our schooling in high schools and universities and went to look for work but we had no documents. No certificates. We were told that we had to start all over again in school. Another thing that is a problem is the language. Many languages were learned in the universities and schools. Our knowledge is the same but the problem is the language difference.

4. Fourth, from the immigrants' and refugees' perspective, they have financial, geographical, social, and temporal obstacles that make it difficult for them to access educational opportunities. For example, an Arabic-speaking woman noted social issues related to educational access. She stressed the need for available daycare:

> We wish, although, we don't think this will happen, but we wish if there is a place that can employ us, all the women, and they can provide like a daycare center or anything to keep our children. At the same time they could just teach us some English that would be helpful.

Another Arabic-speaking woman commented on the need for daycare:

AS: I want to study here and learn English. We speak Arabic and we need some classes to teach us English language.

CM: Are there any classes available and do they have people who speak Arabic teaching the classes?

AS: Until now we haven't seen anything like but what about our kids? Where do we have to leave them if we go to those classes?

Another woman added:

> I mean they have to help us they first year because we don't have anything to do and how are we going to live in the U.S. like that? They have to help us with work, with teaching, learning and everything. I mean it's a problem. I don't know any English and I don't know any kind of jobs and if I do apply for any job they have to teach me step by step so I can learn. Of course I'll learn everything they'll give me and get pay like them. Any kind of job that they'll give in English or Arabic they have to help us with it.

In a Vietnamese group, participants commented on the unavailability of classes, and temporal and financial constraints to access education:

CM: So is that one problem that you think that many Vietnamese face when they come to Nashville, is there's not availability of English classes?

(Simultaneous talking)

All Participants: Yes! Yes!

VB: Yes, real difficult!

VE: Because in the morning I am very busy, at night there are no classes. Classes…classes you have to… if you have been here for over five years, you have to pay for the classes.

Time constraints were also mentioned in a Laotian group. A Laotian man commented that "Many people, like to take language classes, but, the problem is that we go to work and when got home we are too tired to even think about taking lessons." An Arabic-speaking man also noted financial and temporal constraints:

> For example if I want to study in the University, I have to work to pay for my tuition, if I work how can I do my homework? How can I be creative? If I'm working and spend all this time at work, how can I coordinate between the time of college and time of work? This is for joking, for smiling, without work we cannot succeed or pass, some of us not all of us! What if you are studying and working? .

Another Arabic-speaking woman remarked on financial constraints "in addition, that if somebody wants to study, it's expensive. You have to be ready just having some money then study." Another Arabic-speaking woman noted linguistic constraints: "I took some forms from the university but because of the language I postponed for a year because of both things. Because of my language and because I can't pay for my studies, even with financial aid, I postponed for next year."

In the following example a Spanish-speaking man notes both financial constraints and documentation requirements, when he stated the following in reference to classes available to him, "Not for free, but there are some here. But, there are some institutes like [education services provider], some, eh… they can help you, if you want, if you are legal, they help you…several groups." A Somali woman stated both financial constraints and social/cultural dimensions were obstacles to her educational access:

> I want to say something. I have been for five and a half years and still cannot speak English. If I could go to school… I have young children, I went to the human services department at the state and the lady said that she could not pay any daycare because my older son was always there at the house. I m not working and my husband is working part-time. The money he makes is not enough to pay for daycare. The lady said that she would not help because I am married and your husband is living with you.

A Behdini-speaking (Kurdish) man commented on the temporal dimensions that limit his access to education. In an Observer Note the following statements were recorded:

> [Man] begins to speak and says that his problem is that he does not know English very well and since he had to start working as soon as he got here he did not have time to take English class. He said that most employers want their employees to have good English skills.

In another group, a Sorani-speaking (Kurdish) woman also noted cost as a limitation:

> Some of us we don't have a kid problem, but the problem is you have to pay to go to school which we can't afford. I work part time and I probably have to pay three quarters at least to go school, I would like to go because I was a teacher back school and you can't get a job that you want.

Another Sorani-speaking (Kurdish) woman also commented on temporal and social constraints:

> When we were in Arizona we had a lot of helps, and a lot of helps was offered in Arizona. First, that was really important back in Arizona was education, then they were providing daycare for of our kids. I think this is not only my problem but all of our problem. All the people that are here in this group meeting have a language barrier. We don't have the same opportunity to learn English all at the same time. I think that's my problem and everybody else's. Thank you.

5. Fifth, immigrants and refugees note their educational opportunities are limited due to their level of command of the English language and lack of language brokers to facilitate their acquisition of English. In other words, immigrants note that it is difficult to follow English as Second Language classes because they do not understand the language. They noted that they would prefer to have teachers who also spoke their native language. For example, a Vietnamese woman stated:

> Uh huh! Yes! Yes, I studied at the school, [education services provider]… [education services provider]… [education services provider], but it was only open on Tuesday, Thursday, and Saturday. Uh…. Wednesday. Three days designated at night and Saturday was a morning class. But there is one thing is that it's okay to learn, because you can look it up in the dictionary or a machine to assist in understanding more. But still, there must be a teacher that can speak the same language, the Vietnamese language, so it is easier to learn.

In another group, a Laotian man also commented:

> I don't have time; I have to go to work. More than that we don't have any teachers to teach us. Many people like to go to school but the thing is that when we go to school we have American teachers and we don't understand each other

> and so we back out. If there were Laotian interpreters or teachers, then I think it would be helpful to us. Many people are interested in going back to school.

In a Somali group, a woman stated:

> The problem that we have is the one we to get help from we don't understand their language. Even the one who is teaching us in another way there is no co-teacher. The teacher who is Somali can express more about what is being taught…after I get back from work I go to school and I am not benefiting anything from the school. If a Somali person is here for me to help if he/she had told me more about what I am learning than I would have succeeded. We would have helped each other if we were in the same area and we live and stay together mentally and physically.

6. Immigrants and refugees also discussed the adequacy of the educational services available to them. Immigrants' and refugees' view on ESL classes is that they do not meet their needs for more advanced levels of ELL classes. For example, an Arabic-speaking woman explained, "here at [X] there is a place to learn English. When I went there they were teaching us beginning English like ABC's I don't need that I need to start up with a new level." A Vietnamese man also stated:

> I have studied two or three years in [education services provider]. However later the Vietnamese did not go to that school anymore… because when we would read aloud our studies the teacher would always tell us we are doing a good job, you are doing a good job. But when we go outside and speak with other people, it seems we know nothing (Laughing).

A Somali man also commented on the adequacy of English classes for adults:

> For adults… it's hard to find um… adult schools and if they do have adult schools it's hard to, you know, I mean the education is not very good, you know, especially in public schools. Public schools, if they have a adult education there it is not like the teachers are not like if they decide they need to teach English and the English they teach it is like not very good…

The following example is cited to emphasize the importance of English acquisition from the immigrants' and refugees' view. A Laotian woman commented on the consequences of not having had access to adequate English learning experiences:

> That's, that's like the number one disadvantage for a lot of umm… the Laotian people, like for me. I had a hard time in, in… this like in a California high school when I was umm… I couldn't take the college prep English class because it was too hard for me. Because I'm learning both languages and I couldn't write quickly and then they made me take another language, French, on top of that! So, I didn't do a good job and I wanted to get into, you know, a good university – [education services provider], so, but I couldn't, I had to… I was tired of getting a D and a C in English so I went back to regular English and that disqualified me completely to a higher university. Just because of that one English class, because I wanted an A. I think that's a… (Inaudible)…

Group Specific Themes

Five community specific issues related to adult education were discussed during the focus groups. First, as previously noted, several immigrants and refugees cited barriers to education. However, only the Spanish language group referred to their undocumented status in addition to recognition of their foreign diplomas. Second, the theme that emerged from conversations with Sorani-speaking (Kurdish) women was that a considerable number needed English teachers that would teach them at home. Third, Arabic-speaking women stressed that they would prefer access to women only work places that would also provide daycare and language classes for them. Fourth, Arabic-speaking participants requested aid to guide them with university application processes. Fifth, participants from both of the Kurdish groups emphasized that the limitations some refugees face in regard to accessing education are related to their lack of prior educational opportunities.

1. Undocumented immigrants are often denied access to education due to their immigration status. Spanish language participants referred to their undocumented status in addition to recognition of their foreign diplomas.

GM: OK. Well, do you have something else to say about education? What other kind of education, besides the English classes, have you been able to access? Any opportunity to learn something technical, or another kind of...

SpK: I uh...

GM: ... of classes.

SpK: I've been trying to get computer classes but I haven't found any...

SpJ: Not for free, but there are some here.

SpK: Well, of course not.

SpJ: But, there are some institutes like [education services provider], some, eh... they can help you, if you want, if you are legal, they help you... several groups.

GM: They help you only if you are legal?

SpJ: Most places yes.

GM: They ask for...

SpJ: They do.

GM: ...ID?

SpJ: Yes, if you're legal then they help you... they give a basic training, a technical degree.

2. Second, the theme that emerged from conversations with Sorani-speaking (Kurdish) women was that a considerable number needed English teachers that would teach them at home.

KL: I have another question, too. There was a teacher coming to my house and she was helping me with the language…to teach me the language, but now she doesn't come any more. If there is a way that you can help to provide a teacher to come home and teach me English, it will be very good because I have kids and I can't go to school.

GM: So in terms of learning English for some of you, you are homebound and want to have that option at least…that is important?

KK: Yes, very, very important.

3. Third, Arabic-speaking women stressed that they would prefer access to women only work places that would also provide daycare and language classes for them. The isolation women experienced was a constant theme in their discussions. For example, an Arabic-speaking woman discussed their interest in a woman only work place.

AK: Can I speak? As far as we concerned those of us we don't speak English and who take (children crying...inaudible...) care of our children with the daycare situation we don't know and who will take us to our job places, because we don't know how to drive.

Later, another woman added:

AH: We wish, although, we don't think this will happen, but we wish if there is a place that can employ us, all the women, and they can provide like a daycare center or anything to keep our children. At the same time they could just teach us some English that would be helpful.

Within the same discussion, another woman commented:

GM: You have mentioned that maybe um... there would be place that would offer daycare and it would be like work for... for women... did you... did I understand correctly you said for women only working?

AG: Yes, like a place we can benefit from and can serve and just for women and daycare center at work and we will see each other. This may reduce the stress.

4. Fourth, Arabic-speaking participants requested aid to guide them with university application processes. For example, in an Arabic-speaking group a man stated:

> We don't ask them to pay the cost for our studying we are asking just a way to lead us and direct and guide us how to get into a college or a university just simply like that. Another point we wish if there is a magazine or a newspaper to get to refugees even a page in Nashville Scene tell them about the size and availability of scholarships, capability of Universities and Colleges and their specialties and how you can apply for a loan? Just details of that university, how many specializations they have? What departments they have? What studies available for that refugee or immigrant?

5. Fifth, a Behdini-speaking (Kurdish) group emphasized that the limitations some face in regard to accessing education were related to their lack of prior educational opportunities. Focus group participants stated Saddam closed schools denying them access to an education thus placing a segment of their society at a disadvantage. In observer notes, a Behdini-speaking (Kurdish) man's statements were paraphrased with the following words:

> He also said that education is a problem for Kurds in Iraq because when there are problems with Saddam Hussein they cannot go to school. So most of the adult Kurds who immigrated to the states were not even educated in Arabic.

Demographic Patterns

Gender: Both men and women noted that they need opportunities to learn English. Women, however, discussed their need to learn English more frequently.

Generally, although a few women noted a need in regard to recertification of professional degrees, men amply discussed recognition of foreign diplomas. Additionally, men noted they needed access to training in technical skills and programs on living in 'America'. Both men and women discussed barriers to education due to limitations in their schedules; these included lack of daycares for women and inflexible work schedules for men.

Age: Overall, immigrants and refugees from all age groups (<30, 31-50, >50) discussed their need for more educational opportunities. Though immigrants and refugees younger than 50 years of age expressed interest in recertification and opportunities for training and a college education they also argued for accessible schedules and improved quality of English as a Second Language (ESL) classes. Immigrants and refugees over 50 years of age, however, also emphasized that they need flexible schedules for ELL classes.

Duration of Residence: Immigrants and refugees living less than 5 years in the United States (U.S.) discussed their interest in learning English. Immigrants and refugees with 5 to 10 years and 10 years and above also discussed their interest in learning English. However, immigrants and refugees in the U.S. for more than five years discussed English classes from a different perspective. They noted they had a need to learn English but were unable to meet that need due to demands in their work schedules. In addition, all immigrant and refugee groups noted they needed technical classes.

Availability, Accessibility, and Adequacy:

Views on adult education were classified according to immigrants' and refugees' perceptions of the availability, accessibility, and adequacy of the social services within the policy domain. Our definitions for availability, accessibility, and adequacy follow. Availability was defined as: Do immigrants and refugees know about the services? Accessibility was defined as: Do immigrants and refugees believe the services exist in Davidson County for immigrants or refugees and their kin? Do immigrants and refugees believe they (immigrants or refugees and kin) can/ could obtain services? Adequacy was defined as: Do immigrants and refugees perceive that the services meet their needs?

Availability: When immigrants and refugees commented on the educational opportunities available to them they mentioned dedicated ESL teachers, a range of higher educational opportunities, and educational programs that made specific accommodations to meet the constraints of work schedules. However, the majority of focus group participants did not share these perspectives on the availability of educational opportunities. In fact, the majority of immigrants and refugees discussed the unavailability of English classes including advanced English classes. In addition, immigrants and refugees commented on the lack of technical and vocational classes available to them. Furthermore, refugees emphasized the need for training and access to knowledge on living in the US.

In addition, the theme that emerged from conversations with Sorani-speaking (Kurdish) women was that a considerable number needed English teachers that would teach them at home. Arabic-speaking women stressed that they would prefer access to women only work places that would also provide daycare and language classes for them. Arabic-speaking participants requested aid to guide them with university application processes. Participants from both of the Kurdish groups emphasized that the limitations some refugees face in regard to accessing education are related to their lack of prior educational opportunities.

Accessibility: First, immigrants and refugees discussed the barriers they face when trying to access educational opportunities. Immigrants noted the difficulties their legal status and their unrecognized prior training or certifications posed when enrolling in schools. The matter of access due to legal status for Spanish language participants was in regard to their undocumented status. Second, from the immigrants' and refugees' perspective, they have financial, geographical, social, and temporal obstacles that make it difficult for them to access educational opportunities.

Adequacy: First, immigrants' and refugees' perspectives of their ELL opportunities are limited because they lack language brokers to facilitate their acquisition of English. Second, immigrants' and refugees' view on ESL classes is that they do not meet their needs for more advanced levels of ELL classes.

Children's Education

The children's education domain included immigrants' and refugees' perceptions of children's education and the quality of schools. Immigrants mentioned primarily public schools, private schools, and English as a Second Language opportunities. Immigrants' and refugees' perceptions about the strengths of children's education were on the general quality of the school system and on individual teachers. Immigrants and refugees noted the weaknesses of children's education were related to more specific problems such as poor communication with the schools.

Strengths

Immigrants and refugees mentioned three strengths in reference to children's education. First, immigrants and refugees commented favorably on teachers and public schools. Second, immigrants and refugees perceive the education in Tennessee's public schools favorably in comparison to the children's education in other states. Third, a refugee also expressed satisfaction with the quality of education for children with special needs.

1. Overall, immigrants and refugees commented favorably on teachers and public schools. As we can see in the following excerpt, an Arabic-speaking man noted:

GM: Does anyone else have any experiences with education?

AS: I don't have any problem with my kids.

GM: How old are your children?

AS: Twelve and eleven.

GM: So um... do you go to school and talk with teachers? Are the teachers receptive? Are they communicating very well with you?

AS: It is good. Especially right now they're taking good care of them and there is no problem. As an Iraqian they're taking care of them.

On another occasion, a Somali woman commented that education for children was 'very good'.

> I think for um... young people the education is very good. But for adults... it's hard to find um... adult schools and if they do have adult schools it's hard to, you know, I mean the education is not very good, you know, especially in public schools.

In a Sorani-speaking (Kurdish) group, favorable comments about school also emerged. "We don't have any problem with the teachers" and in a Behdini-speaking (Kurdish) group, a woman noted that "there are very good things in the schools here because they teach our kids like computers and more." Another Behdini-speaking (Kurdish) woman added later in the discussion:

> We don't have any problem with the teachers. I have been to the school couple of times and I don't have any problem with my kid and kid's teacher. His teacher likes him and she said that he is very special kid in reading and doing math. He is a very healthy child.

Additionally, another woman commented favorably by stating, "they have a very good way of teaching the reading because they have them to read at home everyday."

2. Furthermore, immigrants and refugees perceived the education in Tennessee's public schools as better than in other states. An Arabic-speaking woman commented:

> There is something that I want to say to you, the school is very good here. I went to school in Florida and they didn't care about us much but here when the war started, my teachers were crying and they were very good.

A Vietnamese man stated that in his view people move to Tennessee because of access to children's education. In the following transcript excerpt the speaker first discusses problems related to being old and then compares Nashville along other dimensions to other states in the United States.

> In San Jose age is not a factor in employment so it is easier for older people to find jobs. The other thing is that older people have difficulties here in Nashville finding jobs. One of the reasons is that when we apply for jobs here and we fill out our age on the forms they see that we are too old and they do not accept us. You have to ask why people from California or people in Texas or other states look to Tennessee are that it is more secure here. The main thing is security. The second thing for the families and children coming here is access to education is better than other states.

A Somali woman also commented favorably on the quality of schools for young children in contrast to the education of young and older adults:

> I think for um... young people the education is very good. But for adults... it's hard to find um... adult schools and if they do have adult schools it's hard to, you know, I mean the education is not very good, you know, especially in public schools.

3. In addition to immigrants and refugees favorable comments about teachers and public schools, immigrants and refugees also expressed satisfaction with the quality of education for children with special needs. In particular, an Arabic-speaking man noted that:

> AF: In reality the public schools here, some services for children who are not perfectly well or handicapped children, they call it special services, they have wonderful services for these kids and the people in charge of this service are the best and they are really understanding of the mental and physical capabilities of these kids who are our kids and felt that in kindergarten and in high school, the care is really excellent. This is the result of understanding of the person in charge, I met with him more than one time and I've seen his personal involvement with every student. I'm really happy with the services.... (Inaudible).... From that group and this is the only thing which dept me in this city because these services are good for my kids, my main reason of being here in this country is to get some good services for my kids.

GM: Are your children still in school?

AF: One of them, yes.

Weaknesses

From the immigrants' and refugees' perspective there were five weaknesses with services related to children's education. First, access problems related to children transferring credits from other countries, which leads to incorrect grade level placement. Second, another weakness noted by immigrants and refugees was that home-school connections are weak and information about schools is not readily available to parents. Third, another weakness from the immigrants' and refugees' perspective in regard to children's education is that school officials have failed to deal with harassment in an effective manner. Fourth, immigrants and refugees claimed that another weakness of children's education is lack of exposure to their own cultural practices and imposition of 'American' culture. Finally, Arabic, Sorani (Kurdish), and Somali speakers mentioned problems with transportation to school.

1. First, immigrants and refugees discussed how children have problems transferring credits from other countries, which leads to incorrect grade level placement. An Arabic-speaking woman reported the following in regard to the previously stated problem:

> AQ: I went to Jordan when I was in ninth grade. I took English class there and I got 50 percent passed the class, but when I came back to Florida they told me that you have failed the class 60 percent is the passing grading here. Now I'm not getting any credit for that and I've failed the class.

GM: Is this because you transferred class from...?

AQ: Yeah, they told me it has not been translated to pass the class it only says 50 percent grade ... (Inaudible)...

Another added:

AT: I have a problem with my daughter. When I came to the U.S. two years ago she 6 was years old. She was supposed to be in first grade put they put here in the kindergarten. Now she is in second grade but she is supposed to be in third grade.

GM: So second grade is too easy for her or is there a problem?

AT: Yeah it's easy for her. She has an ESL class now but I heard from the school that she doesn't need that class for next year. She has already lost a year. I don't know what is the problem that has occurred her language.

A Somali man also noted:

> For example when a boy go to school and they are told how the system works... The way we are used to in Somalia was when a teacher is like here in the U.S. the teacher has different teaching ways. They have a lot of materials to

> teach with...for example, a learning center. The kids need lot of help to go to and we are not used to this American teaching. Sometimes they come 16 of age and placed into class, depending on age, and forced to go to higher grade, while his knowledge is not there. When a student stops here, learns here, they may not get anything and are out of hope. They might not benefit from the U.S. and then go into being Americanized in bad way or go choosing different ways and choosing to destroy themselves. We were expecting to get help after schooling that is what we are interested in. After schooling helps like other states with many other communities, like Ohio. We have the space from our own expenses and we need help.

2. Another weakness noted by immigrants and refugees was that home-school connections are weak and information about schools is not readily available to parents. From the immigrants' and refugees' perspective parents perceive themselves as uninformed about school activities, such as parent teacher conferences. In addition, parents state they do not understand some of the fundamentals of education in the United States such as the grading system. An Arabic-speaking woman stated:

> I also have a question about the school for kids you know, I mean kids here don't have time or maybe they don't have a lot schools for open opportunities for kids. For example I have put my kid's name in school and this has been almost six or seven months until now he is still on the waiting list and I don't know what the problem! He is going to be 5 years old on October 13th, until now he hasn't been to school yet. He wants to go to school and wishes to learn something. I don't know why they made us late and what is the problem!

In the following excerpts drawn from a group conducted in Vietnamese, parents' lack of information about school parent teacher activities and home-school connections is evident:

VD: My children go to school, every time there is a meeting, I was asked to attend, and I don't know what to say. I don't understand what they are talking about.

GM: Are your children in...in public schools?

VD: Yes, my children are in second grade and the school keep asking me to attend the meeting, and I don't know anything, when they come home at night I don't know how to help them with their homework. For instance, I go to the doctor with my children, they give me an application. So, I don't know English. Some nurses are very good. I say, I don't understand, they help me. But some are not; they won't

help me... and told me to change my appointment, make another appointment and find an interpreter.

Another added:

> About transportation with me, I have only one car. For example, my children, when they go to school and the bus does not show up, then there will be no [one] else will take them to school. And when my children miss the bus and [are] late for school or late for the bus, the teacher will call or the office will call and I do not know how to get there and I do not where the school is. So my children cried and some one from the office has to take her home. Sometimes my child is sick I still do not know how to get there, or where the school is to pick them up and take them to the doctor. I'm the only one that knows how to drive in my family. That's all.

In a Laotian group participants discussed similar matters related to home-school connections:

> Wait. I, I think that, you know, like when we ask them socially, I don't think they [other Laotian parents] really would know how things were socially because you know how they have stuff at school where you can go talk to the teacher or, you know, PTA, whatever all that stuff. They're not involved with that kind of stuff because... (Simultaneous talking Inaudible) ... they, if they went, they wouldn't understand and I think that, you know, that's a disadvantage for them because they won't know exactly what's going on in their child's school. Like for us, now that I have a daughter, I know, like I would probably know more than what they taught their kid's... (Simultaneous talking Inaudible)... understand more, so...

For another participant, the problem of lack of information occurred in high school "when my daughter was in elementary school I could understand the grading system because it was easy with the way it is, but, when you get to high school and up I don't understand the grading system." Another agreed by adding:

> Once, once it gets into high school uh, the parents have no idea. Don't know what classes their taking umm... I don't think a lot of the students know what classes they need to take to get to college and all that stuff. I think... (Simultaneous talking Inaudible)... (Simultaneous talking)

Within a group conducted in Sorani-speaking (Kurdish), a participant questions the educational practice that excludes her child from enrolling earlier in school:

> About the law I have a question. My daughter is almost five years. In kindergarten they told me that she has to be five years, but only because of five days, she won't be five years...for five days only...(simultaneous talking)...Just because of five days, she is going to lose a whole year with all of her friends...they are going to next level.

3. Another weakness from the immigrants' and refugees' perspective in regard to children's education is that children are exposed to harassment. In fact, immigrants reported that children have experienced harassment from peers. Moreover, school officials have failed to deal with harassment in an effective manner. Four language groups have mentioned harassment incidents, including Arabic, Somali, Vietnamese, and Laotian. Furthermore, the Arabic and Somali groups state that incidents have increased since September 11. Following are the words of an Arabic-speaking man in regard to 9/11:

> Before 9/11 we thought the school system, the programs for the immigrant students especially Muslims, after 9/11 we discovered that some of our kids we thought that they have certain programs for Muslim kids who have certain needs and wear certain clothes they have certain programs for them, but after 9/11 we discovered that it was not that good and they were not protective more or they were not protective from school for the kids who have certain needs, most of the problems happened after 9/11 were in schools not in factories or companies or in the streets.

In a Vietnamese group, a woman shared the following events:

> I have an issue. My children... my friend's children ride the bus. The American children, black and white the same, threw things and spit on our children and so they fought back after being hit three or four times. The bus driver did not know who was at fault. She took the children to the office to see about who was to be expelled. The children got expelled, as well as my friend's children. When I arrived at school, they would not meet me so I had to go to a court. Really, my children and my friend's children only hit three or four times by the boys and they were so angry, they fought back. We end up having to go to court. Due to the fact that my children do not speak English, while the other kids do... we were to blame. He was not allowed to attend the school.

In a Somali group, participants also discussed harassment on the buses:

GM: Do any of you have children that have problems with the buses? (Simultaneous Talking) That you want to tell us about?

(Simultaneous Talking)

GM: Do you want to tell me about that?

SY: We have had a problem in the past when our children are riding the bus. There was a misunderstanding between the Somali and American children. They always are arguing.

GM: What kind of misunderstandings?

(Simultaneous Talking)

SY: The clothing that we Muslims wear. They ask many questions why they are wearing the clothing while it's cold or hot. Making fun of the different culture.

GM: Is that usual or is it a matter of the clothing or is there other things also?

Participants: Cultural. Misunderstandings.

SY: I have two children that are in high school and they have a similar problem with children asking if they are related to Osama Bin Laden and my children don't even know who he is. One of my girls always tells me that she is afraid that one of the boys is going to kill her because they think I'm related to him when she doesn't even know whom he is. If the girls finally want to tell the teacher they don't because they are afraid because if they do they might get beaten after school so they feel helpless and they can't speak out.

(Simultaneous Talking)

CM: Have you talked to the teachers... did you talk to the teachers at the school about these problems...?

(Simultaneous Talking)

GM: Did you talk to the teachers?

(Simultaneous Talking)

SCC: Nothing can help them because the teachers will tell you that... (Simultaneous talking)... it was outside of the school.

Harassment was also a theme brought up in a Laotian group. In the following, a participant shares her frustration in trying to address the matter of harassment with school officials:

> LF: And my children have been kind of provoked by their, not friends, but the children about the same age. And they do not want you to have arguments, but they have to. Sometimes they fight. I wonder why the school does not really take care of these problems. The school let the children do things like that, like fight each other. They should not do that. And when they fight together the school blames the parent.

GM: And have you had interactions with school officials?

LF: Many times.

GM: And are you able to communicate well with school officials... or how does that normally go?

LF: Yes, I talk to the teachers and the director. I am not sure whose fault it is it might be, the schools or my children's.

4. Immigrants and refugees perceived that another weakness of children's education is lack of exposure to their own cultural practices and imposition of 'American' culture. Both Behdini and Sorani (Kurdish) and Somali participants perceived this as a weakness in children's education. A Somali man stated:

> The problem we are having is like I said before our kids have learned Arabic, Italian and English. Our adults also. The thing we are missing and lacking is if we can get a teacher who can teach at the Metro schools for the kids or even for college. We are also trying to save the education of our kids maybe to have uh... a charter school or similar to a charter school. We are not getting to do that because of lack of space here. There is a culture clash and we need room to handle all of it.

In a Sorani-speaking (Kurdish) group, participants commented on the importance of a religious education:

GM: What...what in schools um...right now, do you like and what do you not like?

(Simultaneous talking)

> KN: I want my kid to...whatever she learns...to learn the religion with it too.

GM: Is that...for all?

KP: Yes.

GM: So then...what you see is uh...is the problem is that there is no teaching of Islamic faith within the school?

KN: Yes.

In a Behdini-speaking (Kurdish) group, a participant discussed several differences between their ideal education for their children and incidents in school.

> We are very concerned with the schools because we don't want our kids just to go there. There are very good things in the schools here because they teach our kids like computers and more. At elementary school they don't have any problem but when they get to middle school or high school level, we have a problem with engaging girls with boys and that is against our religion and our culture. One day I went to school to pick up my son for early dismissal, they were watching a movie and boys and girls were close to each other and sitting close together we don't like that as Muslims. In our culture and religion it is not allowed to have boys and girls sitting close to each other. Always when there is a class activity inside or outside they are always engage a boy with a girl. In our schools back home up until college we have boys separate from girls but here indirectly they are teaching our kids to have boyfriends and girlfriends. That's what our understanding is. What we need is a school with separate classes for boys and girls and there are places in the United States that have such a school.

A woman added:

> One example is that they enforce the holidays. In our culture we don't have Valentine and Halloween but they make the kids to exchange cards. I told my brother and he said everybody does that why shouldn't I? So they enforce those holidays indirectly. One other thing that I saw in my little brother's book said something about Islam that it wasn't true. I tried to contact the author but I didn't get anybody. The stuff was written about Islam was not correct.

5. Finally, Arabic, Sorani (Kurdish), and Somali refugees mentioned problems with transportation to school. For example, a Sorani-speaking (Kurdish) woman stated:

> I don't have a major problem. Except I have a daughter that she stays at home and wants to go to school, but the bus can't come and pick her up and we have a problem with the transportation. She loves to go to school. Everyday she stays home and she loves to talk about her friends and what she is doing at school. We can't provide the transportation for her because her dad works and I have to stay home with my other kid, he was just born. Thank you very much, and I don't have more problems.

Group Specific Themes

As mentioned previously, for immigrants and refugees a major weakness of the education of their children lies in the cultural practices that are condoned and the lack of opportunity their children have to preserve their own group's practices. For some immigrants and refugees the problem translates to difficulties in finding financially accessible schools that support their cultural practices. Due to the cost of private schools, practicing Muslims, argued for support to create their own schools. First, Somali parents are transferring their children to private schools because there they understand their cultural practices better, but they would like a charter school to accommodate for cultural differences. Second, in another group, Sorani-speakers (Kurdish) discussed their desire for an alternative to public schools because they want their children to learn about religion in school. Third, although the following specific problem was discussed in an Arabic-speaking group, the nature of the problem suggests practicing Muslim groups would share the same concern. In the speakers words there exists a cultural clash between Physical Education practices and religious beliefs, which prohibit girls from wearing shorts. Fourth, Laotian raised another group specific problem. Laotians want to know more about scholarships and financial aid for college. Fifth, Behdini-speakers (Kurdish) were also worried about safety in schools.

1. For example, Somali parents transfer their children to culturally appropriate private schools, however, they would like a charter school to accommodate for cultural differences. They also expressed that in their view there is a lack of after school help.

> SGG: I had two children that I took from that school and put them in a private school because they always are having trouble on the bus. The kids are always asking question like are they related to Osama Bin Laden because you look like him and then the children come home and ask me who is that man that these kids are calling me? They cry and say that's not my dad or uncle. My response to them is that I don't know who this man is so I don't know why they say those things. The main thing is that I moved my children to a private school.

SCC: Which she cannot afford because... (Simultaneous Talking)... is not working.

Another later added:

> Two years ago my children had a problem. Before this, I told the principal I had a problem. But one day I was called to come to the school and saw my child with his teeth...(Inaudible)... When I asked what happened and whose fault it was the teacher told me she did not see who's fault it was, however, all the children said it was his fault. I said that because he cannot speak the language, everything would be his fault because he can't defend himself. I spoke to the principal on several occasions and she said that if I sent my child to private schools, they would understand the culture better.

2. In another group, Sorani-speakers (Kurdish) discussed their desire for an alternative to public schools because they want their children to learn about religion in school. A Sorani-speaking (Kurdish) woman stated:

> In a lot of other states they have Islamic schools for kids. We would like our kids to go to the same school, but unfortunately Nashville is one of those cities that are very expensive. In some of the states they don't even charge you – they are free. We would love to send them to those schools even if we have to pay. For those families if they have more than one kid it's really hard for them to pay.

Another Behdini-speaking (Kurdish) woman added:

> The important thing is if we could get a private school for our kids. We want to keep our religion for our kids. We wish to get some support or help from the government because our community is getting bigger in Nashville. There are almost seven thousand Kurdish people here. All the people from Pakistan or anywhere else wants that school also. If we could get that private school for our kids would be better. We can't provide a private school for our kids because it's very expensive. Every child needs at least eight to nine thousand dollars to continue school.

Amongst Spanish speakers the need for alternatives to public schools was also mentioned. The argument for a private school was in regard to the poor quality of public high schools. From the speaker's perspective the barriers to a quality education were primarily financial. A Spanish-speaking man reported that "we work as hard as Americans, plus we want to learn. It is difficult for my teenage daughter. Public schools are bad, and private schools are expensive."

3. Although the following specific problem was discussed in an Arabic-speaking group, the nature of the problem suggests practicing Muslim groups would share the same concern. In the speakers words there exists a cultural clash between Physical Education practices and religious beliefs, which prohibit girls from wearing shorts.

AQ: At school when we have PE (Physical Education) or tennis class, we have to wear shorts.

AP: Yeah, that's a problem.

AQ: Yeah, for both of us my sister and me. We can't wear shorts and if we don't wear it, we'll fail the class.

GM: So they said if you don't wear shorts you're going to fail the class?

AQ: Yeah, in the summer but I had my class in winter so I didn't have to wear shorts.

AP: They [school] said if you don't wear shorts you have to go to the office and sign out.

AQ: Like you'll get suspended or you've done something against the school if you aren't wearing it. We are going to [education services provider] and you have to wear school shorts and shirts.

AP: You have to buy them from the school.

AQ: We keep telling them that we can't wear shorts and she said " well you aren't wearing scarf so why don't wear shorts?" I said " No we can't wear shorts."

CM: So have they actually failed you in these classes or do they understand if you are ... (Inaudible)...

AQ: They don't understand ... (Inaudible)... until my dad wants to go and explain it to them.

4. Laotians raised another group specific problem. Laotians want to know more about scholarships and financial aid for college: A Laotian woman stated that "my daughter makes good grades at her school and can you tell me of some programs that can help kids who have good grades with tuition?"

5. Behdini-speakers (Kurdish) and Laotian were also worried about safety in schools. For example, Behdini-speaking (Kurdish) woman noted:

> We don't know when they say there is gun or drug uses in the schools. Can they really cover those, so our kids can be

> safe in the school? I'm asking does really high school kids sell drugs and those kinds of stuff at school?

Demographic Patterns

Gender: Overall, women discussed their children's education within the context of religion and cultural practices. Women also mentioned incidents in which their children experienced harassment. In addition, women attributed problems in school to language issues. In contrast, men's discussions about school related to children's inadequate transportation to school.

Age: Younger immigrants and refugees (< 30 years of age) spoke more often, in more detail and negatively about children's education. They stated they had difficulty accessing English as a Second Language classes and that these classes were ineffective. Younger immigrants and refugees also mentioned that they had language access problems. Immigrants and refugees 31 to 50 years of age discussed the importance of preserving their religion and cultural practices. Overall, the 31 to 50 year old group had more positive comments about their children's education than the younger group. However, older immigrants and refugees (>50 years old) were overall more positive in their comments about children's education.

Duration of Residence: Immigrants and refugees of less than 5 years and 5-10 years noted lack of information in regard to their children's education. Immigrants and refugees mentioned a range of lack of information about children's education, including school processes such as parent conferences, school location, school discipline, and grade levels. Immigrants and refugees who have been in the U.S. over 10 years spoke briefly about children's education; however, they also discussed their lack of information about school processes. Immigrants and refugees that have been in the U.S. for 5 to 10 years expressed their views about their children's education more frequently. In addition to stating that they lack information about their children's education they emphasized their need to preserve their religious and cultural beliefs and the problems stemming from friction between these beliefs and school practices.

Availability, Accessibility, and Adequacy

Views on children's education were classified according to immigrants' and refugees' perceptions of the availability, accessibility, and adequacy of the social services within the policy domain. Our definitions for availability, accessibility, and adequacy follow. Availability was defined as: Do immigrants and refugees know about the services? Accessibility was defined as: Do immigrants and refugees believe the services exist in Davidson County for immigrants or refugees and their kin? Do immigrants believe they (immigrants or refugees and kin) can/ could obtain services? Adequacy was defined as: Do immigrants and refugees perceive that the services meet their needs?

Availability: First, in regard to availability, immigrants and refugees mentioned primarily public schools, private schools, and English as a Second Language opportunities.

Accessibility: First, immigrants and refugees discussed access problems related to children transferring credits from other countries, which leads to incorrect grade level placement. Second, Arabic, Kurdish, and Somali immigrants discussed financial concerns that limit their children's access to the educational opportunities they desire for them. The problem translates to difficulties in finding financially accessible schools that support their cultural practices. Due to the cost of private schools, practicing Muslims, argued for support to create their own schools.

Adequacy: Immigrants' and refugees' perceptions about the strengths of children's education were on the general quality of the school system and on individual teachers. Immigrants and refugees mentioned three strengths in reference to children's education. First, immigrants and refugees commented favorably on teachers and public schools. Second, immigrants and refugees perceived the education in Tennessee's public schools favorably in comparison to the children's education in other states. Third, a refugee also expressed satisfaction with the quality of education for children with special needs.
A weakness or adequacy issue noted by immigrants and refugees was that home-school connections are weak and information about schools is not readily available to parents. In addition, Laotians want to know more about scholarships and financial aid for college. In addition, another adequacy concern from the immigrants' and refugees' perspective in regard to children's education is that school officials have failed to deal with harassment in an effective manner. Immigrants and refugees also perceived that another weakness of children's education is lack of exposure to their own cultural practices and imposition of 'American' culture. Although the following specific problem was discussed in an Arabic-speaking group, the nature of the problem suggests practicing Muslim groups would share the same concern. In the speakers words there exists a cultural clash between Physical Education practices and religious beliefs, which prohibit girls from wearing shorts. Another adequacy concern discussed by Behdini-speaking (Kurdish) and Laotian participants were that they worried about safety in schools. Amongst Spanish speakers the need for alternatives to public schools was also mentioned.

Employment

Employment and job opportunities emerged as one of the primary concerns for all of the language groups. Employment was coded for issues pertaining to jobs; these included the type of jobs people were working, the availability of jobs, the accessibility of jobs, and adequacy of employment. Immigrants and refugees claimed their employment possibilities were related to several issues. Beyond accessing employment and maintaining their employment they noted cultural awareness, day care, health insurance, language, prayer needs, support for families, and transportation, were all related to their employment possibilities.

Strengths

Overall, immigrants and refugees mentioned that the main strength was that Nashville was a city that has employment possibilities. The Spanish, Laotian, and Vietnamese language groups noted that work opportunities are why they moved to Nashville. A Spanish-speaking man commented, "here in Nashville it is a beautiful state really and it's easy to find a job, in some other states…I've been to some other states where there are no Latinos and it's hard to find jobs." Also, a Vietnamese respondent remarked "in my opinion, in Nashville, jobs are available for everyone…it's almost easy, especially for the Vietnamese." As a Laotian woman stated:

GM: Umm... Do most people, do move here from California, move because of family reasons?

LL: Umm... No, it's mainly to...(Inaudible)... job. This is, the south is where you can find a job right now because you cannot find any over there...

Overall, comments on the strengths of employment possibilities were general and were usually followed by suggestions for improving both job access and/or wages. Immigrants and refugees noted jobs were available, however they stated they needed help to access jobs. They also stated they had problems with the adequacy of the jobs available (wages, benefits, working conditions). As one Spanish-speaking woman noted "American work with their minds, and Hispanic work with their hands…we cost less because we don't have papers."

Weaknesses

Ten areas of concern about employment were discussed by at least three of the language groups. The ten issues raised by at least three language groups were concerns over the availability of jobs, problems accessing the employment that is available, the adequacy of the jobs, and the adequacy of services related to finding jobs for immigrants and refugees. The ten areas of concern included language problems, concerns over employment, and relationships at work after 9/11. Following, the issues are grouped together by themes.

1. The major issues in regard to the availability of jobs were concerns over the recession and how layoffs disproportionately affect immigrants and refugees. As one Spanish-speaking woman mentioned, "Not any more. You can't get that easy. My former job, they fired, everybody! All the Hispanics." After 9/11 immigrants and refugees expressed they had difficulties finding and keeping jobs. As one Arabic-speaking man discussed:

> Really I think living in Nashville or in the US in general does not have any weak points like concerning living in it but through me meeting other people, the events of 9/11 actually changed a lot of things. I think all of us know that, before anybody could go and fill out an application for a

> company and he would not be faced with these problems, now I meet a lot of people and I'm asking them what is the problem?

Another Arabic-speaking man mentioned that September 11 also changed his employment prospects:

> This matter with the September 11th events, after a month from September 11th they gave me layoff, after that whenever I apply to any place they tell me that I'm over qualified and until now I'm unemployed. I do not have any other resources, I depend on my daughters, they are working and they give me the money. My son who is not healthy is just trying to help me. This is our real problem that we are suffering from.

A Behdini-speaking (Kurdish) man claimed "after September 11, finding a job has become very difficult for refugees and that many businesses have closed down." The discussions focused on the availability of jobs for immigrants and refugees especially in a poor economy and after September 11.

2. The most discussed issue was one of being able to access the available jobs. Language problems were discussed often as the major problem that affects the accessibility of jobs. Even when there were jobs available, immigrants and refugees claimed they were unable to access them because of language barriers. Immigrants and refugees were concerned over not speaking English, they expressed a desire to learn English, but they also noted that transition assistance programs while they are learning English would be helpful. All of the focus groups discussed language problems as a primary concern related to finding and maintaining jobs. As one Laotian man explained: "Language is the one real problem…it is a very big problem because some people may be looking for a job for over one year but because of their language skill level they cannot find a job." Also a Somali man remarked "the lack of English education in Nashville hampers immigrants' adjustments to the city."

Immigrants and refugees mentioned language barriers affect their ability to obtain a job, especially when applications are only available in English. A Vietnamese man made the point that "helping for better communication, applications should be translated into the Vietnamese language." Another important issue was interpretation during the job interview or training. Some immigrants and refugees stated that they rely on other immigrants who are working at the same company to provide these services. However, when immigrants are not available, some stated they take their children to job interviews to interpret. As one Laotian man explained "children interpret for us as we are interviewed at the job place" another Laotian man echoed this thought by stating "some companies do not allow that to happen…they just want that person to be able to speak English…they do not allow somebody to interpret for us."

3. Immigrants and refugees mentioned the need for English as a second language classes at night. As one Vietnamese man expressed "The idea is the Vietnamese in its community would like to learn more English. Is there anyway that they can have classes at nighttime?" This issue was discussed in further depth in the adult education section.

4. Another major access problem in employment is underemployment: immigrants and refugees perceive they are underemployed because of language skills, lack of documentation of their job skills, lack of a work permit, or discrimination against immigrants in the labor market. Within the underemployment category one of the main issues is recertification—many immigrants and refugees have documents that need to be translated into English or converted into English credentials for education, job experience, technical skills, and other related matters. This compounds the underemployment issue. As one Spanish-speaking man explained:

> Many of us came here with good educations. People with college degrees are working construction…I'm disappointed because I have an education but I'm not applying it. I know math, physics. People think if you work construction, then you can't do anything else. They don't listen to your ideas or know that you can make measurements.

In a Somali speaking group another man stated:

> The problem is... Somalis came late, in the late years. We used to be a country, different from other refugees; all of us escaped from the country and migrated here. We are a part of every community. We are doctors, educators, and normal people. I want to mention the problem all those people have not only about housing. The first thing is that everybody had a certification whether is high school or university. We also have the knowledge and experience for work and have a place in Somalia to earn money. Some of us were even businessmen, some were just normal. When we came here we encountered a problem of our certificates. Our birth certificates, certificates from our schools, we didn't have any. All of our documents were lost in the civil wars. When we came here we went to continue our schooling in high schools and universities and went to look for work but we had no documents. No certificates. We were told that we had to start all over again in school. Another thing that is a problem is the language. Many languages were learned in the universities

> and schools. Our knowledge is the same but the problem is the language difference.

A Sorani-speaking (Kurdish) woman further explained:

> I work part time and I probably have to pay three quarters at least to go school, I would like to go because I was a teacher back home. But still, like now in this country, because of the language barrier, you can't go to school and you can't get a job that you want.

In another group an Arabic-speaking man discussed the current refugee assistance system and the need for something more comprehensive:

> There must be a clear program before the refugee comes, not what is happening now, he will come and make you sign some papers and in 3 months that is it, you are on your own. This is really a matter should be discussed in a very serious way. I studied this subject from the minute I came and I want a complete program for this as I was an engineer back home so I'm affected by lack of this program and I really suffered and suffered a lot from it.

Underemployment was a concern for immigrants and refugees. They attributed various reasons to underemployment including language problems, certification problems, the labor market, and discrimination against immigrants and refugees.

5. Many immigrants and refugees expressed concern over accessing jobs or employment because of transportation issues. Immigrants and refugees are concerned over the lack of adequate public transportation in Nashville. As respondents in one Spanish language group discussed:

SpN: There is no public transportation!

GM: No public transportation?

SpN: No transportation, the amount of buses is very limited.

SpK: And then they take long.

SpJ: Every two hours.

A Somali man explained that “the number of buses is limited and most of the time one has to wait longer. If one has no car, it’s impossible to get a job.” A Spanish-speaking man in another focus groups contends that:

> There are jobs, we just have to work hard and you can have a job and perform a good job; the one thing that they lack here is transportation, because if someone doesn't have transportation they don't have a job, but if you have transportation you have job because, well, I think we need a little more transportation, bus, because sometimes people go to work, let's say downtown, like Sundays there are almost no buses running.

Transportation is also a problem for families who can afford one car, because they are forced to choose who can use the only car for work. One Laotian man stated "it's a problem in some families where there is just one car…if the wife goes to work, then the husband cannot use that car or go anywhere." Arabic-speaking women explained that transportation is one of the three major issues that prevent them from obtaining jobs:

> As far as we concerned those of use we don't speak English and who take care of our children with the daycare situation we don't know and who will take us to our job places, because we don't know how to drive.

Somali women also mention this combination of problems. For example, a woman stated:

> With men who have jobs it is not only because they know the language, but also they can drive. They can ride with their friends and have many ways to find jobs. They don't have to worry about caring for the children. They can wake early and walk two or three hours to his work…and also he can get jobs at factories because he can handle that. He can work at factories and warehouses. I'm old and I don't know which bus to take, I don't know the language, or have a ride to work.

6. As mentioned in conjunction with transportation, immigrants and refugees were concerned about daycare. The problems mentioned associated with daycare are cost and safety. Immigrants and refugees expressed concern over the type of daycare available and not knowing if their child was safe at daycare. Immigrants and refugees noted daycare was expensive and their wages could not cover their childcare costs. Women in the Behdini and Sorani (Kurdish), Arabic, and Somali language groups cited this problem. An Arabic-speaking woman explained:

> All of us have problems with daycare being too expensive. The men work and the women do not. What is going to pay for daycare and the apartment? I could not pay to put baby in daycare it is too expensive, but if it was cheaper I would do it and go to work.

In a Sorani-speaking (Kurdish) group another woman explained:

> I wanted to work before and I loved to work but I had problem with my kids…there wasn't any daycare…I have a lot of problems with daycare because they just called me back to my job on Monday…I am taking my kid to the daycare and what I'm getting from my job isn't enough to pay off the daycare.

A Somali woman stated, "women are at home because they don't have anyone to take care of their children such as day care and transportation." Immigrants and refugees noted that if they could access affordable daycare then many more of them would be working.

7. Refugees claimed people's perceptions of their clothing often prevent them from accessing available jobs. Refugees discussed incidents of discrimination against women wearing Hijab (headscarves). They also claimed they have been told they cannot be employed unless they change their attire, or have been fired for not taking off their Hijab (headscarf). In addition, they claimed they are stared at and treated differently on the job because of wearing their clothing. Both men and women complained about such incidents. Men claimed they were asked to shave and wear different clothes. A Somali woman stated:

> They will tell you to wear long pants and take off the scarf…that is the problem for us, because they would say they have their rules to follow…sometimes they will tell you if you have long clothes it's not good for safety.

A Somali man continued: "When you are man you have to shave it's not only to the ladies, but also men." In a Sorani-speaking (Kurdish) group a woman elaborated:

> Especially for us as Muslim women, everywhere we go because we are covering our head with the scarf. I think that is a big issue that we can't get jobs anywhere. That is a huge problem for all of us, after the events of September 11.

An Arabic-speaking woman also stated:

> I think there is a problem with the Hijab (headscarf) is hard to find a job. I'm working for a year and a half and I tried to wear the Hijab but they told I'll lose my job if I wear it…so that's why I'm not wearing the Hijab now.

Another Somali women noted:

> The other thing is that when me and the girls with no scarves apply for work together, they are easily hired. That could also be the problem too; they are using it as a reason.

Refugees also expressed discomfort on the job because of how co-workers react to their clothing and practices. A Behdini-speaking (Kurdish) woman explained:

> I worked before I had my kids but I had problems with my co-workers. They were asking me a lot of questions about my headscarf and why do I pray? Even the supervisor was looking at me, as I was different and strange.

8. Immigrants and refugees expressed concern over low wages. They were concerned their low wages were because of their immigrant or refugee status, and explained how their wages barely cover their living expenses. For example, a Spanish-speaking woman explained, "they pay us less than the people who has documents." A Vietnamese man further explained, "jobs that are easy to find are the kind that does not pay very much, where you do not need to speak English."

9. Immigrants and refugees also expressed interest in longer-transition assistance or job placement services. Immigrants and refugees expressed they need help with negotiating other social services that they cannot access because of cultural and language differences (services mentioned include unemployment benefits, health insurance, food stamps, housing assistance, job training, and ELL classes). As one Laotian man stated "we will like the government to help us find another job after we have been laid off or if we lose a job." An Arabic-speaking woman explained:

> I mean they have to help us the first year because we don't have anything to do and how are we going to live in the U.S. like that? They have to help us with work, with teaching, learning and everything. I mean it's a problem. I don't know any English and I don't know any kind of jobs and if I do apply for any job they have to teach me step by step so I can learn. Of course I'll learn everything they'll give me and get pay like them. Any kind of job that they'll give in English or Arabic they have to help us with it.

Overall, issues related to the need for transition services or immigrant and refugee assistance were mentioned throughout all discussions about employment.

10. Immigrants and refugees claimed that older workers experience more discrimination and more difficulty obtaining jobs. As an older Vietnamese man discussed "I have an opinion on two things. One is that finding a job if you are older in age is very difficult. The second thing is that the older people often get sick."

An Arabic-speaking man stated that: "Personally, wherever I apply they tell me I'm overqualified, overqualified because of age!" A Laotian man also experienced a similar problem:

> I have... personally. I like to talk about job and support for family. For example, I am 70 years old and I have been out of work temporarily for about five... six months. I have been looking for a job but nobody wants to hire me and so my family is having financial problems. My income is about four hundred thirty-seven dollars and I don't have other savings. So that's all I have. About four hundred a month. And I think that those people... on retirement might have the same problems or experience the same problems as I do.

Group Specific Themes

One or two language groups raised the following issues. However, the majority of participants engaged in discussions about these issues.

1. Prayer at work or having time to pray on the job was of great concern to the Arabic, both Behdini and Sorani (Kurdish), and the Somali language groups. For example, a Somali man stated:

> I used to work at [business] and I got fired because I prayed. I worked there for 3 years. They gave people 5-10 minutes to smoke but I had not time to pray. Many from Arab nations and Somalians were fired.

2. A major issue for the Spanish-speaking respondents was access to the proper documents to obtain jobs, social services, and citizenship. Immigrants expressed concern over two issues regarding documentation: 1) they have difficulties proving their documents (when they have legal status) both to government official and to work or educational officials, and 2) undocumented immigrants claimed they face strenuous working conditions because of the low pay and the lack of on the job safety precautions. For example, a Spanish-speaking man discussed the difficulty in obtaining documents:

SpM: Well, my aunt was working in a place and they asked her also for her documents and told her to go and check, to some department, I don't what. To check their documents, to get valid documents, and she didn't have them. Where are you going to get that? (Laughs) Actually when you go... I went to get my ID, oh, it was a big line and they asked for a bunch of papers.

GM: They asked you?

SpM: They asked me and I went like three, four times, and no, I can't get anything.

A Spanish-speaking woman stated that:

> Well I think people who have been here for some time could receive the opportunity, to get a work permit. For

> instance, the people who have been here five years or ten years maybe... don't...don't give them documents, the nationality, no, no, nothing like that but a permit to, to be able to work without problems, so you can get any job.

A Spanish-speaking man explained how immigrants, especially those without papers are often used by companies:

> What I think most about employment is that almost all the time there is an abuse from the... from the companies because the use you for a short period of time knowing sometimes that your social is not valid, and after some time they don't need you any more and they tell you that you're not needed any more because there are problems with your social. I think they take advantage because of their production needs.

Another Spanish-speaking man agreed:

> Well, just like everybody is saying the thing you need most is a job permit, to get a good job, but, in our case, we can't and... like most of us we work in construction, is the, is the easiest for us to do without papers, sometimes we even get paid in cash. For example, my case I work with an American and he has seven, seven Hispanics working with no documents, they all get paid in cash, but no, you can't look for another job, because we don't have a job permit, or a real social, you can't do anything.

Immigrants expressed another concern with lack of documentation. They stated that often job safety for undocumented workers might not be enforced in the same way that it is for workers with documentation. Spanish-speaking immigrants felt that job safety standards were not enforced on jobs that hire undocumented workers and that people are hurt or die at a disproportionate amount in these workplaces. For example, a Spanish-speaking man explained, "The thing is, for example, like in other countries, here there is no security inspectors, I mean that go and check, even less to those who are undocumented, and most of us are."

Demographic Patterns

Gender: Women mentioned problems with employment were related to availability and accessibility of childcare. In contrast men did not express concerns in regard to childcare. Women claimed that being unable to access childcare makes employment impossible. Women stated that they could not work until they are able to secure affordable and reliable childcare.

The women also noted that employers deny employment to women who wear headscarves. Men also mentioned perceptions associated with their clothing and long beards were creating problems with obtaining jobs. Men emphasized that they need to take time to pray during work shifts. However, they also felt that taking the time to pray might place having their jobs at risk.

Age: Younger men in the Spanish, Arabic, Somali, and both Behdini and Sorani Kurdish language groups expressed having trouble entering the job market. They claimed that after September 11, 2001 their prospects worsened.

Middle age respondents were most likely to mention the need for recertification and accessing their educational or professional documents from their home countries. They mentioned that they had been trained in their countries and have trouble proving their credentials. They discussed the underemployment they experience as a result of their inability to obtain recertification.

Respondents in the Somali, Lao, and Vietnamese groups noted that older workers have more difficulty in obtaining jobs. They expressed concern over the difficulty that older workers on the job market experience and that the older workers when they cannot find jobs become a burden to their families even though they are still able to work.

Duration of Residence: The need for long-term transition assistance or job placement services was mentioned by all duration of residence groups. All time groups expressed concerns over recertification issues, which along with language problems lead to underemployment.

The main issues for immigrants and refugees that have been in the U.S. less than 5 years are concerns over preserving their clothing customs and their practices. In addition, they mentioned language difficulties when attempting to obtain and maintain jobs, and concerns about job safety, affordable daycare, and underemployment. Another major concern was lack of transportation. Recent arrivals are particularly affected by lack of a comprehensive public transportation because they are also more likely to not have access to private cars. Many newcomers also expressed concern over layoffs and the recession. Accessibility of jobs for immigrants and refugees since 9/11 is a major concern for this group.

Immigrants and refugees who have been here 5-10 years expressed employment concerns related to clothing customs and practices, concerns over adequate affordable day care, public transportation, language problems, and concerns over underemployment. Again, the accessibility of jobs for immigrants and refugees since 9/11 is a major concern for this group and many expressed concern over layoffs and the recession.

Immigrants and refugees who have been in the US for more than 10 years expressed concerns over the work opportunities for older workers and how this leads to underemployment.

Availability, Accessibility, and Adequacy

Views on employments were classified according to immigrants and refugees' perceptions of the availability, accessibility, and adequacy of the social services within the policy domain. Our definitions for availability, accessibility, and adequacy follow. Availability was defined as: Do immigrants and refugees know about the services? Accessibility was defined as: Do immigrants and refugees believe the services exist in Davidson County for immigrants or refugees and their kin? Do immigrants and refugees believe they (immigrants or refugees and kin) can obtain services? Adequacy was defined as: Do immigrants and refugees perceive that the services meet their needs?

Availability: Overall, immigrants and refugees noted that there were employment opportunities in Nashville. There was concern over the availability of jobs for immigrants and refugees post 9/11, in times of recession, and that layoffs disproportionately affect immigrants and refugees. Also, the immigrants and refugees expressed a need for long-term transition assistance or employment services to help them find employment and learn how to utilize social services when they are unemployed.

Accessibility: Immigrants and refugees noted access to employment as a major issue. Along this vein, language problems were mentioned as a major problem related to job access. Immigrants and refugees also emphasized the need for flexible schedules for English as a Second Language classes. Lack of documentation, underemployment, lack of access to higher skill or higher wage jobs, lack of transportation, and lack of daycare, were also mentioned as affecting access to employment. In addition, prayer time at work and clothing preferences were mentioned as affecting employment accessibility. Another group specific theme, brought up by the Spanish-speaking groups, was the problem of documentation. This was an accessibility issue since without the proper documents, immigrants were unable to access employment or social services to help find employment.

Adequacy: Immigrants and refugees stated they hold jobs that do not enable them to provide for their families. The problems of low wages and long hours are often cited as main inadequacies of the jobs available to them. On the job safety was also a concern expressed by immigrants. Refugees were concerned with prayer at work or having time to pray on the job.

Health

The Health Policy domain included immigrants' and refugees' perceptions about social services that administer to maintaining their physical well-being. Immigrants and refugees mentioned primarily three types of health services, chronic care, acute care, and dental services. First, we present the strengths immigrants and refugees discussed in regard to health services.

Strengths

Immigrants' and refugees' positive comments related to health services, though few were either 1) in regard to general issues related to healthcare or 2) in reference to one specific clinic.

1. The general comments made by immigrants and refugees were general. For example, a Spanish-speaking man stated that in regard to healthcare "it's not very good, but, for surgeries, here all those surgeries are not good, but insofar as the basics, it's good." A Somali woman stated that "the check ups are ok" following a discussion on C sections that led to the question about whether or not check ups were also done in a non-traditional way. A Laotian woman in response to hospital care stated "they take good… they…do good … (inaudible)…(laughing) I couldn't think of it." Only one Arabic-speaking woman commented enthusiastically about healthcare for children by stating that "Health service providers, really their services are excellent. They take care of us…doctors and nurses they are really very nice…"

2. In contrast, immigrants and refugees from four different language communities praised the services of a specific health provider. The provider is a volunteer-based clinic that serves immigrants and refugees from approximately 90 countries. The majority of their patients do not have health insurance. A woman from the Arab-speaking community commented that:

> We don't know a lot of other clinics see people without insurance I know one, I think…[health provider]. I know that clinic if you pay a little money, as far as I know this is the only I am sure. I wish there were more this kind of clinics for the people who don't have insurance.

Following is a Spanish-speaking woman's reply to questions about her experiences with clinics:

SpK: I, I go to [health provider], I think it is also part of … but I receive good care there.

GM: You receive good care.

SpK: From there, they send me to [healthcare provider], it's been a while since they did test on me. It cost me about 350 dollars, but they told me I could pay it as I can. I have time, in that aspect they help me.

GM: And there do they have any problem with interpreters? Does somebody speak Spanish?

SpK: There are, there are some doctors who are bilingual; no, no very good, but they understand you, they understand at least 80% Spanish."

In addition, a Somali woman commented in response to issues about [health provider] that "they help for women and it is special for the ladies…"

Weaknesses

From the immigrants' and refugees' perspective there were four major access problems related to health services. The first was language communication barriers. Financial constraints are the second obstacle immigrants and refugees reported have an effect on their ability to access proper health services. Immigrants and refugees stated a third problem related to heath services. Immigrants and refugees reported barriers related to accessing healthcare. A fourth problem related to healthcare was that insured immigrants and refugees reported their insurance coverage had severe limitations. In addition, immigrants and refugees noted adequacy problems related to the health services they receive.

1. One of the major problems immigrants and refugees reported was related to language communication barriers. Immigrants and refugees from all seven language groups stated that language barriers create problems in accessing, understanding, and receiving adequate doctor recommendations and health related information. For example, when the moderator asked a group of Arabic-speaking participants if they had any concerns about healthcare, two women stated that:

> I think we have problem with translations for people who doesn't speak English. I mean not everybody can speak English very well. My friend she doesn't speak English and when she tries to make an appointment I wish they'd ask her if she speaks English or not. We're refugee here and not everybody can speak English very well so they need to have translators.

Another woman added "yeah, we can deal with small problems but when it comes to medical we can't do it, like my husband has a gland and we don't know what's called in English. We need someone to translate for us." Additionally, a Vietnamese woman responded to questions concerning health stating:

> The hospital made us to go find an interpreter! To find an interpreter is very difficult. And you worry a lot about the language barrier here when… it's very important to know the language especially going… What's important is the hospital or at the doctor's office… life issues like seeing the doctor or car accidents, there is no one to interpret.

Another Vietnamese man added:

> For the Vietnamese community, besides [health provider], many other hospitals do not provide an interpreter from Vietnamese to English. That is a very important factor for the Vietnamese and the community in Nashville. Even when they are sick, they do not know how to tell the doctors that they are sick. It's so complicated to be unable to communicate.

The following words of a Somali woman illustrate further the implications of the language barriers from her perspective:

> If I get sick or my blood pressure gets high today in my home I wouldn't get any assistance to get to a doctor. If I would call my doctor, I couldn't speak to him because I do not speak the language. I used to get some services from somebody. They took me couple of days then they discontinued that. If you don't get SSI you're not eligible for that. If you need any assistant you have to call 911. If I dial 911, I don't know the language to talk to them and I don't know where the doctor is, I don't know what to tell them.

In addition, a Sorani-speaking (Kurdish) woman's words about language problems were that "every time when I go to see the doctor I don't completely understand what he or she is talking about. Sometimes they call, and then sometimes they don't." A Behdini-speaking (Kurdish) man commented during another meeting:

> There are no translators in these clinics…[inaudible]. For instance, some, like some emergency room like, for instance, [health provider], they call interpreters. Primarily for pregnant women only. Not for every situation. If you go to these other clinics, there aren't any interpreters there.

A Laotian man replied to a question about language as a barrier stating "that's a problem, that's an obstacle." Another man added:

> The same. I have the same problem. People who don't speak English have problems with language. If the father falls sick and cannot go to work, the son cannot go to work either because he had to take his father to the hospital or to the doctor.

Another Laotian woman also added:

> Community here and a lot of people that do go to the hospital, or Laotian people, they don't go unless they are sick because the reason why they don't go is because they don't speak English very well. And so that's one of the reasons why they don't go and umm… most, I mean the generation now can, like, you know they take their moms and dads to the hospital and… most of them don't really understand umm… let's say how to interpret from English to Laos or um… again from Laos to English because of the… you know, they weren't born there… what we need to do is umm… I guess have a better, you know, service… They have it… I know that they have those umm… interpreter services at, like hospitals, and stuff but there's not a lot of Laotian people that's doing it.

2. In addition to language barriers in health services, immigrants and refugees reported a second problem related to healthcare. They noted financial constraints affect their ability to access proper health services. Immigrants and refugees perceive healthcare costs as expensive and too high even for those who have health insurance coverage. A considerable number of immigrants and refugees stated that they do not qualify or have access to health insurance, or even if they have health insurance cannot afford to use it. A Spanish-speaking woman responded to a question about health services stating:

> I got all this big bills, of course, I told them I couldn't pay. The fact that they did to me what they did, well, it made me lose my job. I didn't have any means to pay them; they sent… suppose to be to court, I don't know, to pay them, fortunately thank God, I've got here [community agency], and they help me to solve this problem.

A Vietnamese man responded to a question about insurance stating "I have insurance through my work but it is quite expensive. It is about ninety dollars per week." Another added "[health services provider] is can be expensive. Like with food stamps [Inaudible Simultaneous talking] ninety-percent… the government had cut [health services provider] and I had lived here a long time and I did not apply but I went ahead and applied last year." A Somali man also commented on [health services provider]:

> When one goes to the hospital there are many other costs. Things add up and it is over the peoples' ability to pay. Sometimes even though I have insurance card I would still pay a co-payment of $15. When one gets the prescriptions there is money to pay.

A Somali woman added:

> And then there is the [health services provider]. One day I was sick and they took a copy of my [health services provider] card. When I went to the pharmacy to get the medicine for my prescription they told me that my [health services provider] was canceled and to call to confirm. When I called [health services provider] they told me that I was not eligible for [health services provider]. Until now the hospitals still send me bills and they say they will send me to the collection agency and give me a bad credit if I don't pay. I don't have any money so what do you think I can do about that? I would like to work but I have children but I can't so I went to a sewing program and I received a certificate. If you had jobs that I could do in my house I could purchase a machine and that would be good for me. I would just like assistance with [health services provider] and the bills and also assistance with working at home and school.

A man from a Behdini-speaking (Kurdish) group commented about [health services provider] stating:

> Yeah. I don't know. And also, for instance, I have a lot of children. I have seven eight of them. Yeah. And lots of them I've taken them to emergency. And their bills have come and we haven't paid them. We thought they had [health services provider]. Believe it, they've gone into collection. Those also.

The same speaker later stated:

KE: Some of my bills I've taken to the food stamp office…[inaudible]. I've taken some to the USCC organization. Meaning, all of them until now none of them…[inaudible]… they've gone into collection and they're like that now."

KG: The problems, … uh… with families with [health services provider] I can tell you a lot of them have."

KA: We all have them.

3. Immigrants and refugees stated a third problem related to heath services. They reported barriers related to accessing healthcare. Immigrants and refugees discussed problems with enrolling in [health services provider] were due to restrictions pertaining to their citizenship status and port of entry to the United States, by which they were assigned refugee status in other states. Alarmingly, they also discussed their

understanding of policies, which limit coverage during pregnancy. A Vietnamese woman replied to a question about healthcare stating:

VE: Like I have mentioned earlier, I'm pregnant and applying for [health services provider]. They asked if I was a citizen. I said that I do not know enough English to pass a citizenship exam. So I was told that when I reach the final month of my pregnancy, then they would consider me. Without a citizenship I must wait for one more month. Until then, I must pay out of pocket to see the doctor.

GM: So right now you're going to the doctor, you're just having to pay for it all?

VE: They told me to go to the doctor, I do not have money to go to the doctor, so I do not go. Everyone is the same! I went apply for exactly three people and every situation they were asked and denied...! I have those three pregnant friends and no one is going to the Doctor.

She later added:

> For instance this gentleman here, I have taken him to apply for [health services provider] ten times, since he was sixty-five years old he has tried. He is now sixty-eight years of age, and still not qualified. And he's having pain in the right hand side kidney, something like that. If he goes to the hospital, they will ask him for [health services provider]. Without [health services provider], he doesn't see the doctor so he goes home. And if he is sick, too bad; he just has to bare it. Ever since he does not work anymore.

A Vietnamese man added, **"**My opinion about me is lay-offs. While of me being layoff, I went to apply for [health services provider], at the food stamp office, but was told that being lay-off does not qualify me for [health services provider]." In a Somali group a woman presented a complicated picture in regard to accessing healthcare by stating:

> I have children and I am a housewife. My husband has been released from his job and is not working. I don't have the government insurance now except when I was pregnant. If I get sick I cannot go to the hospital because I cannot afford the bills. I've been here and can't go to school to study English and can't afford daycare to go.

A Sorani-speaking (Kurdish) woman's answer to a question asking:

GM: What kind of services um...do you see that you...you...you do not get here for example?

KN: Medicare. Any other benefits like foodstamps and family first. Those benefits were good in the other states but not in Tennessee. We aren't waiting for those services, we want to work ourselves. But if we do not have a job, or our jobs aren't enough, we really do need them. Even when they do give them, they aren't enough. I have been here for three and half and I have been applying for [health services provider] and I have been denied all the times. For both of us, me and my husband but none of us were qualified. That is it.

GM: Do you now why you weren't qualified or...?

KN: They told us because you didn't come directly from your country to uh...Nashville... all the immigrants that are coming to Nashville directly, those are the kind of people that can get those services. They said the only time you can get this, is that you have to be separated from your husband, you can't be married anymore, and you have to be separated."

A Laotian woman's response to a question regarding availability of health insurance follows:

LQ: Well, when I was umm... pregnant and I was trying to get umm... [health services provider] for my daughter, I had a problem with that, like um... The lady uh, told me that... the first time I went up there the lady told me that I wouldn't be able to get it because I'm wasn't a citizen and I don't see... That's not supposed to be an issue that I'm not a citizen to get [health services provider], you know. So I had a problem getting [health services provider] the first time, so I had to go back and do it and everything like that so...

GM: And then in the end... I'm sorry... And then did you end up getting healthcare?

LQ: Yeah, after she realized that she made a mistake, I ended up getting uh, the [health services provider] for me and my daughter and so I didn't have a problem after that. But... I tried to reapply umm... for [health services provider] like recently, maybe like, whenever like, we was having a problem with [health services provider], whatever, and they're... they won't let me be on [health services provider] anymore so I don't know... But my daughter is still on it.

In contrast to the woman that understood she had been denied [health services provider] during pregnancy an Arabic-speaking woman wondered why [health services provider] had 'froze up' and commented that women are 'cut off' after pregnancy:

> About the [health services provider], my husband is a citizen. I don't [know] why they cut people off [health services provider] and froze up. They will give you [health services provider] when you are pregnant but after that they will cut you off, especially for a lady surely she needs more services after she delivers the baby especially without having a high income he pays with out [health services provider] he pays definitely a lot more.

4. A fourth problem related to healthcare was that insured immigrants and refugees reported their insurance coverage had severe limitations. The limitations were in regard to coverage for prescription drugs, dental, vision and preventive care. An Arabic-speaking woman's reply to the following question:

GM: Are there any concerns that people have about healthcare?

AT: Dental. I have problem with my teeth and I need to see a dentist. There are a lot of places to go in downtown but they to want me to go there early at 6 o'clock in the morning. I have a job and what about my kids they have to go to school. I went there once but they didn't do much just extract the tooth so I don't know what am I going to do? I have [health services provider] but it doesn't cover the dental care. Thank you.

A woman in a Somali group commented about accessing health services covered by her insurance, lack of coverage for services she needs, and dissatisfaction with treatment received:

> I have got a medical card called VHP. We have a doctor in [health provider] and I live Antioch. These two places are so far away from each other and I don't have transportation. At the same time I have young kids, when I try to change to closer area doctors, those doctor around me don't take VHP. The other thing is that I have is a vision problem and my medical card doesn't cover that, and the dental too. You have a medical card and it is not covering your problems and that is something... It is not covering my main problems. I had a kidney problem when I was in Africa, which I still couldn't get help here also. They would draw blood and take urine samples and later on I would still feel the same and there is no significant medication. I see the

problem is common for other single mothers, and as far as health they face many problems in the hospitals.

In a Sorani-speaking (Kurdish) group, a woman responded to the following question:

GM: Then those of you who did come here to Nashville. How are the services that health services, that you're getting, dental, medical...um...services for emotional daily life um...how are those for you....inaudible...

KI: The services especially for dental, they don't have anything.

GM: What do you do when you have a dental problem?

KI: We have to pay ourselves.

Additionally, Sorani-speaking (Kurdish) women agreed that they had problems qualifying and utilizing [health services provider]:

CM: Just, do you have the opportunity to go...for like...to go to the gynecologist, you know, every year to have a check up...or do you only you go when you have a problem...or...?

KO: Yes, we want to go but we don't have anything, how can we go?

GM: So the problem...the problem is that um...you don't have the [health services provider] or you don't have the insurance to do it...but if...if...you had it, you would go...so it is not, in terms of, if you went there and it was uh...it was a male or...there...there were other things...that were like you couldn't...um...the language there...um...that's what we are trying to find that out from you...

KO: We have a problem with [health services provider]...we have a problem with [health services provider].

GM: Everybody?

(Simultaneous talking)

KN: Yes, all of us...

Another Sorani-speaking (Kurdish) woman commented in reply to the following question by remarking on the lack of coverage for prescriptions:

GM: What about when you take your children umm...and if you do have [health services provider], how are the services for children? Is that ok or…

(Simultaneous talking)

KP: Every time when they write you a prescription then you go [to get it] the insurance or the [health services provider] won't cover it.

It is important to note that few immigrants and refugees reported having received any type of preventive healthcare. In this regard, Behdini and Sorani-speaking (Kurdish) and Somali women stated emphatically that they would benefit from access to facilities only for women so that they can exercise. A Sorani-speaking (Kurdish) woman commented:

KJ: We have a problem with gaining weight...(All laughing)...we want to have a place, so we can do exercise and work out. Until now we haven't find a where it's only private for women only, where we all can go. In our daily lives we don't go out a lot and we don't work out so much so that causes problem that we gain so much weight and I wish there was a way we can do something about it.

GM: Is this something that other people ... inaudible...want?

KN: Yes.

GM: So...in...umm...in the communities where you are, the...uh...the only things that you can do...or what...what do you do...in...in...in your daily life then?

KN: It is only like 5-6 feet in our house that is the only the way we can exercise, we don't do a lot...not if we aren't working."

During another Behdini-speaking (Kurdish) discussion, a woman replied to the following question:

GM: It is almost time for us to finish. I just want to make sure we haven't overlooked anything that is really important for you to talk about that you want us to know. Is there...is there some area or some of the things that we've discussed but you like to say more about or new one that you want to bring up.

KT: I want a fitness place for women only if possible…(laughing)

In addition to the four access problems immigrants and refugees also discussed their views on the adequacy of health services. In the following passage, a Spanish-speaking woman shares her frustration with the healthcare she received. From the immigrants' perspective the requirement to show a social security number given her state of need seemed perplexing. Moreover, the woman states that her communications with professionals about her diagnosis were disturbing. Equally troubling to her was that her expectation of follow up to her visit and exams were not met.

SpN: About [health provider] it was a big delusion, disappointment. First of all, because, in the beginning I was so sick and they didn't want to take care of me, my condition was, umm, was very serious.

GM: You were very sick and they didn't want to take care of you?

SpN: They didn't want to look after me because I didn't have a social security number, then the person who was interpreting for me told me to use the number which I was using to work... because I couldn't move, she said to give that number so they can take care of you. Well, they took care of me after such a long time... they didn't do it immediately; and I, eh, I have severe headaches because I suffered cysticercosis and it is a severe problem... then I couldn't move, until they looked after me... then they had me hospitalized. Next day they made... actually they told me that the illness didn't exist... that here in the US that illness didn't exist, I needed a... a... to see where, they looked where they believe they could find something. They made many tests, then they made, may be I had an infection in the spinal cord, and they asked me if they could make a study. In the middle of desperation I accepted, and honestly it was the worst decision, because they got, they got out from the spine, the fluid from the spine and couldn't work anymore. Then they told me in two days they would call me to tell me what was the problem. Nothing. Two weeks. Two days later I called them... I wasn't walking what could I do? They said I probably had the fluid all spread out, and that's it, they didn't do anything.

An Arabic-speaking man recounted incidents about 'ER' services or what he referred to as "emergency slow room":

AA: I want to talk about ER. In the beginning let me suggest something, let us change the name of Emergency Room to Emergency Slow Room…(Interruption)

All Participants: Yes, he is right.

AA: There are a lot of examples they really prove that they are really slow. Main incident happened which is very important before 2 years, a friend called me in the evening he had some poisoning and he was vomiting and was crying from pain and asked me to save his life. I calculated in my mind if I call 911 and they go to him and all this, I could go and pick him up. I went there put him in my car and went to the hospital. We got to the ER at [healthcare provider], I told them that he has poisoning and his situation is really difficult, he may die. He was vomiting in front of that nurse or the register and he was screaming please help me, and she was asking him what is your height? What is your age? Did your father have any stomach problems? What is your weight? He was screaming from pain and I told her that this can be done at any time, now this is his ID and have all the information on it but this is an emergency and we need to save him, she said that we do not have enough staff. I really got angry at that time and I reminded them with old incident happened before and I told them that this is not

> right because this person may die as in the other incident the person who I just came with might have been dead. They said we don't have enough staff. The patient then was begging for help from them and two hours past then they admitted him to a room in the ER, he entered the room and he stretched on the bed, he was admitted to the room at about 4:00 am around 4:00 am, the doctor saw him at 7:00 am. At 7:00 am he lost a lot of fluid and he felt a little bit better so he said to himself why am I paying this hospital …(Inaudible)…. Let me go home, he called me and I went to the hospital and took him home without receiving any treatment and he got the bill at home. This is not happening one time it is just repeating; minimum-waiting time is two hours…(Interruption)

Immigrants and refugees also discussed other problems related to receiving healthcare in addition to feeling unsettled by the amount of time they had to wait before they could receive treatment. They also discussed the tardiness of the transportation taking them to receive services. In the following passage, an Arabic-speaking man associated the delays and problems with transportation to repercussions after 9/11.

> Second thing, when you go to your appointment you wait there for 3 hours before you go in, just give me an appointment after 3 hours. It happened with me more than one time and I was convinced that it was discrimination and I complained officially with the doctor and the head for the department. It was not happening only with me, it happened with my wife and with my kids. When I ask them why this is happening, they say appointment systems in the hospitals are like that, is this right? In addition, the transportation in [health services provider] they were offering as a service, the transportation comes 10 minutes before your appointment and take you from your home and you will be late because the transportation is late. Then when to take you home you have to wait may be an hour or two or even three hours and then they will come and take you home, sometimes you have to call the hospital to arrange transportation to go back home. This is all happening after 9/11 events.

During a Sorani-speaking (Kurdish) group, women discussed the adequacy of health services they had received. From their point of view the doctors had not responded to their needs and one implied that she was even mistrusted by the service providers.

KL: When I delivered my baby, they gave so many problems. I had so many problems.

GM: What kind of problems?

KL: They gave me two shots on my back and now I still have pain on my back.

KN: I think I have had the same problem for five years when they gave me the same shots and I have so much pain in my back.

KI: When our kids get sick, like when they have fever or flu, and when we take them to the doctor, the doctor doesn't believe us they are sick...they think that we have done something to our kids ourselves. I took my kid four times and right after two weeks, when I took her back to the doctor, I told them that she had a fever and her fever was 104 degrees and they didn't believe me at all. Her fever, where it came to a point that her body was shivering and she became unconscious, it was then they believed me and said 'yeah you were right'. That caused a problem...how old is she? Uh...she is two months old now and she can't drink any milk.

GM: Was this a private hospital or it is a public hospital?

KI: [health provider].

GM: And...umm...what uh...did you explain what was going on? What was...who was the person that told you that they didn't believe you...how...tell me a little bit more.

KI: They said that she doesn't have a fever it is only a virus. When she got infected in her chest, her fever became 104 in half an hour and then they believed me. Now she can't drink milk anymore.

KQ: She probably has a pain in her chest, that's why she can't drink milk.

KL: I have a problem with my back. I have a problem every time I'm going to a doctor, they told me I had a problem with my back and two of my disks in my back are bad...(all laughing)...they said that I have to turn to forty years old so I can do a surgery. I told them I have pain and that has caused me to stay at home for two...three days in a row. They told to go to physical therapy. I can't do it because every time I'm staying at in bed, I can't go anywhere. How can a doctor be like that? (All laughing)

A Somali woman also expressed her frustration and dissatisfaction with healthcare services she had received:

> I have pain in my knees since 1997. I went to see a doctor in 1997 and when I moved my knees it made a sound. The doctor told me he is going to refer to me another doctor and put liquid in the knees. When I went to see the other doctor he said that he is going to take an x-ray and my knees didn't need any liquid. My appointment was to get some liquid in my knees but after the doctor took the x-ray he said he is

> going to do surgery. When the two doctors told me different opinions and I still have the problem I discontinue to see them while I still have the pain.

The main complaints related to miscommunications about diagnosis and treatment and delays in receiving treatment. For example, in an Arabic-speaking group a woman discussed her husband's thyroid problem. Her words suggest she sees several problems in terms of access and adequacy of services. From her point of view the chronic care he is receiving is inadequate.

> I have a question... a problem not a question (Simultaneous talking laughing.) My husband has ...(Inaudible)...Thyroid gland on his neck. He visited a doctor and he was told to have a surgery. He took a medication instead of having the surgery ...(Inaudible)...the doctor told him that. He thought that he was going to be all right but he's still taking the medication. The side effect of the disease made him really sick and dizzy but he doesn't have any insurance now to see a doctor. He has a lot of complications like he has a dry skin and he can't use every soap ...(Inaudible)...

The same speaker later added:

AT: We don't know the problem if it's from the side effect of the drug or is it the gland itself. He has got a lot of problems plus he's got eczema...(Inaudible)...like disease. We don't know how to help him.

CM: Now the doctor isn't seeing him or...?

AT: He has an appointment in May but he really needs to see a doctor now. I've been trying to schedule him an appointment even yesterday but nobody answers. He needs an emergency treatment but the doctor's office told him his appointment in May. He needs to visit a doctor every week or every two weeks because the medication has a lot of side effects like every morning he wakes up with his eyes are swollen. I really don't know what is wrong with him.

Group Specific Themes

Focus group participants also discussed five specific healthcare problems that are unique to their community. First, in regard to adequacy of services Arabic, both groups of Kurdish, and Somali women claimed that their preference to be attended by a woman doctor often delayed or discouraged them from receiving treatment. Second, Somali women reported cultural practice problems in terms of adequacy of healthcare. They stated that in their view the medical profession is misinformed in regard to their traditional special needs during childbearing processes. Third, Somali women also reported they had geographical access barriers to treatment. The women mentioned that

clinics and health centers were inaccessible to them due to lack of transportation and their inability to drive. Fourth, Laotians perspectives about health services indicated that their barriers were concerning availability issues. Laotians comments suggest that they had sparse knowledge about health services in Nashville. Fifth, in Arabic-speaking groups there are issues about trust of health service providers emerged.

1. In regard to adequacy of services Arabic, both dialects of Kurdish, and Somali speaking women claimed that their preference to be attended by a woman doctor often delayed or discouraged them from receiving treatment. Sorani-speakers (Kurdish) responded to the following question:

GM: So...there is the language barrier and in...even in...in the phone call that you make...so how long dose it takes you to get the appointment then?

KJ: When you have a problem and you are sick, you get the appointment, and you go see the doctor and then see the doctor is male. When you go back and tell them that you want a woman doctor and for them to change from male doctor to a woman doctor, it takes so much time."

GM: Is that something that is a problem for all of you, or some of you it's ok to see a male doctor?

KN: If the doctor is male, for the general...is ok...we don't have any problem. Yes, for us, as a woman, and we have a problem, yes we would like to have a woman doctor...if we have any problems, we will feel more comfortable to have a woman doctor than a male doctor."

A Somali woman was asked:

GM: Does it get complicated to have your regular check-ups if you are sown? (Simultaneous Talking Inaudible)... have anything to do with...(Simultaneous Talking Inaudible)...

SCC: If you are feeling bad it's no problem when you are a woman. If you are not married it's a problem. They cannot check. (Simultaneous Talking Inaudible) ... no problem.

GM: But then the ones that have [health services provider], you do get your check-ups and you're okay with seeing a man or a woman, do you feel that you are treated okay and it works for you here?

...(Simultaneous Talking Inaudible)...

SDD: I prefer womans.

SFF: Womans would be better...(Simultaneous Talking Inaudible)..."

2. In addition, Somali women reported cultural practices problems in terms of adequacy of healthcare. They stated that in their view the medical profession is misinformed in regard to their traditional special needs during childbearing processes. A Somali woman was asked:

GM: If you have a baby here is easy...even if...is it not difficult to have a baby here?

SU: Yes, ...you know most of the people here they had surgery. But in our country we don't have, we don't have a lot of surgery. We wait until... she is in labor for instance... and we have to wait for the doctor. But here they (inaudible) don't wait and most of our people have surgery in here...

GM: Is that okay or...?

SU: You know it is not okay...(inaudible) for example she may had three or four in our country, but when she came here now...you must have surgery...(inaudible) when they have surgery they say I have surgery today when...

Another woman in another Somali group discussion commented:

> I still feel sick and can't go to the doctor because I don't have [health services provider]. Back home few people get C-sections, but here, I don't want to have a child because they want to have the C-section before I go into labor."

She later added **"**What causes C-sections and why do doctor's prefer to do that?" Following, another woman added:

> And on top of that, if the doctor checks and sees this baby is not coming out normal and he does this C-section... (Inaudible)...but they take the woman to the delivery room... (Inaudible).... that causes all the problems and afterwards, both places, you are sick here and you are sick and there is trouble also. Especially the young girls... they have problems.

3. Somali women also reported they had geographical access barriers to treatment. The women mentioned that clinics and health centers were inaccessible to them due to lack of transportation and their inability to drive. A Somali woman expressed her frustration stating:

> I beg other Somalians whenever I need to dial an assistant...if they accept or not. Other people, there is a lot health problems like me. They don't speak the language, no transportation, and no finances and they even can't afford to pay the rent. I know it's not only myself but other

> families are like that, especially the Somali women here. Single mothers usually have no transportation, no language. The house doesn't belong to them and if you don't get the money for the rent they will throw your stuff out. That is what I think of women who live here.

4. Laotian refugees perceptions about barriers to health service were in stark contrast to other language groups.

GM: How many of you have health insurance?

(Simultaneous talking)

LL: I don't either.

GM: Is it just two of you have health insurance?

LQ: I have health insurance.

(Simultaneous talking)

CM: You don't have insurance?

LL: No.

CM: Is that because...?

LL: Because I don't know what's... I don't know what's out there; I don't know what's out there... I mean I don't know, you know? Tennessee... I have no idea of anything on it."

Overall, Laotians perspectives about health services indicated that their barriers were concerning availability issues. Laotians comments suggest that they had sparse knowledge about health services in Nashville. Another woman commented:

> Getting more older folks to go into the hospital because most of these older folks are getting diagnosed with all these diseases and it's from early on, if they get; let's say going to the hospital umm... if they get diagnosed early it would help them more and more, more people are not going because, of course you know, they're scared... (Inaudible)... Asian people hardly and... they don't go unless they are dying so..."

5. In Arabic-speaking groups' issues about trust of health service providers emerged. Men noted that hospitals treat them with unqualified doctors and use them as subjects for

experimentation and training. An Arabic-speaking man responded to questions about health stating:

> About health services, in [health provider] the thing that I think is wrong I want to mention it and record it, the system in [education services provider], I'm talking about insurance, the quality of doctors available there, their information is not consistent, as I have some medical background and scientific background the staff over there is not qualified to get to the point of the problem for the patient. He will take some information from you for a certain point in a certain time and let me ask my supervisor when they come back in an hour or hour and 15 minute, then he will come back with an answer which is different from the initial thing they told you about and he will apologize for that.

Another Arabic-speaking man added:

> I've heard, I have not seen it and I hope that I'm wrong, I heard wrong; in the hospitals in general they use immigrants and refugees who does not speak English to experiment on them and they use procedures to study them to see their success rate or they put unqualified doctors for them.

Demographic Patterns

Gender: Overall, women and men noted that they encountered linguistic and financial barriers to accessing healthcare. Both men and women mentioned difficulties with [health services provider]. Women problems with healthcare were related to adequacy; women emphasized that they needed to change to women doctors.

Age: Immigrants and refugees of all age groups mentioned problems with [health services provider] and language barriers to access and adequacy of healthcare. Older immigrants and refugees stressed problems in access related to cost of services.

Duration of Residence: Although all immigrants and refugees mentioned problems with [health services provider], immigrants and refugees both less than 5 years and 5-10 years shared their problems with [health services provider] more often than immigrants and refugees that have been longer in the US more than 10 years. Problems included limited coverage and limited access to services such as dental, physical therapy, preventive care, and prescription drugs, and vision.

Availability, Accessibility, and Adequacy

Views on health services were classified according to immigrants' and refugees' perceptions of the availability, accessibility, and adequacy of the social services within

the policy domain. Our definitions for availability, accessibility, and adequacy follow. Availability was defined as: Do immigrants and refugees know about the services? Accessibility was defined as: Do immigrants and refugees believe the services exist in Davidson County for immigrants or refugees and their kin? Do immigrants and refugees believe they (immigrants or refugees and kin) can obtain services?
Adequacy was defined as: Do immigrants and refugees perceive that the services meet their needs?

Availability: Immigrants and refugees perceive that three types of health services, chronic care, acute care, and dental services are available. Immigrants' and refugees' positive comments related to health services, though few were in regard to general issues related to healthcare or in reference to one specific clinic. It is important to note that few immigrants and refugees reported having received any type of preventive healthcare. Fourth, Laotians perspectives about health services indicated that their barriers concerned availability. Laotians comments suggest that they had sparse knowledge about health services in Nashville.

Accessibility: From the immigrants' and refugees' perspective there were four major access problems related to Health services. The first was language communication barriers. Financial constraints are the second obstacle immigrants and refugees reported have an effect on their ability to access proper health services. Immigrants and refugees stated a third problem related to heath services. Immigrants and refugees reported barriers related to accessing healthcare. A fourth problem related to healthcare was that insured immigrants and refugees reported their insurance coverage had severe limitations. Somali women also reported they had geographical access barriers to treatment. The women mentioned that clinics and health centers were inaccessible to them due to lack of transportation and their inability to drive. Fifth, in Arabic-speaking groups issues about trust of health service providers emerged.

Adequacy: In addition, immigrants and refugees noted adequacy problems related to the health services they receive. Focus group participants also discussed five specific healthcare problems that are unique to their community. First, in regard to adequacy of services Arabic, both Kurdish, and Somali speaking women claimed that their preference to be attended by a woman doctor often delayed or discouraged them from receiving treatment. Second, Somali women reported cultural practices problems in terms of adequacy of healthcare. They stated that in their view the medical profession is misinformed in regard to their traditional special needs during childbearing processes.

Housing

The housing policy domain included immigrants' and refugees' perceptions about their physical living space, as well as their feelings about their neighborhoods and the area of town where they lived. There were primarily two types of physical living space that the immigrants and refugees mentioned: rentals (both apartments and houses) and

home ownership. First, we will discuss immigrants' and refugees' perspectives on the strength of housing options for them in Nashville.

Strengths

Immigrants and refugees mentioned two strengths in the housing domain. The first is that security in neighborhoods is good and that police address security problems well. The second strength in the housing domain is that some respondents felt that fellow residents in their neighborhood were congenial.

1. Respondents from the Arabic-speaking, Vietnamese, and Laotian groups offered positive comments about security in their neighborhoods, as well as the availability, accessibility and adequacy of the police in addressing these issues. For instance, an Arabic-speaking woman recounted:

> Once I called a policeman and he came and helped me. This is a story I'm telling you right now. The lady downstairs of my apartment has a daughter and she came upstairs and my son was going out of our apartment and shot the girl's finger. The lady's oldest son tried to fight with and hit me. My husband was sick in bed and couldn't get up so my son called the police and they came after 10 minutes. They were very helpful.

Similarly, when asked by the moderator if "anyone [had] a problem with crime in their neighborhood" and whether they felt "unsafe, " a Vietnamese man stated that "[i]n general it is good. In California it is to the contrary. When I get in my home I have to lock my door. If I don't, someone might go behind me with a gun in my back."

2. In addition to positive feelings about security and police response in their neighborhoods, some respondents felt that fellow residents in their neighborhood were congenial. For instance, a Laotian woman referred to the neighborhood she lived in by stating that "[t]he community in Antioch is very friendly, especially when we have our celebrations, they understand." An Arabic-speaking woman also reported congenial relations with her neighbors, recounting that she "was living in an apartment. [She] was making some noises so [she] just told her neighbor that [she] [was] sorry for making these noises and [the neighbor] told [her] it is OK with [the neighbor] even if [she] want to have a wedding party, [the neighbor] [didn't] care."

However, it should be noted that these strengths about housing options in Nashville were not plentiful. While some immigrants and refugees did express favorable opinions about safety and neighborly relations in their residential areas, most of the immigrants recounted the difficulties they faced instead. We turn now to these perceived weaknesses in housing options in Nashville.

Weaknesses

Immigrants and refugees mentioned six major weaknesses in their experiences with housing options in Nashville. First, immigrants and refugees commented on the high costs of housing. Second, they discussed the difficulties they faced in navigating the process of locating housing due to linguistic difficulties. Most immigrants and refugees stated that they felt their limited English skills put them at a disadvantage. Third, immigrants and refugees felt that the conditions of their living spaces were often inadequate, at times bordering on deplorable. Fourth, refugees also expressed their dissatisfaction with the limited help provided by the relief organizations and the government in assisting them with housing issues. As noted earlier, while some immigrants and refugees perceived the safety in their neighborhoods as strengths, many other immigrants and refugees mentioned the lack of safety and security in their neighborhoods as a fifth weakness. Finally, the sixth weakness that the immigrants and refugees mentioned in connection with housing issues was their perception that they were often treated unfairly because of their race / ethnicity and at times, religion. While we discuss these problems as being related to housing, it is important to keep in mind that these issues were often intertwined with and related to problems that the immigrants and refugees faced in the other four policy domains.

1. First, the immigrants and refugees stated that the cost of housing was prohibitive. This was the case with monthly rental payments, as well as house payments and property taxes. Immigrants and refugees reported problems in locating housing that was both adequate and affordable. For example, an Arabic-speaking woman stated:

> We are living in governmental apartments. It depends on the checks of your work. Every now and then they raise the rents, although the income has not changed…and when something breaks in our apartments, we call them no one will show up. I have kids and if I want to go out of that complex it's very expensive.

A Vietnamese woman also commented on the high costs of housing:

> [My son] is the only one who would take care of this home. But he is putting it up on sale, because we cannot afford it. I have a husband who is 70 years old, he's thinking of returning home to Vietnam to live. We have no support from the government and nothing to live on. If not I'll have to apply for food stamps or retirement check, I do not know if they are going to let us do so. Haven't heard from them yet.

A Somali man stated that "[w]hen one person is employed for the family and we are supposed to pay the cost of the occupancy, and everything else, our pay from our jobs does not cover all that." Several respondents from the Behdini-speaking (Kurdish) group

also commented on the difficulties of finding adequate accommodations that were affordable as well. For these respondents, the combination of limited financial means and the high costs of rents and house payments created a situation where they felt that they did not have a safety net, or a Behdini-speaking (Kurdish) man put it, "[he] cannot afford to have problems." Other respondents in the Behdini-speaking (Kurdish) group concurred with this assessment. Another Behdini-speaking (Kurdish) man stated that he is "the only one working" and that he paid "$1043 just for rent, " leading him to question where he was going to find the money for rent payment. A third Behdini-speaking (Kurdish) man stated that while the refugee organization that sponsored him had helped him to locate housing when he arrived in this country, it did not resolve all his problems with housing. In large part, this was due to the combination of his limited income and the high cost of monthly rents. He stated:

> They got me an apartment but they didn't even pay for one month's rent because they said my mother collects retirement. But her retirement hadn't come yet, it hadn't been approved. And her retirement didn't even cover the rent of the apartment… It couldn't pay the rent and it got to the point where they were going to throw me out of the apartment, me and my family… Some people gave me some money as a loan. I paid my rent until I found work and I looked for work on my own. Nobody could help me find work.

Similarly, refugees in the Laotian group expressed dissatisfaction with what they perceived as the high cost of housing as well. A Laotian man stated that "it seem[ed] like prices go up every year," while another Laotian man faced difficulties with the cost of monthly house payments. He stated:

> I own a house but I am retired and monthly, I have to pay about seven hundred for the house. Only my wife works. I don't have any stocks but I have to always depend on the money provided by the retirement plan.

The larger picture presented by the immigrants' and refugees' comments is one of locating adequate housing with reasonable costs. Immigrants and refugees often found themselves paying a higher amount than they expected- both for monthly rents and house payments- since lower cost housing was often not available or accessible. In addition, immigrants' and refugees' problems with the high costs of housing were often compounded by their limited incomes.

2. Second, immigrants and refugees discussed the issues they faced with housing due to their linguistic difficulties. Because of their inability to communicate well in English, immigrants and refugees stated that they often had difficulties communicating with their landlords and neighbors. Several of them further mentioned that because of these language issues, they often had problems understanding the steps involved in the processes of either applying for an apartment or buying a house. For instance, a Spanish-

speaking man recounted his experience in trying to resolve some paperwork issues that would help him in renting an apartment. He stated:

> We were going to switch the names on the paperwork, and I went with my uncle and his boss who has all the documents and he was very nice helping us to interpret. They told us no, I didn't understand because they speak English. My uncle's boss showed his papers and helped us use his name for all the bills… They were asking me, and talking too much. I could understand some things. I just told them, here, here are my papers and she was really upset. They don't understand you and get frustrated too.

Another Spanish-speaking man stated that "[t]he language is always the main problem, because if we trust other people, we can put papers in other people's hands. Otherwise, it's like being blind." A third Spanish-speaking man concurred:

> The truth is everybody is trying to take advantage of you because there is no document in our language to sign. The problem is that the language is essential. I know that it is necessary for us to learn it, we are the ones obligated to do it because they're in their own country. But problems in our countries have pushed us to come here. I had to look for a person who speaks English to help me get a house. Sometimes you read everything and sign and you pay a deposit. Then they tell you it's not returnable.

Linguistic difficulties which impeded immigrants in their attempts to locate housing were also mentioned by the other language groups. A Vietnamese man indicated that due to linguistic difficulties, he had problems comprehending the property tax laws. He stated:

> I had purchased a duplex and I don't understand… the tax for my place is very expensive, it's about two thousand and fifty dollars a year. I think that is expensive and I am wondering if anyone can help me regarding the taxes, to show me.

A Somali woman noted:

> I beg other Somalians whenever I need to dial and assistant…if they accept or not. Other people, there is a lot health problems like me. They don't speak the language, no transportation, and no finances and they even can't afford to pay the rent. I know it's not only myself but other families are like that, especially the Somali women here.

> Single mothers usually have no transportation, no language. The house doesn't belong to them and if you don't get the money for the rent they will throw your stuff out. That is what I think of women who live here. First I came to Atlanta and I couldn't understand. I moved here because I thought maybe here was better. The way I see it here in America is that there are problems for women and their children's health and other problems too.

For this Somali woman, linguistic difficulties prohibited her from being able to negotiate not only the housing location process, but also the healthcare system. In addition, she referred to the high cost of housing; the first weakness immigrants and refugees indicated they faced with housing mentioned earlier. This Somali woman further indicated that institutional help in overcoming her linguistic difficulties was inadequate, frequently forcing her to be dependent upon other Somali immigrants. As we have seen from the earlier examples from the Spanish-speaking and Vietnamese groups, linguistic difficulties did not simply confine themselves to situations where immigrants had difficulties communicating with neighbors and landlords. Frequently, linguistic difficulties also contributed to immigrants' difficulties in understanding such issues as tenants' rights, homeownership and property tax laws. These linguistic difficulties often played a part in hindering immigrants' attempts in locating housing. Furthermore, immigrants indicated that systematic help with linguistic difficulties from institutional sources was often inadequate, making them dependent on networks of acquaintances and fellow immigrants.

3. The third weakness that immigrants and refugees stated they faced with housing issues was the inadequacy of their living conditions. Immigrants and refugees stated that apartments were usually in terrible conditions and that furthermore, landlords often refused to fix these problems. For instance, a Spanish-speaking man stated:

> The house is available, but it is filthy. Messy. The grass in the yard was long, the painting was in bad shape. Everything was really filthy, and then we moved in and the owner told us he was going to fix it, to clean it up and everything. We got there, it turned out everything was messy. We didn't have a choice but we did everything and cleaned everything. My brother, my cousin and I painted the house. The owner said here is the paint and it is your problem. If you want to do it, fine. If not, that's your problem.

A Spanish-speaking woman related a similar experience:

> Where I live, the carpet is dirty and there are areas that need to be fixed. The range was in bad shape and I had to turn it on by using a screwdriver. I asked the landlord if he could change the range

> and he had also just raised the rent payment. Our neighbor moved and our neighbor's range was practically brand new, so I told her: when you leave, tell me because I'm going to switch ranges, I'll take this to my home because I'm not buying a new one, and then that's what I did because the landlord never did anything and he never listened.

Similar comments about the inadequacy of housing conditions were plentiful and could be found most often in comments offered by the respondents in the Spanish-speaking, Arabic-speaking and Somali groups. For instance, an Arabic-speaking woman stated that she felt "[t]hose who get here and they are here first, they really don't give them good apartments, they always give them very bad apartments. Insects inside, they are not good." When the moderator asked the Somali group if they were satisfied with their current living conditions, a Somali man stated:

> Landlord problems…does not change the carpet and if landlord sees that you do not speak English, he takes advantage of you. If you want a new carpet, you can look for another place that is their attitude about everything and apartment is rented as is – you can demand anything and many places are owned by the same owners, as a immigrant you have few options. If you want to fix your place you have to do so by your own expense – sometimes I call a carpet cleaner myself and have to pay $40, $100 myself.

Here, according to this Somali man, other problems compounded the issue of inadequate housing as well. He mentioned both the issue of the high cost of housing (which restricted his choices of residence) as well as linguistic difficulties (which led to his landlord taking advantage of him). Again, we can see that while immigrants and refugees often face specific problems in housing, these issues also often interact with and contribute to each other.

4. The fourth weakness with housing issues that refugees indicated they faced in housing is that of the lack of help from both relief organizations and the government. Refugees often perceived that while they do receive some aid from both relief organizations and the government, such help was often inadequate, and sometimes simply unavailable to them. For instance, an Arabic-speaking man expressed his dissatisfaction with the aid that the relief organizations provided, by stating that:

> Even within the resettlement agency, sometimes the refugee will be misled from the same agency and he will be given an idea that he will get some services when in fact he will not. And when he speaks out, they put a cross on him.

Several respondents from the Vietnamese groups indicated similar frustrations with the inadequacy of help provided by relief organizations. A Vietnamese woman stated:

> When I bought my house, I asked the [immigrant and refugee services provider] to help me. And it is very difficult. When the house needed some maintenance work, I did not know who to ask for help. The [immigrant and refugee services provider] does not help us anymore, they only helped us for a few months.

A Vietnamese man also expressed his opinions about the inadequacy of help provided by the relief organizations. When the moderator asked him what kind of help the relief organization (in this case, immigrant and refugee services provider) provided, he stated, "[j]ust assistance with rent with two months. No money just purchased supplies for the refrigerator. I have assistance once a month at one hundred and ninety dollars for both husband and wife." Sometimes, when they needed assistance, refugees were unclear as to where they could go to obtain such needed assistance. For instance, a Laotian man mentioned that he doesn't "know if there are organizations for housing. It used to be the [immigrant and refugee services provider] but I don't know about now. I don't know if the [immigrant and refugee services provider] is still at work. I'm not sure. Most of us came under [immigrant and refugee services provider] care," while a Somali woman stated categorically that "[t]here are no resources to turn to or go to for help."

Still, while some refugees stated that they did not have knowledge of where to turn for help, a majority of refugees discussed the time limitations of most of the aid from the relief organizations and the government. In other words, refugees often felt like the aid that was offered to them was often restricted within a specific time limit, and withdrawn before refugees could adequately fend for themselves. For instance, a Behdini-speaking (Kurdish) man stated:

> When we first arrived, we were sponsored by a [immigrant and refugee services provider] or [immigrant and refugee services provider] so they found us apartments. The first apartment we moved into was not a very good apartment. They helped us with two months rent, or maybe three months. They told us, we'll pay your rent for two, three months, then you have to work. Even if we have a problem, even if we don't know the language, we have to go to work to pay our rent and our bills… My daughter was sick so I told them, if you help me, if I didn't have to go to work, I can stay home a while until I can find a solution… But they told me, if I didn't go to work, they wouldn't pay my rent. They said they'll throw my things out on the street.

Another Behdini-speaking (Kurdish) man added:

> When they first gave us housing, it was only one room and there were nine of us. There was only one bedroom and one bathroom and it didn't even have a carpet. They only gave us three mats and we stayed there for three months. And the help we received with rent was only for 2 ½ months. I have an illness and I can't work because I can't stay standing up. As much as we asked for help, they said they couldn't help us anymore and told me to go to work.

Respondents were clear about the fact that they felt that relief organizations should provide assistance for a lengthier period of time, and that such aid would be immeasurably helpful. Once again, we should point out that issues with relief organization aid were further compounded by other previously mentioned problems, for example, limited income and the high cost of housing, linguistic difficulties and the inadequate conditions of the housing itself.

5. The fifth weakness with housing options that immigrants and refugees mentioned was the lack of safety and security in their neighborhoods. While some of the respondents in the Spanish-speaking, Laotian, and Arabic-speaking groups had indicated that they had positive feelings about safety and security in their neighborhoods, this was not the case with several other respondents. Immigrants and refugees indicated that harassment was not only felt from the neighbors, but from the management as well. For instance, a Spanish-speaking man stated:

> For example, one weekend, we were working out of town. When we came back, we had a bunch of letters from the apartment's management saying that the next time we partied and drank in the complex, we were going to be kicked out and that it was going to be in our record. I don't know if it is the police record. It has happened several times. When we went to complain, there was a Hispanic in charge and he told us that those were complaints from the neighbors but he would not tell us any more, saying that the information was confidential. There is always harassment one way or another. I don't know if any agency exists or if this is the way it is… The harassment is not from the neighbors but from the management. When we look for another place in the future, I don't know if it is in our record that we party every 8 days when we actually don't. It is psychological harassment.

Yet again, we see that issues of security and safety are intertwined with other issues, such as a lack of knowledge about housing laws and tenants' rights.

While respondents charged management with not providing the necessary safety and security, they also stated that they faced harassment from neighbors. For example, a Vietnamese man stated:

> I live in a Black neighborhood. The adults are good people, good parents. But the babies…the children are mischievous, throwing rocks at my children and beating my children. When I call the police, they arrive and take a report, but it happens over and over again.

A Vietnamese woman added, "[t]hey throw rocks at you, " and that "[t]he security is the same. Nothing changes. If you move to another project, it's the same." In expressing their negative experiences with safety and security in their neighborhoods, the respondents also expressed their dissatisfaction with the inadequacy of the police force, feeling that the police force often did not help to alleviate or solve the problems. Respondents in the Somali group referred to this inadequacy as well when they indicated they were often "forced to look for housing in crime-ridden neighborhoods and that they have no one to help them." Respondents in the Sorani-speaking (Kurdish) group concurred with these perceptions. When asked by the moderator about security in their neighborhoods, a Sorani-speaking (Kurdish) woman stated that "[t]hey don't provide the service," "[e]specially the security when you live in apartment…we are living in the housing. We don't feel secure…you don't even uh…believe that your car is probably still there in the morning."

6. These accounts of feeling insecure and unsafe in their neighborhoods, along with the experiences of harassment, lead us to the sixth weakness that immigrants and refugees felt they encountered with housing. Often times, immigrants and refugees perceived that they were being treated unfairly because of their race / ethnicity and at times, religion. For instance, an Arabic-speaking man stated that he didn't "think the sponsoring agencies deal with 'Christian' and 'Muslim' refugees fairly" and that "the places they are put in to live are different and the services they are getting is not fair." A Spanish-speaking woman stated that she felt that people see that she is "Hispanic and abuse that" while another Spanish-speaking man added:

> The places where they don't speak Spanish, they usually don't turn you down if you don't have a valid social security number. It's not written down, but we know that we don't have the right to complain since they accepted our social security number.

A Somali man expressed a similar perception of unfair treatment based on his race / ethnicity. He stated, "[w]hat problems we are facing is that if a person has an accent or looks like a foreigner, you could not get some of the apartments."

Group Specific Themes

While the six weaknesses were mentioned by several of the different language groups, there were issues that were also specific to each language group. First, Somali and both Kurdish groups stated they felt that housing was often inadequate and that apartment sizes were usually not big enough to accommodate their large families. Second, immigrants from the Spanish language groups noted that their undocumented status positions them as unable to negotiate the process of renting an apartment or purchasing a home. Third, both groups of Kurdish immigrants stated that in many cases, they were forced to buy a house because rental apartments were usually not available for large family sizes typical of Kurds. In addition to feeling forced to foray into home ownership, respondents in the Kurdish groups stated that they faced an additional problem, mainly that their religious beliefs prohibited them from obtaining loans with interest. Fourth, both groups of Kurdish and the Laotian respondents stated that they often felt unsafe living in a neighborhood where they were in the minority.

1. One specific weakness was the one faced by the Somali and both Kurdish groups, who felt that housing was often inadequate and that apartment sizes were usually not big enough to accommodate their large families. Respondents in these groups felt that they often encountered severe difficulties in locating adequate housing since their families typically consisted of as many as 8 or 9 children. In some cases, respondents stated that they were compelled to buy their own house because they could not locate rental housing, which would accommodate their large families. For instance, a Behdini-speaking (Kurdish) man stated:

> I bought a house… because I had to… I have seven, eight children and we had to buy a house. Nobody would take care of us. For instance, nobody would tolerate us. Anywhere we'd go, for instance, we were in an apartment, they threw us out of there… After that, they told us, buy yourself a house. We had to. No one would take care of us and I bought a house… Kurdish people have at least five or six children. No apartment is going to accept them, with two or three rooms… Because of this, we are forced to buy a house. And because we want to pay off the mortgage, we have to work two jobs.

Another Behdini-speaking (Kurdish) man agreed and added:

> I can tell you, 75 out of 100 Kurds have bought homes not because they have money or they have enjoyment. But because of the way that apartments have turned them away and it's not enough for their children and that's why they've bought houses.

A third Behdini-speaking (Kurdish) man in the same focus group concurred and said that he had had a similar problem as well in accessing adequate housing for his family:

> We went looking around at apartments or houses with 2 or 3 bedrooms. Whatever office we went to take the applications to, it got to the level when they asked how many people were going to live there, they whistled at us. They would refuse us… Two years, we looked around and we were without resources… We had to buy a house. Those who had more experience said, put down either $2000 or $3000, borrow the money. The rest will be rent. So I borrowed the money.

The respondents in the Somali groups indicated that they, like both of the Kurdish groups, faced difficulties in locating available housing that was adequate for their large family sizes. A Somali woman stated:

> I am from a big family of nine. Seven kids and parents. I live in a small house with my children and wish to have a bigger house than the one I am in. The house is in government housing. I have tried to apply many times but they would not give it to me because I am family on nine and most of the houses have only three bedrooms and one bathroom. That's not enough.

A Somali man discussed a similar experience as well:

> The problem is about the elderly and large families that have only person to provide. When we apply for housing, they are told to have two bedrooms even if I have six kids, which is not enough bedrooms for my family. The problem is that the number of kids or number of people in a family is not considered.

In this situation, both of the Kurdish groups and Somali respondents felt that they faced great difficulties in locating housing. In part, this was due to the fact that many rental apartments and houses were not built with family sizes consisting of five or six children in mind. However, respondents also indicated that landlords and apartment management would refuse to rent to them once they found out how large the family was. In effect, this created a situation whereby both of the Kurdish groups and Somali immigrants had difficulty in even finding housing that would be available to them. As the respondents quoted have stated, even when housing was available, these were usually inadequate and were too small for them.

2. While both of the Kurdish groups and the Somali refugees often faced difficulties in locating housing because of their large family sizes, respondents from the Spanish-speaking groups faced a problem that was unique to them. Because many immigrants from the Spanish-speaking groups were in this country as undocumented aliens, they

often did not possess the necessary paperwork needed for them to negotiate the process of renting an apartment, let alone buy a house. For instance, a Spanish-speaking woman recounted:

> Our contract was due and we told them we wanted to get a new apartment. We went to another place and it was the same company and they asked for a person with a valid social security number and since we don't have one, they gave us the deposit back. So we applied somewhere else.

Another Spanish-speaking woman faced a similar problem:

> When I moved, I had many problems. I wasn't accepted. First of all, I had to pay the applications to the apartments and I took too long to pay for the applications. Then, obviously we don't have social security numbers. At that time, a person who had a social security number helped me by being a guarantor but this person doesn't buy anything using credit and so they turned down the application… I had to keep applying until I found a place where I could apply using my W7. It took about three months.

Being in this country on an undocumented status created problems for Spanish-speaking immigrants because they lacked the necessary paperwork and identification (e.g. social security number) in order to apply for housing. In addition, as the previous respondent pointed out, this lack of paperwork created other related problems. For instance, without valid paperwork, immigrants and refugees were unable to establish a credit history, which further hindered them in their search for housing. A Spanish-speaking man voiced this concern when he said, "[i]t's an immigration issue to be able to get your documents to access credit. I have not able to acquire a house because I have not been able to develop a credit history." Like the Somali woman mentioned earlier (in the discussion on linguistic difficulties), immigrants and refugees indicated that they were often forced to turn to other individuals and informal social networks that would help them out. None of the respondents mentioned turning to an organization for assistance. In fact, a Spanish-speaking man even stated that he didn't "know if a legal agency existed where you can complain about what is going on in Nashville."

When Spanish-speaking immigrants here on an undocumented status were able to find housing, they felt that they were often treated unfairly. They also felt that that they had to accept unfair treatment for fear of being evicted or for fear that their complaints would be used against them affecting their future housing prospects. For instance, a Spanish-speaking man commented:

> When you apply for housing, they ask you for some documentation and we try to get those documentations in any possible way. Sometimes we're afraid or scared since

> we don't speak the language well and because we're not set up here. You apply and get the apartment, but many times, we find out that the apartments are in bad conditions and we have to live in them because you hear about bad credit, and this and that, so we have to honor the lease. We were there for about a year, the closet in the apartment was almost falling apart.

Another Spanish-speaking man agreed, stating that "[y]ou have to honor your lease because otherwise, they will hinder you elsewhere." A third Spanish-speaking man voiced a similar fear. He stated:

> The places where they don't speak Spanish, they usually don't turn you down if you don't have a valid social security number. It's not written down, but we know that we don't have the right to complain since they accepted our social security number.

3. A third group specific weakness that respondents indicated they faced with housing came from respondents in both of the Kurdish groups. Previously, Kurdish refugees stated that in many cases, they were forced to buy a house because rental apartments were usually not available for large family sizes typical of Kurds. In addition to feeling forced to foray into home ownership, respondents in both of the Kurdish groups stated that they faced an additional problem, mainly that their religious beliefs prohibited them from obtaining loans with interest. As a Sorani-speaking (Kurdish) woman noted:

> We all want to buy a house, so we can be stable…but because of the interest, we don't want to and it is a conflict with our religion and we aren't allowed to have interest. If there were solve for our problems to not have any interest for the houses, we would love to have a house.

Another Behdini-speaking (Kurdish) woman recounted a similar problem:

> We are living in the apartments and the rent doesn't go toward us, it goes toward the house. We would like to buy a house but we have the interest problem that isn't allowed in our religion so we can't buy it.

4. Finally, a fourth group specific weakness respondents faced was one indicated by both of the Kurdish and the Laotian groups. Respondents in these groups stated that they often felt unsafe living in a neighborhood where they were in the minority. This led them, in the search for housing, to often live in an area where others in their community reside. For instance, a Sorani-speaking (Kurdish) woman stated that " all of [her] neighbors are Kurdish" while another Sorani-speaking (Kurdish) woman added that they "all love to go to a place where all Kurdish people are together and gather around."

Respondents from the Laotian group indicated a similar preference for living in neighborhoods where other Laotians reside. This, they stated, made them feel safer and more secure. Furthermore, as a Laotian woman indicated, it was a cultural practice for "[t]he majority of the Laotian people, they stay with their parents until they get married…I mean it's like kind of tradition to, to you know, kind of stay in the same roof." She further indicated that her preference for living near other Laotians was also motivated by feelings of security. She stated that "[t]here's a lot of Laotian people in Antioch umm…pretty much stay in the almost the same kind of location, so that kind of makes it safe."

Demographic Patterns

Gender: Overall, both men and women respondents in the focus groups stated that they faced similar issues when it came to housing. In particular, both men and women immigrants and refugees expressed their concern with the lack of affordable housing, issues of security and harassment, deplorable housing conditions, as well as landlords and management's refusal to fix problems. Both groups of immigrants and refugees also expressed their confusion and lack of knowledge about tenants' rights, property tax laws and credit reports and histories. As we have seen earlier, this sense of confusion and lack of knowledge is often compounded by linguistic difficulties.

It is not evident that men and women immigrants and refugees face specific problems with housing that were distinct to each gender. It would appear that both men and women faced similar hardships with housing issues and that neither men nor women immigrant or refugee respondents knew where to turn to for help (i.e. from organizations, institutions). When help was offered by organizations, both men and women respondents felt that such help had time limitations and that therefore, the organizations were not as helpful as they had hoped.

Age: When we look at the respondents by age groups instead of by gender groups, it seems that much like gender groups, respondents indicated similar problems with housing across the three different age groups. Again, issues such as the high cost of housing, deplorable housing conditions, insufficient assistance from relief organizations were problems that respondents in all three age groups specified. Respondents in all three age groups also stated that landlords and management often refused to fix problems, and that their linguistic difficulties hindered them in negotiating the housing application process.

For the age group of respondents who were 51 years and older, respondents specifically mentioned that they felt that the elderly often needed more assistance than younger immigrants or refugees in locating housing. Yet, while they articulated this need for more assistance, like the respondents in the younger age groups, respondents in the 51 years and older age group also indicated that they often did not know where to turn to for

help. As with both younger age groups, respondents in this group also voiced the added hindrances that their linguistic difficulties created in their problems with housing.

Duration of Residence: Again, much like the demographic patterns for gender and age, it is not evident that immigrants and refugees who had been here for varying lengths of time faced different issues in housing. All three groups indicated problems with the high cost of housing, security and harassment, as well as their inability to navigate the application process (e.g. lack of credit history, lack of necessary paperwork).

While we might expect that immigrants and refugees who had been here more than 10 years would be more conversant at dealing with housing problems, this was not the case. Like immigrants and refugees who had been here less than 5 years or between 5 and 10 years, immigrants and refugees who had been here for more than 10 years expressed a similar lack of knowledge as to where to turn for assistance and for addressing grievances. Similarly, while we might expect immigrants and refugees who had been here for more than 10 years to have some degree of facility in navigating the housing application and home ownership process, this was not the case. Respondents in this third age group, like the respondents in the first two age groups, often commented on how their lack of established credit history and references further impeded them in their search for affordable and adequate housing.

Availability, Accessibility and Adequacy

Views on safety were classified according to immigrants' and refugees' perceptions of the availability, accessibility, and adequacy of the social services within the policy domain. Our definitions for availability, accessibility, and adequacy follow. Availability was defined as: Do immigrants and refugees know about the services? Accessibility was defined as: Do immigrants and refugees believe the services exist in Davidson County for immigrants or refugees and their kin? Do immigrants and refugees believe they (immigrants or refugees and kin) can obtain services? Adequacy was defined as: Do immigrants and refugees perceive that the services meet their needs?

Availability: Both groups of Behdini and Sorani (Kurdish) refugees stated that in many cases, they were forced to buy a house because rental apartments were usually not available for large family sizes typical of Kurds. In addition to feeling forced to foray into home ownership, respondents in the Kurdish groups stated that they faced an additional problem, mainly that their religious beliefs prohibited them from obtaining loans with interest.

Accessibility: Immigrants and refugees cited financial constraints in regard to access of housing options. They also emphasized the difficulties they faced in navigating the process of locating housing due to linguistic difficulties. Most immigrants and refugees stated that they felt their limited English skills put them at a disadvantage. In addition, Spanish language groups noted that their undocumented status positions them as unable to negotiate the process of renting an apartment or purchasing a home.

Adequacy: Immigrants and refugees felt that the conditions of their living spaces were often inadequate, at times bordering on deplorable. Refugees also expressed their dissatisfaction with the limited help provided by the relief organizations and the government in assisting them with housing issues. As noted earlier, while some immigrants and refugees perceived the safety in their neighborhoods as strengths, many other immigrants and refugees mentioned the lack of safety and security in their neighborhoods.

Specifically, Somali and Kurdish groups stated they felt that housing was often inadequate and that apartment sizes were usually not big enough to accommodate their large families. Furthermore, Kurdish and Laotian respondents stated that they often felt unsafe living in a neighborhood where they were in the minority.

Safety

The immigrants and refugees in the focus groups expressed many concerns about safety in Nashville as well as acknowledged that overall Nashville is a relatively safe city. However, an overarching theme mentioned in relation to safety and in relation to all of the other policy areas is the relationship between immigrants or refugees and the police and between immigrants or refugees and the community since September 11, 2001. As a service, immigrants and refugees are aware that police and other emergency services are available, but the service they provide is not perceived as accessible in certain neighborhoods. Safety was broadly defined as community safety, crime intervention, and emergency services. This section on safety includes respondents' statements about interactions with the police and their involvement as victims of a crime.

Strengths

Immigrants and refugees mentioned two strengths in regard to safety. First, almost all language groups mentioned general community safety. Second, many focus group participants expressed confidence in emergency services.

1. As noted above, all language groups mentioned general community safety. Respondents from all of the language groups except Arabic stated that they felt that Nashville is a relatively safe place. Immigrants and refugees from three language communities perceived that Nashville was generally safer than their home country. Also, Nashville as a city was recognized as a fairly safe city, however, there are areas of town that were mentioned as unsafe such as downtown, along certain areas of Murfreesboro Road, and near the [business]. While most of the comments about safety in Nashville were focused on these specific areas to be improved, there were some general positive comments about community safety. As one man from the Behdini-speaking (Kurdish) group stated: "We have freedom here. We can do what we want. There are better jobs, and the law is that nobody can attack each other." Also a Vietnamese man stated: "You have to ask why people from California or people in Texas or other states look to Tennessee are that it is more secure here. The main thing is security… in general the feeling of security is very good."

2. Second, many respondents expressed confidence in emergency services. Generally they believed that if called, emergency services are available and would respond effectively in a fairly timely manner and were not corrupt. Several language groups mentioned this trend. For example, an Arabic-speaking woman commented:

> The services are good. I was with my husband once and we saw a car stopped in the middle of the road and the lady was, I think, fainted or she wasn't moving and my husband called 911 and they just respond within minutes. I heard from my friends when they have emergency the response is dramatically. When they call 911, in about five minutes or less they will be there.

Weaknesses

Respondents mentioned four main themes that are areas for improvement in safety conditions in Nashville. The first weakness is in regard to confidence in police response to crime. The second weakness is in regard to communication with police and emergency services. The third weakness deals with fair relationships between police and immigrants. The fourth weakness is in regard to children's safety on school buses and in public schools.

1. As previously mentioned, the first weakness is in regard to confidence in police response to crime. The Spanish and Arabic language group expressed concern that the police do not always respond to crimes equally across areas of the city. So, one neighborhood may have better police response and services than another neighborhood. For example, an Arabic-speaking man noted police response was connected to the area of the incident:

> I think the refugees and immigrants who live in those places they are living in now you see police and you see police cars but when there will be a problem they don't solve the problems right away. If you go to a nice area like West End Avenue one simple phone call to police and will be there in seconds.

This problem is also related to police response time as mentioned by the Arabic-speaking, Behdini-speaking (Kurdish), Laotian, and Spanish-speaking groups. Police arrive, but it is too late or do not seem to become involved in the situation until after it is over. The length of time to respond was a concern as one Behdini-speaking (Kurdish) man explained, "we called the police, 2 ½ hours passed by when they finally came to our aide."

2. The second weakness is in regard to communication with police and emergency services. A primary concern is being able to communicate with emergency service providers. Translation services are often mentioned as a concern. The Spanish-speaking, Vietnamese, and Somali groups mention a need for language interpreters in interactions with police and medical emergency services. In the following exchange during one of the Spanish-speaking focus groups, communicating with the police is addressed:

GM: Anything else about safety you want to add, what do you think can be improved?

SpJ: I think, if we could have more Hispanic cops, it would be better, no? More Hispanic cops are needed… (Laughs).

SpK: Hispanic cops, no!

SpN: To communicate with them.

SpJ: Right, to communicate with them.

SpL: Bilingual.

SpN: Bilingual.

SpL: Not Hispanic, but bilingual.

SpJ: Bilingual.

SpN: Bilingual.

SpJ: Right, because most of the time we can't communicate, that's why many people don't use the services, the police.

Additionally, in the Spanish-speaking group a 35 year old man lamented communication problems between Mexicans and the police that led to lack of service use. A younger man added, "It's frustrating." The problem is not only with the police, but also with calling 911 or when interacting with medical and fire services. This issue is also discussed in the Vietnamese group: “If I call the ambulance I can’t even tell them my address. If they speak to me I don’t understand” and

> They are thinking it's an emergency, but they just do not understand what we are saying. That's why they all come at once. They have come to help us only, since we don't understand, instead of asking for the main thing that we need. They may think that our house is on fire.

Immigrants and refugees know that emergency services are available, but they are unable to access the services. Many of the respondents do not use police services or call

the police in an emergency because they are unable to communicate with them or are afraid that the police will not understand them. Immigrants and refugees also perceive the communication problem as an adequacy problem. From their perspective the services that the police provide are not adequate because the police do not understand them and they do not understand the police. Therefore, from their view the police are unable to provide an adequate service.

3. The third weakness deals with fair relationships between police and immigrants or refugees. The relationship between immigrants or refugees and the police are particularly strained since 9/11. The Spanish, Arabic, Behdini and Sorani (Kurdish), and Somali language groups mentioned this concern. Immigrants and refugees discussed the problem in regard to two components: strained interactions between police and immigrants or refugees, and perceptions of the police as being more suspicious about immigrants and stricter with documents. An Arabic-speaking man stated:

> The problem is not in the phone number you are calling we know that. Sometimes the police who come are not ready to deal with immigrants or refugees and it happened after 9/11. It happened once with a refugee, somebody tried to kill him and he complained and police came and he took the information but the police told him that I couldn't go all over Nashville and look for the guy who tried to kill you. If the situation were happening with an American would've not been the same way.

Spanish speakers also mentioned another concern unrelated to the aftermath of September 11 but related to fair relationships with the police. Spanish speakers share the view that they have become a police target. The following excerpt was drawn from Observer Notes during a Spanish language focus group: It was also mentioned that police use decoy prostitutes to entrap the immigrant men. GM [Group Moderator] questioned whether the police were specifically targeting immigrants. Reply: "Yes, because we are alone. We left our families. … They have families here, but we are tempted [with police women decoys] and sent to jail."

4. Children's safety in the community, in schools, and on school buses is the last weakness mentioned by several of the immigrant groups. This is a particular concern to the Vietnamese, Behdini-speaking (Kurdish), and Somali groups. The problem seems to be one of availability and adequacy of safety. The parents have attempted to address the matter with teachers and principals; however, immigrants and refugees state that both groups seem to think that the children's safety is not their problem and that it would be easier if the immigrant children went to private schools. For example, a Somali woman commented:

> Two years ago my children had a problem. Before this, I told the principal I had a problem. But one

> day I was called to come to the school and saw my child with his teeth… (Inaudible)... When I asked what happened and whose fault it was the teacher told me she did not see who's fault it was, however, all the children said it was his fault. I said that because he cannot speak the language, everything would be his fault because he can't defend himself. I spoke to the principal on several occasions and she said that if I sent my child to private schools, they would understand the culture better.

Group Specific Themes

Each group has specific concerns about security in Nashville. These issues were mentioned or stated by more than one respondent in each group and usually agreed as a problem or central concern by the rest of the respondents. First, the Spanish language group expressed two concerns: safety on the job for undocumented workers and difficulties in obtaining legal documentation required to comply within civic parameters. Second, a main concern of the Arabic and Somali language groups was in regard to the safety of using money transfers systems in order to send money to their families back in their home country. Third, Vietnamese respondents expressed a need for emergency service interpreters when calling 911. Fourth, Behdini and Sorani (Kurdish), Laotian, and Somali language group respondents stated they feel safer in communities where families that are also a part of their language group live. This was mentioned both in the context of feeling safer when living in an area where many Laotian families live and feeling afraid or unsafe when living in neighborhoods where many language groups are living together. Fifth, Behdini-speaking (Kurdish) and Somali respondent focused especially on the safety of children in school, on school buses, and in the neighborhoods.

1. The Spanish language group expressed two concerns: safety on the job for undocumented workers and being able to obtain legal documents quickly and efficiently. Their concerns about on the job safety, especially for undocumented workers, focuses on the idea that safe working conditions vary for different groups of workers in Nashville. They believe that safe working conditions are not enforced for undocumented workers the same way that they are enforced for documented workers or U.S. citizens. Undocumented workers know that safety regulations exist in Nashville, but believe that a safe working environment is not available to them and/or they are unable to access it because of a lack of documents. This problem is also mentioned in the employment section of this report and discussed in more detail.

Additionally, being able to obtain legal documents faster or more efficiently is another important concern. The respondents believe that often people run away from accidents or the police because they do not have the proper documents. Safety could be improved if documentation was efficiently handled. A man from a Spanish-speaking group noted:

> We still need to stop a little bit of the… this insecurity, if you don't have the opportunity to get an identification, you will be running away; you will keep going everywhere or easily in the moment you wreck, leave, don't leave the car, slip away, leave and avoid facing the solution, right? But everything is because of we're scared of being undocumented…I don't have insurance because I can't get it since I don't have ID, driver's license.

Immigrants questioned the adequacy of the current system of documentation. Immigrants noted that undocumented workers are in Nashville, and they are concerned about their own safety without documents as well as they are a safety concern for others if they run away from accidents because they are afraid without documents.

2. Arabic-speaking and Somali groups share a concern about safe money transfer systems in order to send money to their families in their home country. Refugees' perspective is that the current systems are under scrutiny since 9/11 and are not safe to use. Refugees note the current systems are not legal or fully documented, so respondents are afraid to use them because they will come under police/security attention. An Arabic-speaking woman stated:

> About transferring money from here to our people in Iraq. Like a one hundred dollars here, like, I send it back, it will save about five families. It's really important to have a secure way of transferring money after the September 11th events. Until now, transferring money is really really hard and those who did this, they are just under suspicion of everybody because they are transferring money. I know a person I used every now and then to send money to my family. He has some problems, they came they searched his apartment; he wasn't home only his wife was home. She did not know what to do. She really got scared. She cried. She was alone with her baby and she told them to call her husband and let him come and just to be with you when you are searching the house. When he came he just… he asked him that your name showed up that you transferring money, to whom you are transferring this money to, and they searched his apartment and they just filmed everything. Everybody was transferring money and he was really not that person to transfer money. They asked about the names and they took the names and searched their homes. This is about security, security and them having our names, it's difficult and we don't feel that secure anymore. When I

> heard that story when she was alone with her baby and they come to search their house and their apartment I got scared and in front of the situation with them I don't feel secure anymore. We have some relatives in Jordan, if we don't transfer money to them every month even just little money they going to die. We couldn't send them any money. We can't transfer any money. Iraqis are really in need of this money. Houses and households are depending on this money, we send it, it's really a problem for us.

3. Vietnamese respondents expressed a need for emergency services interpreters when calling 911. The problem is that 9/11 operators cannot determine what kind of emergency is happening and so they send police, medical, and fire services to the address. This is discussed above, but seemed to be an issue that the Vietnamese respondents spent more time discussing than the other groups.

4. Behdini-speaking and Sorani-speaking (Kurdish), Laotian, and Somali respondents stated that they feel safer in communities where they are surrounded by families that are also a part of their language group. This was mentioned both in the context of feeling safer when living in an area where many families live and feeling afraid or unsafe when living in neighborhoods where many language groups are living together. For example, a man from a Laotian group commented, "if Laotian people live together in the same area, we feel safer. But if just one family moves to live with other nationalities, then they don't feel secure."

5. Additionally, Behdini-speaking (Kurdish) and Somali respondent focused especially on the safety of children in school, on school buses, and in the neighborhoods. Children's safety is a concern to many respondents across language groups as discussed above, but Behdini-speaking (Kurdish) and Somali respondents spent considerably more time discussing this problem. From their perspective their children have experienced significant harassment in public schools and on school buses. When parents speak with teachers and principals, they are not satisfied with the responses they obtain and they perceive communication and cultural barriers in understanding each other. Refugees explain that teachers and principals fail to solve the problem; instead according to the refugees the teachers and principals have often suggested that parents move their children to private school if they want the harassment to stop. For Behdini-speaking (Kurdish) and Somali refugees this is a major issue that makes safe public education unavailable to these groups.

Demographic Patterns

Gender: Overall, male and female immigrants and refugees expressed similar concerns about safety issues. In particular, both male and female respondents raised many issues about the police force. Both groups recounted instances of harassment and what they perceived to be discriminatory behavior. The immigrants' and refugees' experiences with the police force were not all negative. Several respondents indicated that they had had good experiences with the police force and praised the police force for attending to complaints in a timely fashion, and for establishing a cordial relationship with the immigrant and refugee communities. These positive responses came from both male and female immigrants and refugees and there appeared to be no gender differences. Both male and female respondents also stated that they faced linguistic difficulties in communicating with the police force. They felt that many problems could be solved if it were not for this language barrier.

One safety concern that the female immigrants and refugees raised exclusively was that of their children's safety. Women immigrants and refugees expressed their concern with their children's experiences both in schools and in their neighborhoods. They recounted incidents where their children were harassed or in some cases, assaulted. Women immigrants and refugees were also concerned with general safety in their children's schools, discussing their worries about the presence of drugs and guns in schools.

Age: Looking at safety issues raised by immigrants and refugees in the three different age groups, we again see many similarities. For all three age groups, general neighborhood safety was an issue. While some respondents recounted negative experiences and perceptions of neighborhood safety, others stated that they generally felt safe where they live. There was no discernable distinction as to whether younger or older immigrants and refugees were more likely to express positive views about neighborhood safety. All three age groups also mentioned safety issues with regards to their feelings about the police force. Like neighborhood safety, there was a mix of both positive and negative comments spread throughout the age groups. While comments on workplace safety were not plentiful, it should be noted that respondents who fell in the 31-50 years old age group primarily raised these comments on workplace safety. This age group, as well as the age group of immigrants and refugees under 30 years old of age, both mentioned school safety issues as well.

Duration of Residence: Respondents who raised safety issues were overwhelmingly drawn from the group who had been here for less than 5 years. Immigrants and refugees in this group raised safety issues that ran the gamut, including their opinions about the police force and neighborhood safety. The second largest group in this category consisted of immigrants and refugees who had been here between 5 and 10 years. Within this group, respondents often raised safety issues having to do with the police force, as well as neighborhood safety. In this aspect, they were not unlike the immigrants and refugees who had been here for less than 5 years. However, immigrants and refugees in this age group did raise concerns about school safety issues. Finally, with

regard to immigrants and refugees who had been here for more than 10 years, they were few in number. In this age group, those who addressed safety issues brought up concerns about the police force, workplace and neighborhood safety. However, in comparison with the first two groups, their comments are few in number.

Availability, Accessibility, and Adequacy

Views on safety were classified according to immigrants' and refugees' perceptions of the availability, accessibility, and adequacy of the social services within the policy domain. Our definitions for availability, accessibility, and adequacy follow. Availability was defined as: Do immigrants and refugees know about the services? Accessibility was defined as: Do immigrants and refugees believe the services exist in Davidson County for immigrants or refugees and their kin? Do immigrants and refugees believe they (immigrants or refugees and kin) can obtain services? Adequacy was defined as: Do immigrants and refugees perceive that the services meet their needs?

Availability: Overall, immigrants and refugees mentioned two strengths in regard to safety. First, almost all language groups mentioned general community safety. Second, many focus group participants expressed confidence in emergency services. Overall, respondents recognize that emergency service providers (police, firefighters, paramedics, 9/11 operators) are available in Nashville.

Accessibility: All language groups noted that the language of communication with emergency service providers (police, firefighters, paramedics, 911 operators) poses a problem of access to services. Immigrants and refugees recognize that emergency services are available, but they see themselves as unable to use the services. Many of the respondents stated they do not use police services or call the police in an emergency because they are unable to communicate with them or are afraid that the police will not understand them. In addition, Spanish language group members discussed availability of safety in the context of lack of access to legal documentation.

Adequacy: Immigrants and refugees discussed adequacy of safety services in regard to confidence in police response to crime. The Spanish and Arabic language group expressed concern that the police do not always respond to crimes equally across areas of the city. Four language groups, including Arabic, Behdini and Sorani (Kurdish), Laotian, and Spanish mentioned delays in police response to crime. Adequacy of services was also discussed in regard to communication with service providers. The Spanish-speaking, Vietnamese, and Somali groups mention a need for language interpreters in interactions with police and medical emergency services. In addition, adequacy was discussed in relation to fair relationships between police and immigrants and refugees. Immigrants and refugees note the relationship between immigrants and refugees and the police are particularly strained since 9/11. Spanish language groups perceive themselves as police arrest targets. The Spanish, Arabic, Behdini (Kurdish), and Somali language groups mention this concern. In addition, children's safety in the community, in schools, and on school buses is mentioned by several of the refugee groups. Groups specifically discussed adequacy concerns in regard to safety.

The Spanish language group expressed concern about safety on the job for undocumented workers. A central concern for the Arabic-speaking and Somali groups was for money transfer systems in order to send money to their families abroad. Finally, Behdini-speaking and Sorani-speaking (Kurdish), Laotian, and Somali respondents stated they feel safer in communities where families that are also a part of their language group live. This was mentioned both in the context of feeling safer when living in an area where many Laotian families live and feeling afraid or unsafe when living in neighborhoods where many language groups are living together.

Conclusions

In conclusion, we will discuss briefly the main themes that reflect "immigrants" and "refugees" concerns with availability, accessibility and adequacy of social services in Nashville. Overall, immigrants and refugees claimed they had been affected by the aftermath of September 11, 2001. They discussed specific incidents, which directly affected them and increasing fear of repercussions associated with people's perceptions of foreigners in a post 9/11 climate.

In addition to consequences and apprehensions about further ramifications of 9/11, immigrants and refugees often expressed a lack of trust with social service agencies. Beyond the isolation often associated with migration, immigrants and refugees perceived they were often subjected to unfair practices. They believed they were taken advantage of because of their status and were being perceived as unable to defend themselves.

In part, immigrants and refugees were not mistaken about their vulnerabilities. Their lack of knowledge about social services may in fact place them at a disadvantage. Strikingly, immigrants and refugees displayed various levels of knowledge and misinformation on availability, accessibility and adequacy of social services. Unfortunately, the majority expressed views that reflected major gaps in knowledge or misinformation about matters such us how to use services, who qualifies for services, and how to address inadequacies in services.

The consequences of lack of information, misguided information, and misinformation about availability, accessibility, and adequacy for immigrants and refugees are grave. Their stories speak of unnecessary misunderstandings, humiliations, and deprivations that have a direct effect in all areas of their lives. Their stories also demonstrate that it would not be enough to only address one policy area or attempt to make knowledge about social services more available. Responsive measures would need to also address the knowledge gaps of service providers and of all Nashville residents.

- Immigrants' and refugees' lack of knowledge in regard to service utilization emerged consistently across the five policy areas. This theme suggests the existence of a gap in regard to immigrants' and refugees' knowledge on how to navigate, obtain, and use social services.

- Social service providers' lack of knowledge in regard to how to meet language groups' needs was also apparent.
- Social service providers also need to become informed about practices that are associated with specific language communities
- The critical needs within each social service area highlight the interdependence of each social service area.

Appendix

Table IIIA. Numbers & Percentages of Focus Group Participants by Ethnicity and Socio-Demographics Indicators. Immigrant Community Assessment Project for Metropolitan Government of Nashville and Davidson County, Tennessee.

	Arab	Kurdish	Latino	Vietnamese	Somali	Laotian	Totals	%
Gender								
Male	6	8	12	8	13	9	56	40.9%
Female	16	21	4	12	20	8	81	59.1%
Age								
18-30	18	8	4	6	7	4	47	34.3%
31-50	2	16	7	8	5	3	41	29.9%
51 & older	0	3	0	6	4	10	23	16.8%
DK	2	2	5	0	17	0	26	19.0%
Time								
0-5yrs	20	9	14	3	21	3	70	51.1%
5-10yrs	2	17	2	15	9	0	45	32.8%
10yrs & above	0	2	0	2	2	14	20	14.6%
DK	0	1	0	0	1	0	2	1.5%
Marital Status								
Single	2	1	3	8	1	2	17	12.4%
Married	15	24	3	11	14	13	80	58.4%
Divorce/Widow	0	1	0	1	0	1	3	2.2%
DK	5	3	10	0	18	1	37	27.0%
Children								
Yes	13	25	3	18	16	14	89	65.0%
No	4	4	5	2	1	2	18	13.1%
DK	5	0	8	0	16	1	30	21.9%
Education								
<HS	0	8	0	14	4	13	39	28.5%
HS dip	3	2	0	3	2	1	11	8.0%
beyond HS	2	6	1	1	6	3	19	13.9%
DK	17	13	15	2	21	0	68	49.6%
Employment Status								
Unemployed	12	16	1	6	4	3	42	30.7%
Employed	5	5	7	14	6	11	48	35.0%
DK	5	8	8	0	23	3	47	34.3%
Immigration Status								
Refugee	22	29	0	20	13	17	101	73.7%
Immigrant	0	0	0	0	0	0	0	0.0%
DK	0	0	16	0	20	0	36	26.3%
Current Status								
Perm. Resident	0	19	0	0	0	6	25	18.2%
Citizen	0	1	0	1	1	4	7	5.1%
DK	22	9	16	19	32	7	105	76.6%

IV. AGENCY DIRECTOR SURVEY PROJECT

The Agency Director Survey, conducted in 2003, is a survey of Davidson County social service providers about the availability, accessibility, and adequacy of existing services for immigrants and refugees. Our purpose is to clearly identify the long-term vision, goals and policies for a comprehensive service delivery system.

We followed a two-pronged approach to accomplish this purpose. First, in accordance with Metro Government's request that our assessment examine "a wide range of public and private, social welfare and economic services to immigrants" (Metro RFP, p. 5) in Nashville-Davidson County, we constructed a list of social service providers whose service area(s) included Davidson County, irrespective of their geographic location within or outside of Davidson County. This list is important for two reasons: 1) by including service providers located outside the official Davidson County boundary that provide social services within Davidson County, we can better examine the social services delivery system available to Nashvillians; 2) this list can also assist agencies in their networking, referral and other coordinating activities. Second, we analyze social service availability, adequacy, and accessibility from interviews with a sample of directors of 64 agencies that were randomly selected from the list of 813 social service providers. In the remainder of this section, we: 1) further describe the social service providers used in this assessment by service category, location, and proximity to concentrations of foreign-born Nashville residents, and 2) report results of our analysis and identify critical service needs.

All statistical tables and maps from the Agency Director Survey can be found at the end of this section of the report.

Nashville-Davidson County Social Services: The Population of 813 Providers

Consistent with the Metropolitan Government of Nashville-Davidson County's desire "to move beyond previous immigrant assessment efforts by obtaining a comprehensive assessment of immigrant service accessibility status" (Metro RFP, p. 5), we constructed what we believe is the most comprehensive list of social service providers in Nashville-Davidson County. We built this list by updating and merging the 1998 *International Directory* that was developed by The Council of Community Services, the 2001 *Community Services Directory*, also developed by the Council of Community Services and currently maintained by the Child and Family Policy Center at Vanderbilt University, the list compiled in 2002 by Vanderbilt University nursing Professor Carol Etherington and her students, referrals from our Community Advisory Board, and our own inventorying of Nashville-Davidson County social service providers. To organize our assessment of service availability, we used information from the directories listed above and from other published sources to classify these providers into service domains based on the types of services they provide. The domains are healthcare, economic and resettlement, family, safety and emergency, education and information, community,

housing, transportation, and legal. In most cases, each service domain contains several distinct but conceptually similar social services. For example, the Safety/Emergency domain contains policing, fire protection, and EMS providers. See Table IVA for definitions of the domains.

Table IVA describes the types of services included in each of these service domains. Each row in the table shows a service domain in the first column. The second column describes the types of social service providers in each service domain, as described in the source directories and lists used to construct the list of 813 social service providers. The columns labeled "Number" and "Percent" show the number of social services providers in each service domain, and the percent of the 813 social service providers in the domain. For example, the healthcare service domain is comprised of 117 social service providers of mental, physical and/or disability health services--about 14 percent of the 813 social service providers fall within this service domain. The most prevalent type of social service providers are in the Education/Information (24.4%) and Community (21.5%) services domains. Healthcare (14.4%), Economic/Resettlement (13.7%), and Family (11.1%) service providers exist in similarly robust numbers. In fact, with the exception of the 9 social service providers in "Transportation" and the 14 providers in the "Safety/Emergency" domain, each domain contains a minimum of 45 service providers. Since the scope and delivery modes of EMS, fire, police, and transportation services tend to be centralized, only central offices are included among the 813 social service providers. Therefore, the numbers of "providers" in these domains do not reflect the actual numbers of providers in precincts, stations, or other local service delivery sites across Davidson County.

Geographic Dispersion of 813 Social Service Providers

We plotted the location of social service providers whose street addresses fall within Davidson County on Maps IVA-IVI. Because the number of social service providers is too large to plot on one map, we plotted the locations of providers in each service domain on a separate map. When taken together, these maps show that the Davidson County service providers are concentrated in the center, southwest, and southeast areas of Davidson County.

To describe the geographic dispersion of all social service providers who serve Davidson County residents, including social service providers not located in Davidson County, we constructed a grid to encompass U.S. postal zip codes in Davidson and border counties. First, we divided Davidson County into quadrants by drawing a horizontal line running from the western to the eastern county boundary and a second line running from the northern to the southern county boundary. These lines bisect the heart of the central business district (Downtown Nashville) and section Davidson County into zones we label southwest, northwest, northeast, and southeast quadrants. Next, we separated the portion of each quadrant that comprised the central business district and designated this "Downtown" Nashville. Finally, we used postal zip codes to assign each social service provider to the appropriate zone (see Map IVJ for the location of Nashville-Davidson County zip codes).

As discussed above, several social service providers that offer services to Davidson County residents are located outside of Davidson County—although nearly all of these are located in the counties that border Davidson County (e.g., Cheatham, Montgomery, Sumner, Williamson, Wilson, etc.). Agencies located outside of Davidson County, but in zip codes that overlap or adjoin Davidson County zip codes, are included in the quadrant they would fall into if the grid extended through these adjoining counties. We placed all agencies located in zip codes outside of Davidson County that do not overlap or adjoin a Davidson County zip code in the zone designated "border county". From this point on we will discuss the Davidson County area in terms of six zones (SW = southwest, NW = northwest, NE = northeast, SE = southeast, Downtown, and BC = border county).

Table IVB shows the distribution of the 813 social service providers across the six Davidson County geographic zones. Over one-half of all providers are located in the two southern quadrants, and almost two-fifths are in the southwest quadrant alone. The distribution of the remaining providers is more or less even across the NE, NW, Downtown, and BC zones. With a few exceptions, this pattern of distribution across zones holds for each service domain. For example, over one-half of healthcare providers are located in the southern quadrants, and more than one-third are located in the southwest quadrant. The distribution of the remaining healthcare providers in roughly equivalent across the NE, NW, and BC zones, and only about 4% are located in Downtown Nashville.

Table IVC shows the distribution of the 813 social service providers by ownership status. Eight out of 10 social service providers are non-profit organizations, about 14 percent are government agencies, and only about 4 percent are private for-profit companies. Obviously, the dispersion pattern of these non-profit, government, and for-profit providers across the southeast, southwest, northeast, northwest, Downtown, and border county zones is equivalent to the dispersion pattern described above for service domains. The results presented in Tables IVA-C indicate that a wide range of services is available to residents of Davidson County from public and private agencies. However, these social service providers are not distributed evenly across Davidson County.

Proximity of Foreign-born Residents to Social Services

Table IVD shows the distribution of several foreign-born groups by location and place of birth[10]. These tables indicate that foreign-born populations are concentrated in the southeast and southwest quadrants of Davidson County. Approximately six out of every ten foreign-born residents live in the southeast quadrant, and roughly one quarter of the foreign-born live in the southwest quadrant. When we recall how social service providers are distributed by service domain across Davidson County quadrants and Downtown Nashville, it appears that the current proximity of social service providers to concentrations of foreign-born residents is less that optimal. For example, while 57% of

[10] The data for this table comes from the U.S. Census. We previously discussed the characteristics of the U.S. Census data in Section II of this report.

the foreign-born reside in the southeast quadrant, only one-fifth of the social service providers are located in that quadrant. On the other hand, almost one quarter of the foreign-born reside in the southwest quadrant where roughly four out of every ten service providers are located.

The Random Sample of Agencies

We selected a random sample of 100 agencies from the list of 813 social service agencies. Sixty-four directors from these agencies completed interviews representing a 64% response rate. Tables IVE and IVF show how agencies in our sample are distributed by location and service domain, and by location and ownership status, respectively. The proportion of non-profit agencies in our sample matches the proportion of non-profit agencies in the population, and the proportion of government and for-profit agencies falls within 3 percentage points of the proportion in the population. The proportion of providers in each service domain in our sample also mirrors the proportion in the population, with three exceptions. Our sample contains proportionately fewer legal and community services providers and proportionately more education and information services providers compared to the population. Similarly, the representation of providers in each geographic zone in the sample is comparable to the population, with the exception of the southwest quadrant. Roughly 7 percent more of our sample is comprised of agencies located in the southwest quadrant compared to the population. Despite these few exceptions, we believe our sample is a good representation of the universe of providers in Davidson County. Now we turn to the results of our analysis of agency director interviews.

Provider Experience with Immigrant Clients

Table IVG shows the average number of clients of any race or ethnicity and immigrant clients that social service providers report serving each month. Roughly 50 percent of providers serve less than 100 clients of any race or ethnic group and 50 percent report serving more that 100 such clients each month. Almost one-fifth of providers serve 10 or fewer clients each month. In contrast to providers' experience with clients of any race or ethnicity, most providers said their agency served an average of 50 or fewer immigrant clients each month. About one-fifth reported serving an average of 11-50 immigrants each month, and almost one-fifth reporting serving an average of more that 100 immigrant clients each month. More that two-thirds of providers said that the amount of resources their organization expends on immigrants is about right (see Table IVH).

The Immigrant Voice in the Social Service Delivery System

Tables IV I-K show the number of social service providers whose organizations give clients opportunities to provide feedback about the services they receive, how these feedback mechanisms work, and how results are used. Two-thirds of providers reported using feedback mechanisms to evaluate service delivery. Approximately 40% of

providers reported using telephone surveys, while one quarter reported using informal feedback mechanisms. Social service providers stated that feedback results were used to evaluate program effectiveness (69.7%) or to improve existing programs (30%).

When asked about the percentage of clients from any race or ethnic background and the percentage of immigrant clients who provide feedback about their services, over two-thirds indicated an average participation rate of between 51-100% among clients of any race or ethnic background. Only about one-third of the agency directors said that their immigrant clients participate at the same rate as their general clientele. About one quarter of the agency directors did not know how many immigrant clients provided feedback. In comparison, 18% said they did not know how many clients of any race or ethnic background provided feedback about their services. Although almost one half of the agency directors think that, on average, between 51-100 percent of their immigrant clients were satisfied with the services their program provides, 41% of the directors said they did not know how many of their immigrant clients were satisfied with their services.

Outreach into the Immigrant and Refugee Community

In order to understand how immigrants learn about the social service delivery system in Davidson County, we asked agency directors about their outreach efforts. Table IVL shows the first method stated by agency directors when asked how immigrants and people of any race or ethnic background, who have no prior knowledge of their agency, learn about their services. According to agency directors, most people learn about the services their agency provides by word of mouth. However, about 10% more of the agency directors said immigrants, compared to persons of any race or ethnic background, learn about their agency's services through word of mouth. Roughly one quarter of the agency directors reported that persons from any race or ethnic background who do not know about their agency's services learn about them through the media. About 10% of agency directors believed that immigrants who are not familiar with their agency learn about their services through the media.

Table IVM shows responses to questions about methods agencies use to inform the public of their services. Roughly 84% of agency directors indicated that their organization uses telephone directories, community resource directories, or the agency's own directories to provide information about their services. Seven percent of agency directors said they use the *Hispanic Yellow Pages* or church directories. Nearly all agency directors reported that their agency used brochures, pamphlets, and the Internet to inform the public about the services their agency provides (results not shown in table). Most directors said their promotional/informational tools were not available in languages other than English. According to agency directors, only about one-third of the agencies provide information about their services in languages other than English. Of these, ninety-four percent of agency directors named Spanish as the other language in which their promotional or informational tools are available.

Barriers to Services

We asked agency directors about a wide range of barriers that might prevent immigrants from gaining access to their services. Tables IVO and IVP show agency director responses to questions about barriers to service. Over 80 percent of agency directors who responded to our question about language barriers indicated that a lack of translators, or the clients' inability to speak or understand English well prevented immigrants from gaining access to their services. Roughly one-third of the agency directors also cited communication barriers when asked about the educational barriers that prevent immigrants from gaining access to their services (table not shown). Although most directors indicated that economic barriers did not prevent immigrants from gaining access to their services, almost one-third listed reasons that immigrants may not be able to pay for services.

Integration among Social Service Providers

We asked agency directors how their organization learned about services that were available in other organizations (see Table IVP). Over 50 percent of agency directors indicated that their agency learned of these services through networking or word of mouth. Approximately 40% listed processes that are more formal like associations and conferences, community resource manuals, and media advertising.

Service Gaps

Although one-half of the agency directors reported that their organization had, at some time, needed language interpreters to assist in handling clients, roughly 85 percent stated that gaining access to interpreters was somewhat difficult to impossible (table not shown). When asked to list the types of services they believe are not generally available in Davidson County to assist immigrants in order of importance, 43% of the agency directors named communicative enhancement needs like bilingual staff, translation services, ESL classes, and cultural awareness (table not shown).

Conclusions

This assessment has highlighted several characteristics of the current social services delivery system in Davidson County that may be improved to better serve foreign-born residents. For example, the Nashville-Davidson County social service provider "network" appears to be misaligned with foreign-born residential patterns. As a result, the large number of social service providers that offer a wide array of available services, is less accessible to immigrants compared to native-born residents of Davidson County. Many providers cited lack of transportation as a reason immigrants could not gain access to their services.

Social service providers employ numerous strategies to inform clients and potential clients about the services they provide. These outreach strategies can either

target the general public or specific groups within an organization's service area. Providers believe that word of mouth is an important means by which immigrants learn about their services. However, their primary outreach efforts appear to utilize traditional mainstream directory and information sources. Agencies almost universally use the Internet, brochures, and telephone directories, while neglecting targeted approaches for informing immigrants about their services. Websites, telephone and resource directories broadcast information about providers to the general population of Nashville-Davidson County. These strategies may not reach immigrants who are confronted with the varied language barriers cited by providers. Therefore, immigrants may be largely unaware of the broad range of social services available in Nashville-Davidson County.

The frequency with which providers cited language barriers between immigrants and services and the need for services to increase communication between clients and providers suggests that the current social services delivery system underutilizes outreach efforts designed to target immigrants. This deficiency presents a clear opportunity to increase system effectiveness by improving outreach activities in the public and private Nashville-Davidson County social service delivery system.

Over two-thirds of providers reported that their organization used informal or telephone surveys to obtain client feedback. Also because of the many providers who cited language problems in communicating with immigrants, this method of obtaining feedback, at a minimum, does not optimize immigrant input into program improvements. That a relatively large number of providers indicated that they did not know what immigrants thought about their services also suggests that the immigrant voice is largely silent when it comes to decisions that affect the quality of the social service delivery network in Nashville-Davidson County.

Table IVA. Number and Percentage of 813 Social Services Providers by Service Domain and Type of Services, Nashville-Davidson County, Tennessee, 2003

Service Domain	Types of Services	Number	Percent
Healthcare	Mental, Physical, and Disability	117	14.4
Economic/Resettlement	Financial, Food, Disaster Relief, Homeless, Refugee Services	111	13.7
Family	Childcare, Eldercare, Child Welfare	90	11.1
Safety/Emergency	EMS, Fire, Police	14	1.7
Education/Information	Communication and Information Services, Schools, ESL Programs	198	24.4
Community	Civic Engagement, Social/Recreation/Arts, Support Groups, Spiritual	175	21.5
Housing	Residential Services	45	5.5
Transportation	Transportation	9	1.1
Legal	Advocacy, Civil Rights, Citizenship, Legal Services	54	6.6
Total		813	100%

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

Table IVB. Number and Percentage of 813 Social Service Providers by Location and Service Domain, Nashville-Davidson County, Tennessee, 2003

	Location*							
Service Domain	SE	SW	NE	NW	Down-town	BC	Total	Number
Healthcare	20.5	35.0	11.1	12.8	4.3	16.2	100.0%	117
Economic/Resettlement	20.7	40.5	9.9	11.7	11.7	5.4	100.0%	111
Family	13.3	42.2	16.7	11.1	5.6	11.1	100.0%	90
Safety/Emergency	14.3	21.4	0.0	7.1	50.0	7.1	100.0%	14
Education/Information	17.2	47.5	11.6	7.1	9.6	7.1	100.0%	197
Community	28.6	34.3	8.6	14.3	2.9	11.4	100.0%	174
Housing	13.3	42.2	15.6	11.1	2.2	15.6	100.0%	45
Transportation	55.6	11.1	22.2	0.0	11.1	0.0	100.0%	9
Legal	16.7	24.1	13.0	13.0	27.8	5.6	100.0%	54
Total	20.3	38.6	11.4	11.1	8.7	9.8	100.0%	
Number	165	314	93	90	71	80		813

*Location consists of the following six zones of Davidson County: SE = southeast quadrant; SW = southwest quadrant; NE = northeast quadrant; NW = northwest quadrant; Downtown; and BC = border counties.

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

Table IVC. Number and Percentage of 813 Social Service Organizations by Location and Ownership Status, Nashville-Davidson County, Tennessee, 2003

	Location*							
Ownership Status	SE	SW	NE	NW	Down-town	BC	Total	Number
Non-Profit	21.2	42.2	11.1	10.8	4.0	10.8	100.0%	668
Government	16.2	18.9	11.7	14.4	35.1	3.6	100.0%	111
For-Profit	14.7	35.3	17.6	5.9	14.7	11.8	100.0%	34
Total	20.3	38.7	11.4	11.1	8.7	9.8	100.0%	
Number	165	314	93	90	71	80		813

*Location consists of the following six zones of Davidson County: SE = southeast quadrant; SW = southwest quadrant; NE = northeast quadrant; NW = northwest quadrant; Downtown; and BC = border counties.

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

Table IVD. Number and Percentage of Foreign-Born Residents by Location and Place of Birth, Davidson County, Tennessee, 2000

	Location*						
Place of Birth	SE	SW	NE	NW	Down-town	Total	Number
Eastern Africa	48.9	23.3	23.7	4.1	0.0	100.0%	1272
Middle Africa	65.8	0.0	34.2	0.0	0.0	100.0%	73
Northern Africa	85.1	9.8	2.6	2.5	0.0	100.0%	1307
Southern Africa	46.2	53.8	0.0	0.0	0.0	100.0%	132
Western Africa	54.2	11.3	25.3	7.9	1.3	100.0%	1079
Central America	71.4	10.9	15.1	2.4	0.2	100.0%	13542
Mexico	74.4	10.7	11.9	2.9	0.1	100.0%	10495
South America	59.3	26.0	9.5	4.9	0.3	100.0%	1427
Laos	81.8	5.2	2.9	10.1	0.0	100.0%	1263
Vietnam	54.3	35.2	4.0	6.5	0.0	100.0%	1412
Total**	57.0	24.3	13.1	5.4	0.2	100.0%	
Number**	22725	9704	5237	2148	79		39893

*Location consists of the following five zones of Davidson County: SE = southeast quadrant; SW = southwest quadrant; NE = northeast quadrant; NW = northwest quadrant; and Downtown

** Based on total Davidson County foreign-born population.

Source: PCT 19: Place of Birth for the Foreign-Born Population, 2000 Census, SF-3

Table IVE. Number and Percentage of 64 Randomly Sampled Social Service Organizations by Location and Service Domain, Nashville-Davidson County, Tennessee, 2003

	Location*							
Service Domain	SE	SW	NE	NW	Down-town	BC	Total	Number
Healthcare	20.0	40.0	10.0	10.0	10.0	10.0	100.0%	10
Economic/Resettlement	12.5	75.0	0.0	0.0	12.5	0.0	100.0%	8
Family	12.5	50.0	12.5	25.0	0.0	12.5	100.0%	8
Safety/Emergency	0.0	0.0	0.0	0.0	100	0.0	100.0%	1
Education/Information	14.3	38.1	9.5	9.5	14.3	14.3	100.0%	21
Community	37.5	37.5	0.0	12.5	0.0	12.5	100.0%	8
Housing	20.0	60.0	0.0	20.0	0.0	0.0	100.0%	5
Transportation	0.0	0.0	0.0	0.0	0.0	0.0	100.0%	0
Legal	33.3	33.3	33.3	0.0	0.0	0.0	100.0%	3
Total	17.2	45.3	7.8	10.9	9.4	9.4	100.0%	
Number	11	29	5	7	6	6		64

*Location consists of the following six zones of Davidson County: SE = southeast quadrant; SW = southwest quadrant; NE = northeast quadrant; NW = northwest quadrant; Downtown; and BC = border counties.

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

Table IVF. Number and Percentage of 64 Randomly Sampled Social Service Organizations by Location and Ownership Status, Nashville-Davidson County, Tennessee, 2003

	Location*							
Ownership Status	SE	SW	NE	NW	Down-town	BC	Total	Number
Non-Profit	21.2	50.0	7.7	11.5	1.9	7.7	100.0%	52
Government	0.0	27.3	9.1	9.1	45.5	9.1	100.0%	11
For-Profit	0.0	0.0	0.0	0.0	0.0	100	100.0%	1
Total	17.2	45.3	7.8	10.9	9.4	9.4	100.0%	
Number	11	29	5	7	6	6		64

*Location consists of the following six zones of Davidson County: SE = southeast quadrant; SW = southwest quadrant; NE = northeast quadrant; NW = northwest quadrant; Downtown; and BC = border counties.

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

Table IVG. Number and Percentage of 64[11] Randomly Sampled Social Service Agencies by Client Size, Nashville-Davidson County, Tennessee, 2003

Question		Number	Percent
How many clients of any ethnic background does your agency serve each month?			
	0 – 10	11	18.3
	11-20	3	5.0
	21-50	9	15.0
	51-100	5	8.3
	> 100	32	53.4
	Total	60	100.0
How many immigrant clients does your agency serve each month?			
	0 – 10	28	53.6
	11-20	6	10.7
	21-50	6	10.7
	51-100	4	7.1
	> 100	10	17.9
	Total	54	100.0

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[11] The total number in the table does not sum to 64 due to missing data.

Table IVH. Number and Percentage of 64[12] Randomly Sampled Social Service Agencies by Resource Expenditure, Nashville-Davidson County, Tennessee, 2003

Question		Number	Percent
Would you say that the amount of resources your organization/program expends on immigrants is			
	too little	17	29.8
	about right	40	70.2
	Total	57	100.00
Would you please state your reasons for believing that amount is too little, about right, or too much?			
	Similar to other programs	10	20.4
	Increase in immigrants served & services	7	14.3
	Not enough funding/ Resources	9	18.4
	Other reasons	23	46.9
	Total	49	100.00

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[12] The total number in the table does not sum to 64 due to missing data.

Table IVI. Number and Percentage of 64[13] Randomly Sampled Social Service Agencies by Feedback, Nashville-Davidson County, Tennessee, 2003

Question		Number	Percent
Does your organization/program have a feedback mechanism to evaluate its delivery of services to clients?			
	Yes	36	65.5
	No	19	34.5
	Total	55	100.00
If yes, please describe how it works			
	Informal feedback	10	25.0
	Telephone	17	42.5
	Other	13	32.5
	Total	40	100.00

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[13] The total number in the table does not sum to 64 due to missing data.

Table IVJ. Number and Percentage of 64[14] Randomly Sampled Social Service Agencies by Feedback Results, Nashville-Davidson County, Tennessee, 2003

Question		Number	Percent
Please describe how feedback results are used.			
	Program Improvement	23	69.7
	Program Evaluation	10	30.3
	Total	33	100.00
On average, about what percent of your immigrant clients provide feedback about your services?			
	0-50	15	39.5
	51-100	13	34.2
	Don't Know	10	26.3
	Total	38	100.00
On average, about what percent of your clients from any race or ethnic background provide feedback about your services?			
	0-50	4	11.8
	51-100	24	70.6
	Don't Know	6	17.6
	Total	34	100.00

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[14] The total number in the table does not sum to 64 due to missing data.

Table IVK. Number and Percentage of 64[15] Randomly Sampled Social Service Agencies by Client Satisfaction and Service Needs, Nashville-Davidson County, Tennessee, 2003

Question		Number	Percent
On average, about what percent of your immigrant clients indicate that they are satisfied with the services your organization/ program provides?			
	0-50	4	11.7
	51-100	16	47.1
	Don't Know/NA	14	41.2
	Total	34	100.00
Please describe any services or service needs that immigrants routinely request that your organization/program presently does not provide.			
	Language services	9	20.0
	None	14	31.1
	Don't Know/NA	7	15.6
	Other needs	15	33.3
	Total	45	100.00

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[15] The total number in the table does not sum to 64 due to missing data.

Table IVL. Number and Percentage of 64[16] Randomly Sampled Social Service Agencies by Outreach Activities, Nashville-Davidson County, Tennessee, 2003

Question		Number	Percent
How does a person from any race/ethnic background who does not know about your organization/program learn about the services it provides? (first method stated)			
	Word of mouth	34	58.6
	Agency referral	9	15.5
	Media	15	25.9
	Total	58	100.00
How does an immigrant who does not know about your organization/program learn about the services it provides? (first method stated)			
	Word of mouth	35	68.6
	Agency referral	10	19.6
	Media	6	11.8
	Total	51	100.00

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[16] The total number in the table does not sum to 64 due to missing data.

Table IVM. Number and Percentage of 64[17] Randomly Sampled Social Service Agencies by Outreach Tools, Nashville-Davidson County, Tennessee, 2003

Question		Number	Percent
List telephone/business directories your organization/program uses to describe the services it provides			
	Telephone Book	22	47.8
	Hispanic Yellow Pages	1	2.2
	Chamber of Commerce	4	8.7
	Resource/Agency Directory	17	37.0
	Church Directory	2	4.3
	Total	46	100.00
Are any promotional/informational tools available in languages other than English?			
	Yes	21	33.9
	No	35	62.5
	Total	56	100.00

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[17] The total number in the table does not sum to 64 due to missing data.

Table IVN. Number and Percentage of 64[18] Randomly Sampled Social Service Agencies by Language of Promotional Tools and Service Delivery Site, Nashville-Davidson County, Tennessee, 2003

Question		Number	Percent
Please list other languages used for Promotional/informational tools			
	Spanish	17	94.4
	More than 5 Languages	1	5.6
	Total	18	100.00
Is it necessary for clients to come to your offices to access your services?			
	Yes	23	41.8
	No	32	58.2
	Total	55	100.00

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[18] The total number in the table does not sum to 64 due to missing data.

Table IVO. Number and Percentage of 64[19] Randomly Sampled Social Service Agencies by Language and Economic Barriers, Nashville-Davidson County, Tennessee, 2003

Question	Number	Percent
Please describe any language barriers immigrants may have that prevent them from gaining access to the services provided by your organization/program.		
No translators/interpreters	27	55.1
Clients can't speak English well	12	24.5
Clients can't understand English well	2	4.1
None	7	14.3
Don't know	1	1.6
Total	31	100.00
Please describe any economic barriers immigrants may have that prevent them from gaining access to the services provided by your organization/program.		
Unable to pay for services	12	30.8
None	27	69.2
Total	39	100.00

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[19] The total number in the table does not sum to 64 due to missing data.

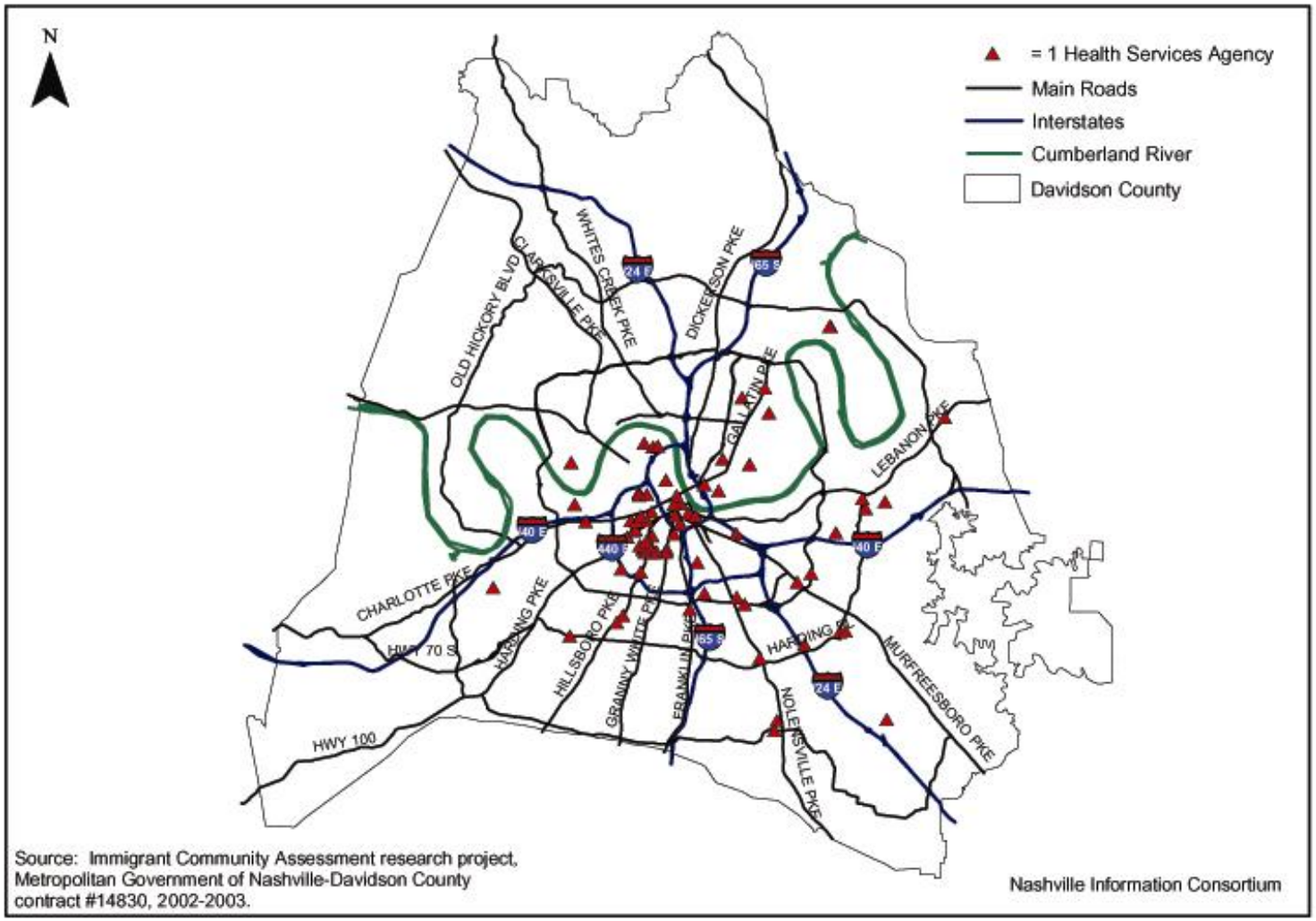
Table IVP. Number and Percentage of 64[20] Randomly Sampled Social Service Agencies by Logistical Barriers and Service Delivery Network Integration, Nashville-Davidson County, Tennessee, 2003

Question	Number	Percent
Please describe any logistical barriers immigrants may have that prevent them from gaining access to the services provided by your organization/program.		
Transportation	14	50.0
None	12	42.9
Don't know/NA	2	7.1
Total	28	100.00
How does your organization/program learn of services available in other organizations/programs?		
Networking/Word of Month	32	57.1
Associations/Conferences	14	25.0
Resource Manuals	4	7.1
Community involvement	2	3.6
Media advertising	3	5.4
NA	1	1.8
Total	56	100.00

Source: Immigrant Community Assessment, Metropolitan Government of Nashville and Davidson County contract #14830

[20] The total number in the table does not sum to 64 due to missing data.

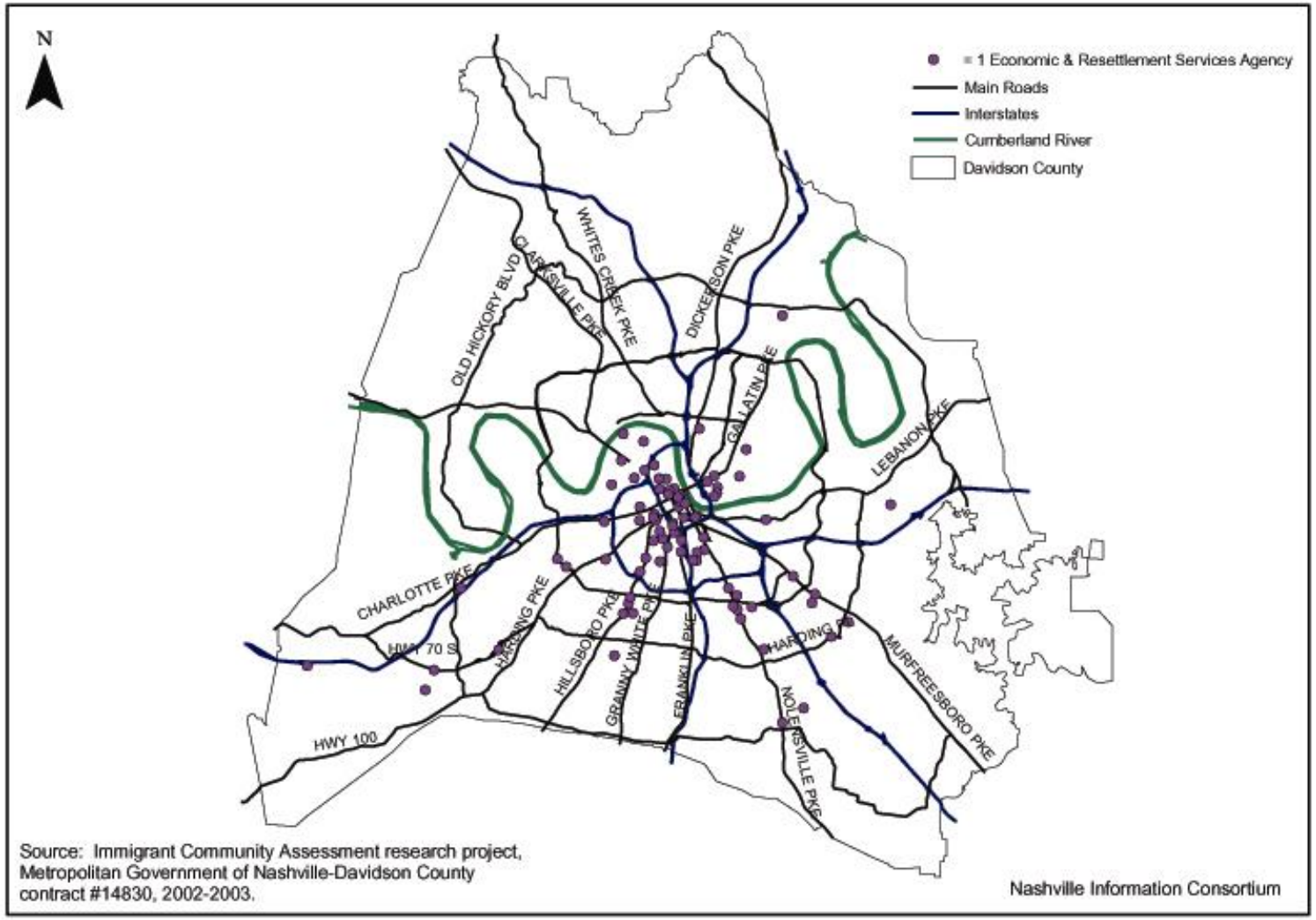
Map IVA. Location of 82 Health Services Agencies in Nashville-Davidson County, Tennessee, 2003



Source: Immigrant Community Assessment research project, Metropolitan Government of Nashville-Davidson County contract #14830, 2002-2003.

Nashville Information Consortium

Map IVB. Location of 96 Economic and Resettlement Services Agencies Nashville-Davidson County, Tennessee, 2003



Source: Immigrant Community Assessment research project, Metropolitan Government of Nashville-Davidson County contract #14830, 2002-2003.

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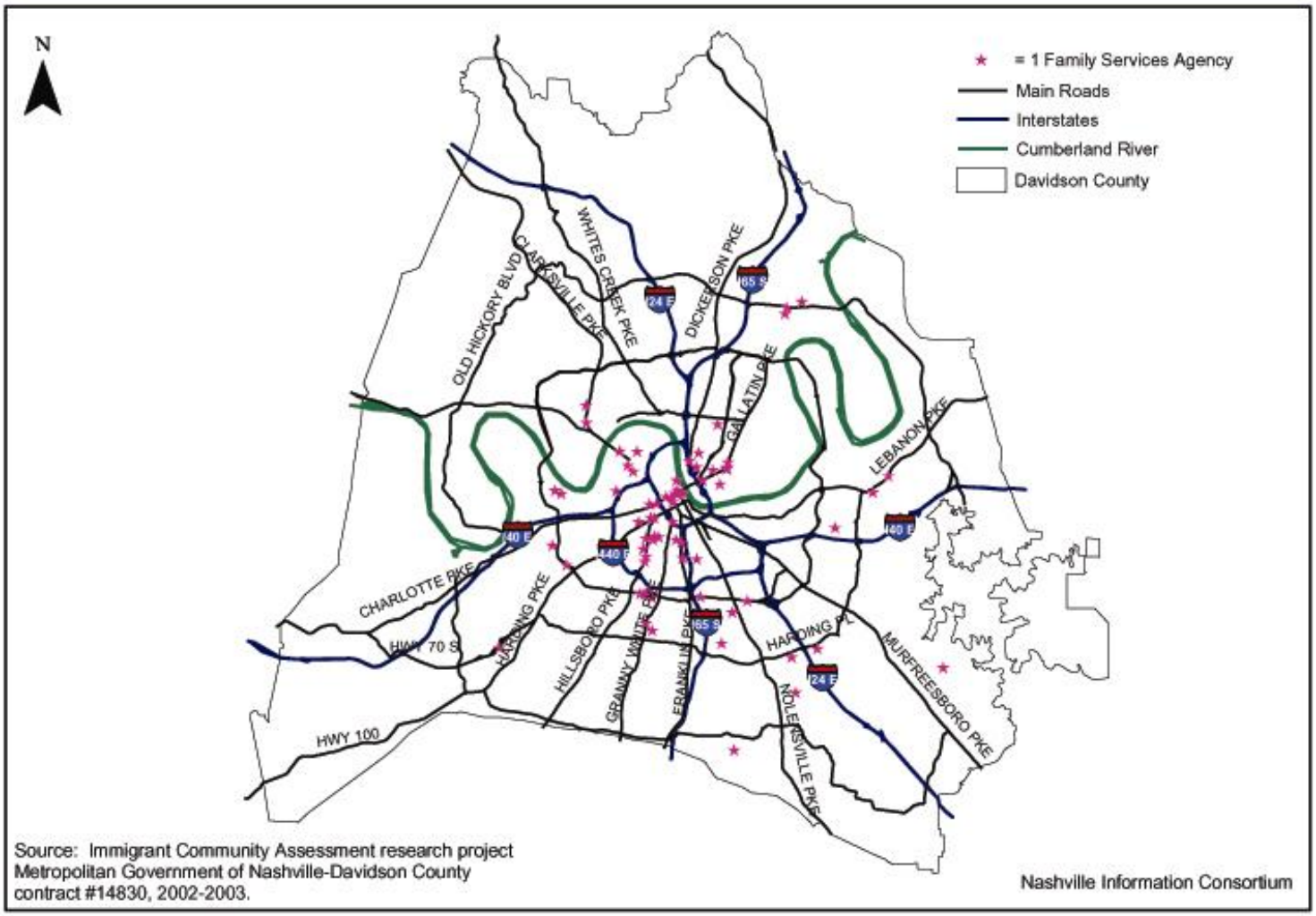
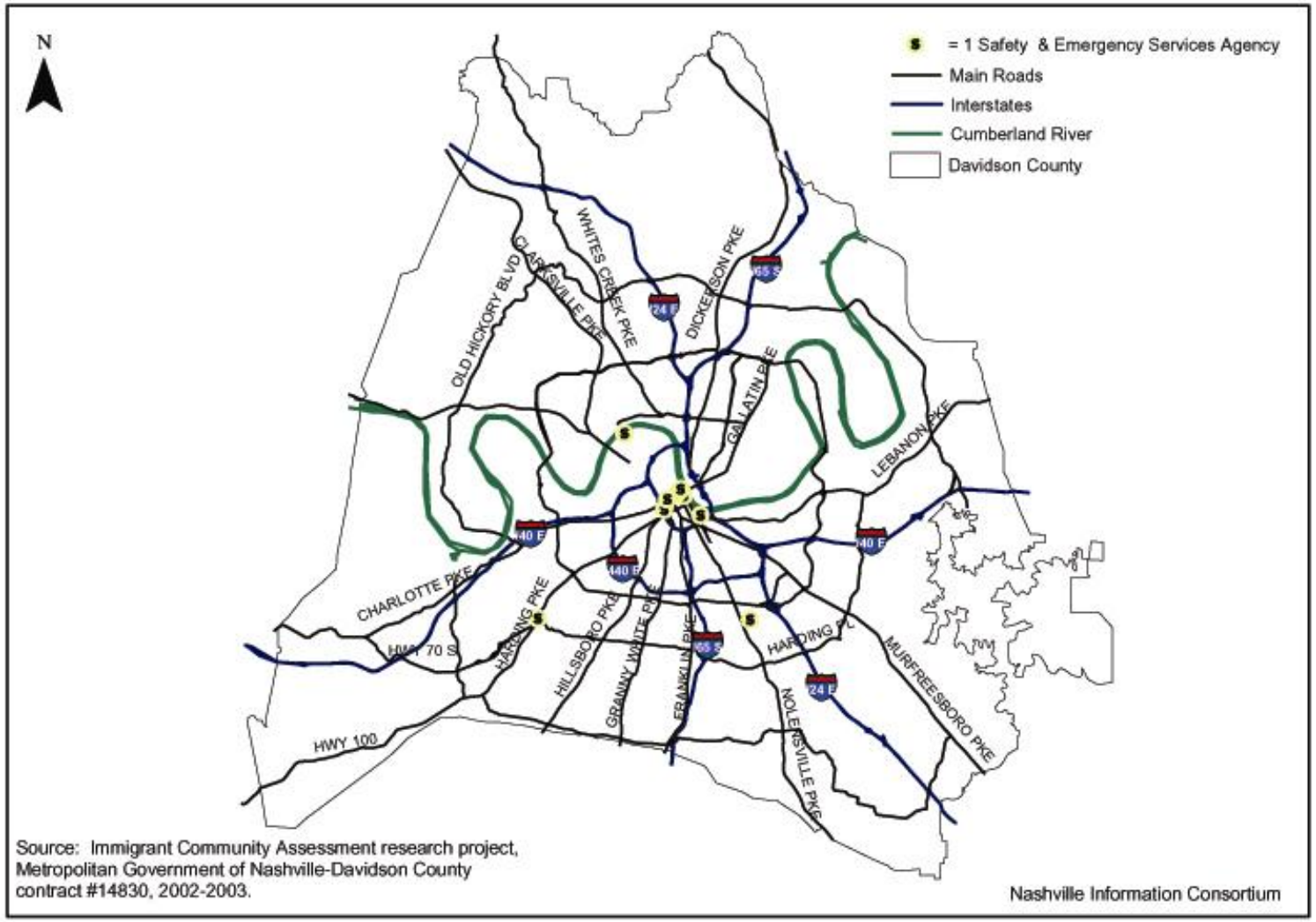
Map IVC. Location of 73 Family Services Agencies in Nashville-Davidson County, Tennessee, 2003



Source: Immigrant Community Assessment research project
Metropolitan Government of Nashville-Davidson County
contract #14830, 2002-2003.

Nashville Information Consortium

Map IVD. Location of 13 Safety and Emergency Services Agencies in Nashville-Davidson County, Tennessee, 2003



Source: Immigrant Community Assessment research project, Metropolitan Government of Nashville-Davidson County contract #14830, 2002-2003.

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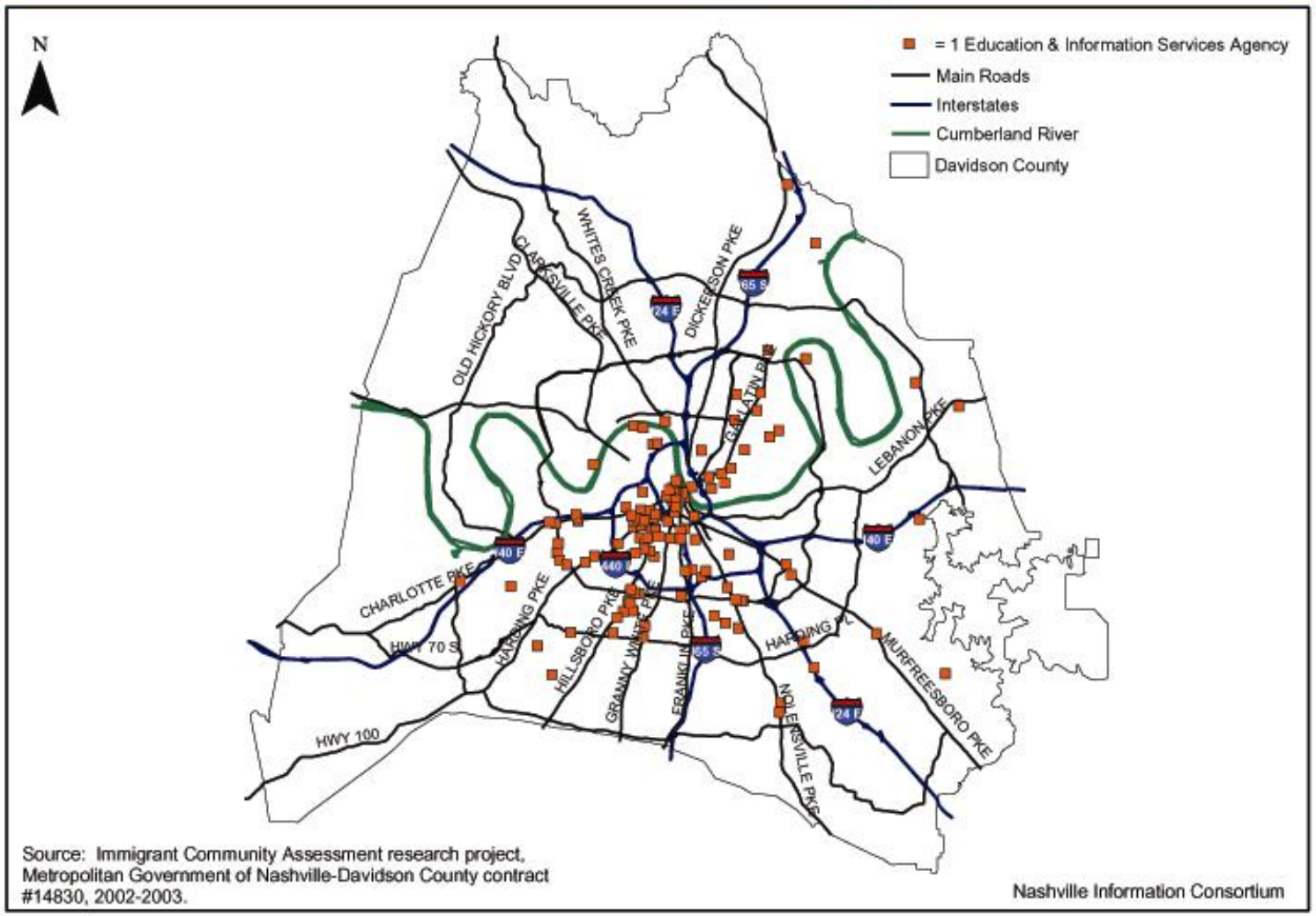
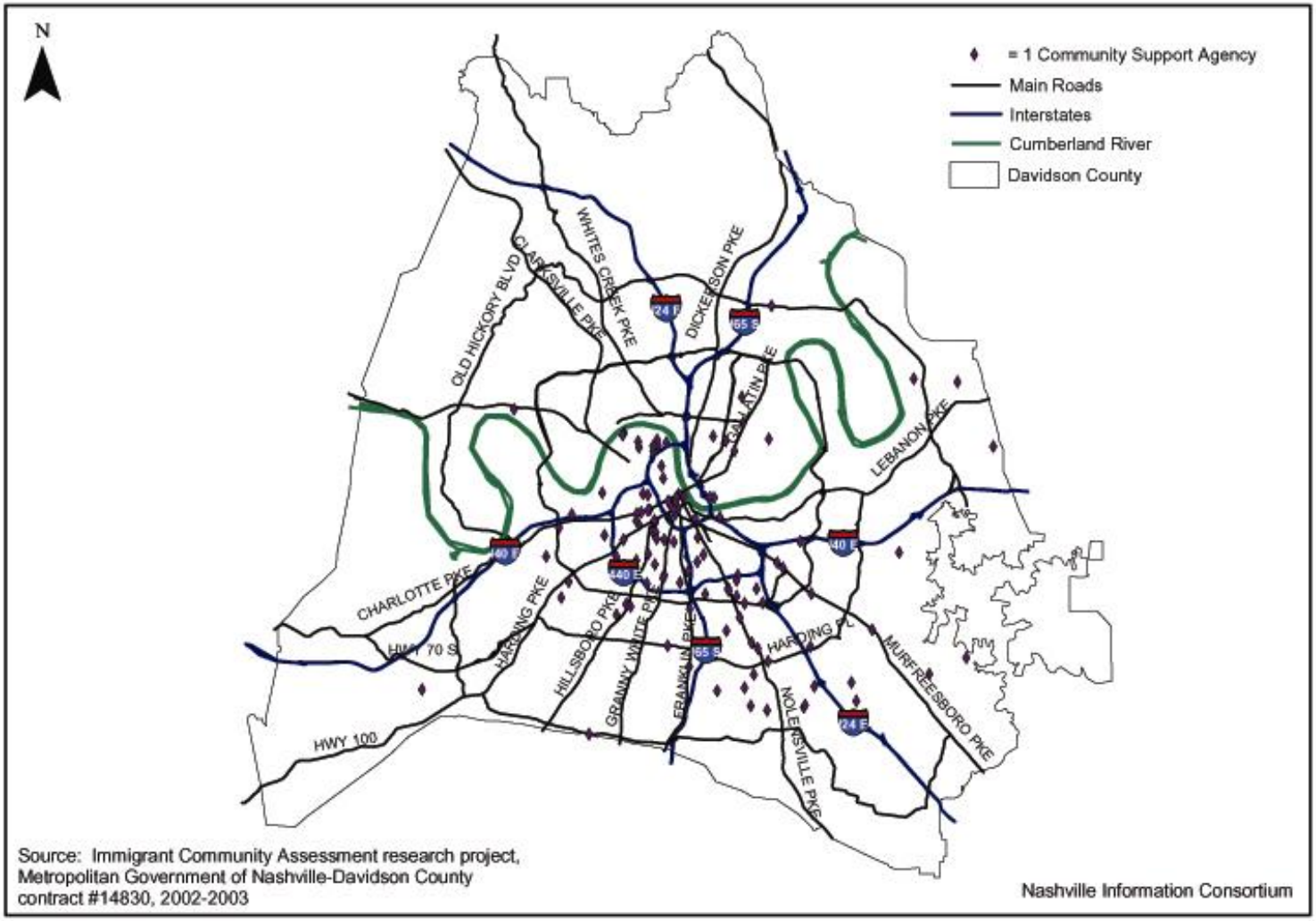
Map IVE. Location of 154 Education and Information Services Agencies in Nashville-Davidson County, Tennessee, 2003



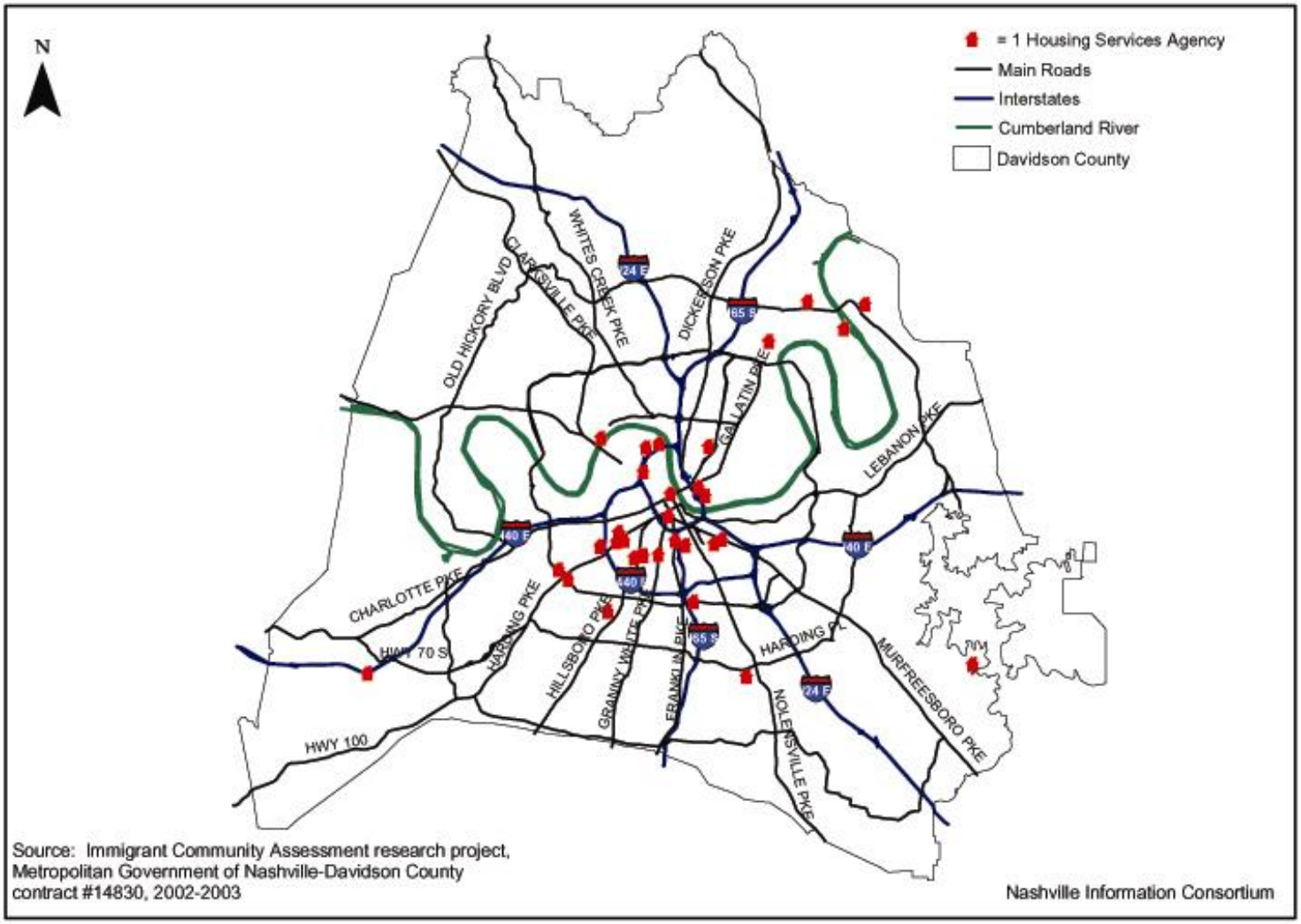
Source: Immigrant Community Assessment research project, Metropolitan Government of Nashville-Davidson County contract #14830, 2002-2003.

Nashville Information Consortium

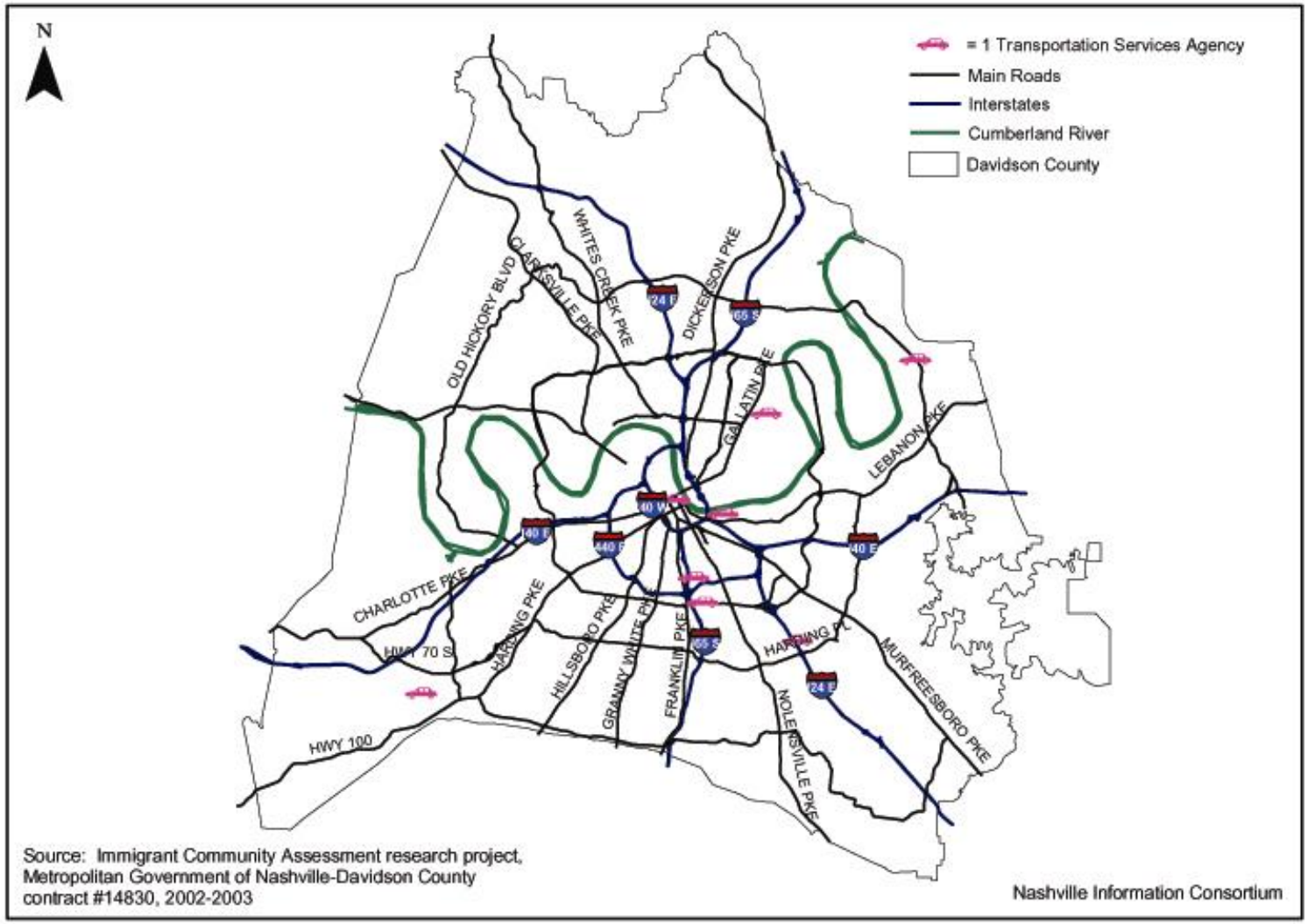
Map IVF. Location of 126 Community Support Agencies in Nashville Davidson County, Tennessee, 2003



Map IVG. Location of 33 Housing Services Agencies in Nashville-Davidson County, Tennessee, 2003



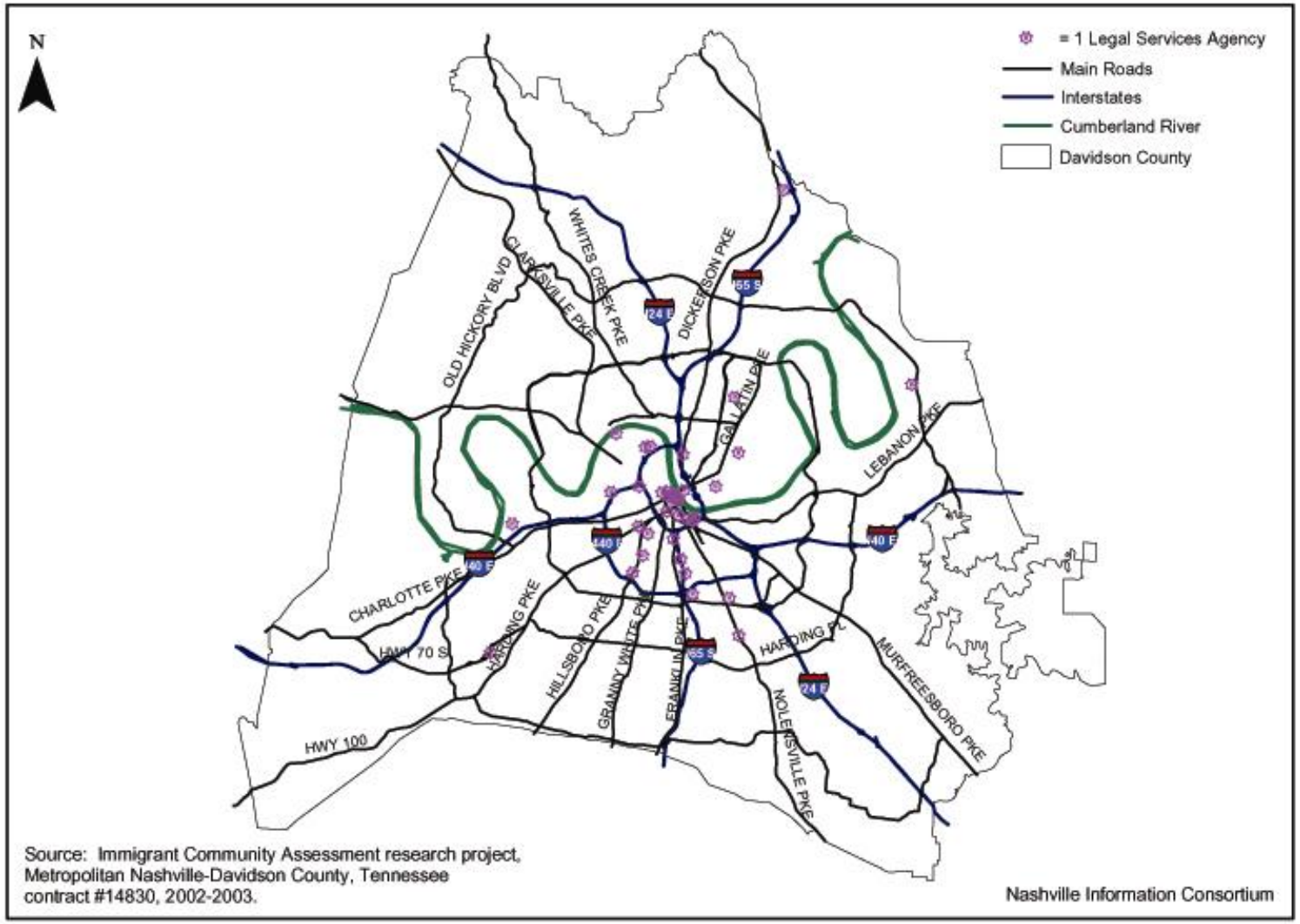
Map IVH. Location of 9 Transportation Services Agencies in Nashville-Davidson County, Tennessee, 2003.



Source: Immigrant Community Assessment research project, Metropolitan Government of Nashville-Davidson County contract #14830, 2002-2003

Nashville Information Consortium

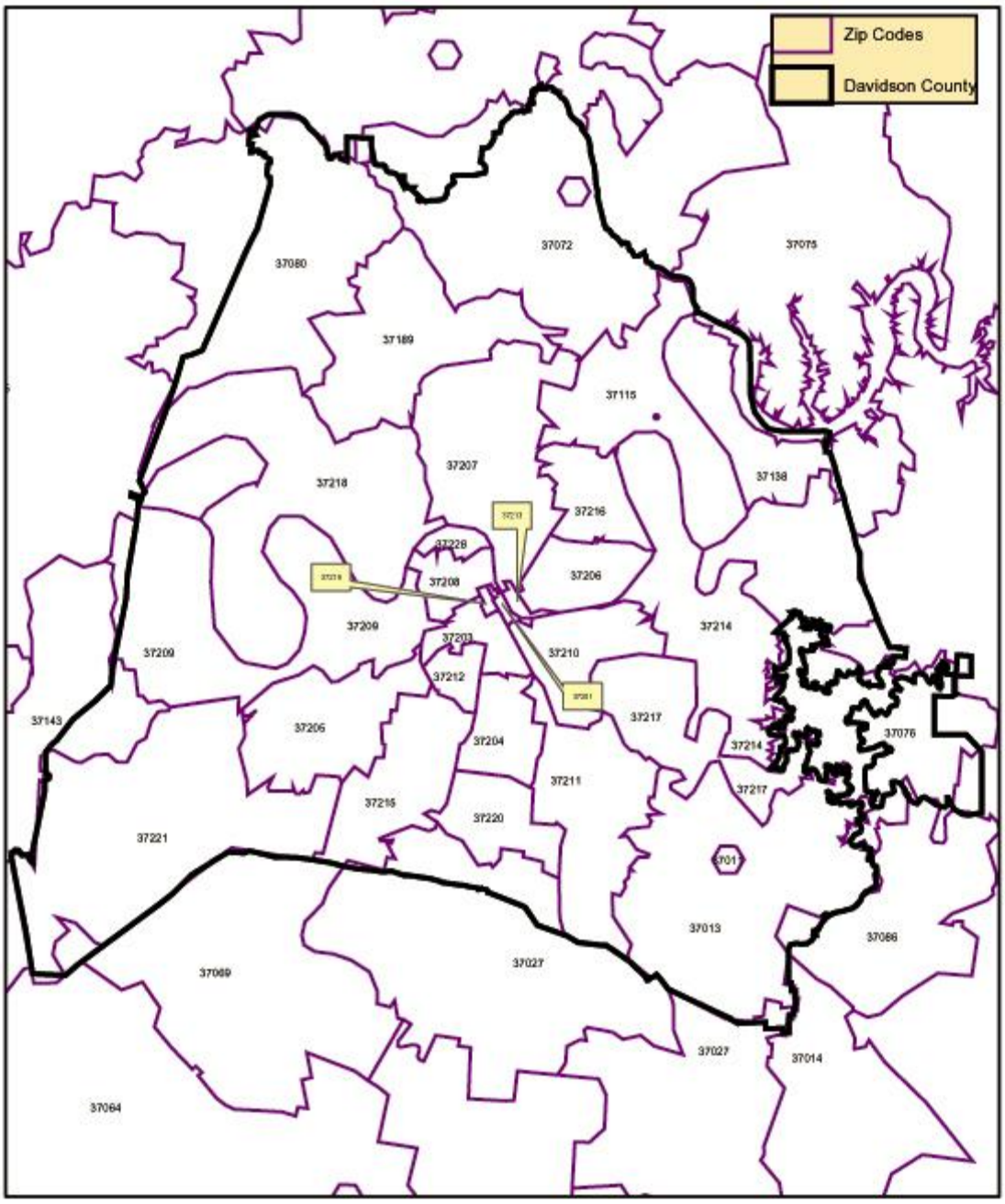
Map IVi. Location of 45 Legal Services Agencies in Nashville-Davidson County, Tennessee, 2003



Source: Immigrant Community Assessment research project, Metropolitan Nashville-Davidson County, Tennessee contract #14830, 2002-2003.

Nashville Information Consortium

Map IVJ. Nashville-Davidson County Zip Codes



V. BEST PRACTICES AND POLICY RECOMMENDATIONS

This section reports the results of our Southern Cities Best Practices Project and presents our policy recommendations based on all four projects of the Immigrant Community Assessment (ICA).

Southern Cities Best Practices Project

The purpose of this project is to identify "best practices" by examining model programs within the array of organizations directed toward immigrants and refugees in three Southern cities comparable to Nashville: Memphis, Charlotte, and Atlanta. In accordance with the Request for Proposal issued by Metro, the project has been aimed at discerning methods to better respond to the needs of immigrants, identifying best practices in the identified non-Floridian Southern cities of comparable size,[21] defining the impact of immigration and how these cities have dealt with the impact, and offering recommendations about program needs.[22] We have also integrated other data collected in the three other projects of the Immigrant Community Assessment (ICA) into both our assessment of best practices and our recommendations. In terms of best practices, we have paid special attention to model programs that address the five key issue areas identified in the focus groups and directors' survey described in sections III and IV of this report: (1) safety, (2) education, (3) health, (4) employment, and (5) housing. Our recommendations also have been informed by other ICA data, as well as the specific recommendations made by our research subjects.

This discussion is divided into two parts. Part 1 presents the best practices that we identified in our research. It has three sub-parts. Subpart A describes a model system-wide program, which we consider the best of the best practices we were able to identify. In Subpart B, we outline a number of direct-service programs, which we present according to the typology described above. This typology derives from the programs' socioeconomic and demographic profiles. In Subpart C, we present several indirect-service programs. Part 2 outlines suggestions for program development that derive directly from our interviews with program staff in the three comparison cities. These suggestions speak to refining and augmenting our current public and private social service effort in Nashville.

We consider a program to be a "best practice" if it meets the following criteria: (a) it targets at least one of the five issue areas identified by the focus groups and directors' survey; (b) it adds something new to what already exists in Nashville (to the best of our knowledge) in terms of innovative services or programs; (c) it is well-established, well-known and well-regarded within its community; (d) it has demonstrated economic sustainability; and (e) it provides a wide range of services. Although we have attempted to focus mainly on programs

[21] In response to the RFP, the ICA research team proposed studying the metropolitan areas of Charlotte, Atlanta, and Memphis. These urban areas were selected based on a comparison of their demographic profiles with that of Metropolitan Nashville/Davidson County.
[22] RFP at p. 5.

that are not duplicative of existing services in Nashville, we have included some programs in the three comparison cities that do have local counterparts. We have included such programs only if our research indicated that they offer additional services to immigrants and /or refugees to those offered by their Nashville counterparts.

The discussion that follows divides model programs into three categories, reflecting the types of programs we surveyed. These agencies and programs represent a mix of system-wide policies, direct services and indirect services aimed at the immigrant and refugee communities in the comparison cities. **System-wide** programs are public and private citywide programs that address the concerns of immigrants and refugees through functions including oversight, coordination, and information sharing and dissemination. **Direct services** are programs that provide resources or services to immigrants and refugees**. Indirect services** are programs that serve as a conduit for resources or services that benefit immigrants and refugees. In all, this report profiles a total of 13 programs: one system-wide program, nine direct services, and three indirect services.[23]

We conceive of three types of direct services based on the social characteristics of the program's target population: (1) an ethnically defined sector of the immigrant or refugee community, such as Asians or Latinos; (2) all immigrants, all refugees, or both foreign-born communities, independent of the ethnicity of the foreign-born community; and (3) all socio-economically disadvantaged groups, including native-born and foreign-born groups.

We collected information about these programs during one-hour semi-structured telephone interviews with agency directors[24] and community leaders of potential model programs. As stated in the ICA Business Plan,[25] the interviews addressed three general themes: "(a) the socioeconomic and demographic profile of the immigrant community in the three cities; (b) failed social service programs in the three cities; and (c) successful social service programs in the three cities." The socioeconomic and demographic profile of the immigrant population in these cities was obtained through inquiries about the target population of each program, as well as inquiries about the communities they actually serve. Information about successful and unsuccessful programs was elicited by direct questions on those topics as well as questions about recommendations for others starting similar programs.

We developed our purposive sample of 19 model programs by researching on the internet and conducting a "snowball sampling" of programs among experts in the three cities.[26] Using the internet, initially we attempted to identify as many prospective model programs as possible in the three comparison cities and their surrounding areas. Our goal was to include all programs willing to participate in a telephone interview in our sampling frame. We also consulted with our Community Advisory Board members to ensure the

[23] This is out of a total of nineteen (19) organizations for which interviews were completed.
[24] In some cases, we interviewed a designated staff person that was knowledgeable about the organization's programs and services.
[25] Business Plan at Tab II, p. 6.
[26] In general, snowball sampling involves obtaining research subjects using a referral process. Once a research subject is identified, that research subject also becomes a referral source to identify additional research subjects. In our project, each interviewee was asked to suggest additional individuals or programs that fit within our research parameters.

exhaustiveness of our research. We also employed snowball sampling techniques by asking our interview subjects to refer us to other model programs in their cities. We completed our sampling of model programs when our internet research and snowball sampling ceased to yield additional programs.

Although our research design has yielded rich information about best practices, it has the following two limitations. First, our purposive sample is neither a random sample nor a complete census of programs and therefore does not describe the full distribution of programs in the other cities. Second, larger programs may be overrepresented in our purposive sample due to the greater availability for interviews we often encountered among the larger program directors than among the directors of small programs.

The three appendices to this section are: A. summaries of all of the programs interviewed; B. an overview of federal funding opportunities[27]; and C. a spreadsheet documenting all of the organizations we identified, including those we interviewed and those we did not interview.

Best Practices

Model System-Wide Programs

In this part, we describe the key system-wide program we identified-- the Mayor's International Cabinet. We learned that the Cabinet is already considered both a national and an international model, as it regularly draws visitors from around the country and world. Below we describe its goals, structure, functions, accomplishments, staff and budget. In Part 3 of this section, we return to this model in order to recommend how it can be constructively applied and implemented in Nashville, taking into account unmet needs of Nashville's immigrant and refugee communities that we have identified in all four ICA projects.

Mayor's International Cabinet (Charlotte)

The Mayor's International Cabinet in Charlotte is an advisory board to the mayor and is composed of international business people, local organizations, and representatives of the foreign-born community. The Cabinet was formed in 1992 to improve the coordination of international businesses and services in the area, to assess and identify the international needs of Charlotte, and to help nonprofits become self-sustaining by advertising their services to potential funding sources and to the broader community.

Today the Mayor's Cabinet performs a number of additional functions. The Cabinet fosters cooperation between higher education and business to ensure that language and cultural education is sufficient for the international community in Charlotte. It also works to educate the broader community and to increase cultural understanding, as well as to publicize

[27] This appendix responds to one of the fourth goal identified in the RFP as follows: "the identification of potential grant opportunities to fund delivery." See RFP at p. 5.

programs and international events in Charlotte. Additionally, the Cabinet maintains a database of non-profit and international organizations, coordinates group activities and interaction, and publishes an international calendar that is widely available.

The success of the program is attributed in part to the fact that the mayor demonstrates its importance by chairing each of the monthly meetings. The strong relationship between the Cabinet and the community is maintained through frequent collaboration between the Cabinet and the community.

The Cabinet has faced three main challenges. First, the Cabinet has struggled to be recognized as a priority by the city council. Related to this challenge, second, the Cabinet has struggled to secure and to maintain adequate funding. Early on, all of the Cabinet's funding came from city council. Third, the Cabinet has struggled to maintain ongoing communication with direct-service programs.

While the Cabinet continues to struggle to be viewed as a higher priority by the city council, it has developed specific strategies to address the other two challenges. To address the need for adequate funding, the Cabinet has sought corporate contributions in addition to the funding it receives from the City Council. To address the need for ongoing communication, the Cabinet has created a newsletter, which has been very successful.

Currently, the City funds most of the Cabinet's annual budget of approximately $85,000. The Cabinet also raises funds at its annual fund-raising event.

The Mayor's International Cabinet is staffed by a part-time executive director and a communications director. There are no full-time employees. The Cabinet also engages unpaid college-student interns. In addition to the staff, the Cabinet has members, who are the representatives of the international business community and the non-profit social service community. The educational requirements for the staff as well as for members of the Cabinet vary. Important qualities include interest and experience in international business or culture. Members of the Cabinet and staff must also have strong communication and administrative skills, and must be respected by both community members and business leaders.

B. Model Direct Services

We now turn to a discussion of the model direct services we have identified. As stated earlier, we conceive of three types of direct services, based upon the program's target population: (1) an ethnically defined sector of the immigrant or refugee communities; (2) all immigrants, all refugees, or both foreign-born communities; and (3) all socio-economically disadvantaged groups.

In this discussion, we profile two programs targeted at an ethnically defined sector of the immigrant or refugee communities, four programs targeted at all immigrants, all refugees, or both foreign-born communities; and two programs targeted at all socio-economically disadvantaged groups.

One theme among these programs that reflects a best practice is that most, if not all, of these programs have expanded their target populations and their activities over time, in an effort to improve the adequacy, availability, and accessibility of their services for immigrants and refugees. For instance, several of the programs began with a narrow focus on refugees, but have expanded over time to provide services to other immigrant communities as well. Within each profile, we indicate some of the specific best practices we see in these programs. Additional discussion and analysis is provided in Part 3 of this section.

Type 1 Direct Services

Latin American Association (Atlanta)

The Latin American Association (LAA), founded in 1972, serves the Latin American community in seven program areas: (1) **legal services**, which provide advice about immigration; (2) **family services**, which include a food pantry, the provision of clothing, money and referrals for immigrants; (3) **employment services,** which include interview preparation and placement services; (4) a **housing program,** which educates immigrants and refugees about finding and purchasing housing; (5) **education and language** oriented programs such as ESL, Spanish language classes and translation services; (6) **youth programs**, which include after-school programs and mentoring; and (7) a **seniors program** for the elderly.

The LAA represents an important best practice model because it is attempting to address a wide range of pressing needs in Atlanta, which are identical to those emphasized in our focus groups as unmet needs in the Metro Nashville community. These include: English services, immigration assistance, both in the form of general information and legal advice, housing, family services, and day labor services. Along similar lines, other systemic needs the program is attempting to address are the provision of services now available to the general public to individuals who speak Spanish-only, as well as a significant need for youth services. LAA also includes services for youth and seniors, which are two important demographic groups.

Each service the program provides has evolved out of expressed needs of the immigrant community. Another best practice that is apparent in this program is the importance of establishing numerous channels of communication to stay abreast of the community's needs on an ongoing basis. The LAA maintains regular contact with other community-based organizations, including newspapers and radio stations, actively engaged professionals, such as teachers and counselors, frequent clients of the agency, and community members that call the program office. At the same time, the program is constantly striving to improve its own processes to better serve its target community, and to collaborate with other organizations to better meet the needs of the Latino community. A specific challenge the program identified was the difficulty of finding qualified bilingual individuals to handle "sensitive" issues in the community, such as domestic violence.

Additionally, the program identified two challenges that were identified by every program: funding and keeping up with growing demand.[28]

The program's annual budget of $2.8 million is funded through a combination of foundation money, government grants (federal and state) and corporate contributions. In terms of staffing, the LAA has a fairly large paid staff of 48 paid employees – 40 full-time and eight part-time. The LAA employs immigrants and the children of immigrants from fifteen different Latin American countries. Many employees have professional degrees (e.g., M.S.W., J.D.), and the organization seeks professionals with degrees in social work or psychology for programs such as family services.

Center for the Pan Asian Community (Atlanta)

Similar to the LAA, the Center for the Pan Asian Community (CPAC), founded in 1980, provides a wide range of services, in this case for the Pan-Asian population. This breadth of services made it an obvious choice for inclusion as a best practice. These include: parenting classes, ESL, computer classes, domestic violence classes for both victims and batterers, health services, immigration legal services, diversity programs to the non-immigrant community, food stamp services and homelessness programs. The center also provides first-time homebuyer assistance and DUI classes.

The program was founded as a church-based initiative in the Korean community, headed by a medical doctor. Originally, the Center was called the Korean Community Service Center, which changed to the Center for the Pan Asian Community when large numbers of other immigrants started arriving in the area. Thus, fairly early on, the program expanded beyond its original target population in response to the changing ethnic composition and changing needs of its surrounding community.

> The needs being addressed by the Center are similar to those of the mainstream community, with an additional emphasis on the acculturation of immigrants and refugees into the mainstream community. One challenge highlighted by this program, but that applies to virtually all of the programs we surveyed is that "the mainstream society does not understand immigrants' needs and the immigrants do not understand mainstream culture."

CPAC is neither affiliated with nor funded by a large umbrella organization. The program's annual operating budget of $1 million consists of federal and state funding, community donations, and foundation grants. All 24 CPAC employees, including sixteen full-time and eight part-time employees, are immigrants or the children of immigrants. CPAC also uses volunteers, who are obtained through college internships and through the Pan-Asian community.

Type 2 Direct Services

[28] Given that virtually every program identified these two areas as challenges, it should be noted that they are generally applicable, although they are not mentioned them separately in each program's description. Reference to these and other challenges can be found in the program summaries, attached as Appendix A.

Jewish Family and Career Services – Refugee and Immigrant Training and Employment Program (Atlanta)

Jewish Family and Career Services (JFCS) began over 120 years ago as a joint venture between Hebrew International Aid Services (HIAS) and the Jewish community in Atlanta. The agency is similar to other Jewish family services agencies that exist in most large urban areas in the United States. Like some of these agencies, JFCS in Atlanta has been involved in refugee resettlement for many years. What makes it a model and a best practice is that it has greatly expanded its services to address needs of immigrants as well as refugees.

JFCS currently has more than ten programs focused on resettlement, citizenship, translation, employment and educational upgrades for immigrants and refugees. The Refugee and Immigrant Training and Employment (RITE) program provides resettlement services for refugees from Iran and the former Soviet Union, as well as employment- and ESL- related services for immigrants and refugees. RITE also provides computer training, translation services, interpretation, citizenship outreach programs to help people fill out forms, and citizenship classes. Additionally, it provides "elder connections" for Russian immigrants, including case management for seniors, social support groups, the "healthy family" support program that provides preventive health services, and mental health services. The program serves refugees and immigrants from 75 countries and five continents, and also provides services to Spanish-speaking people at places such as health centers.

Initially, the program focused on providing mental health and legal advocacy services to Eastern European refugees. Much of the expansion of advocacy and other services developed in response to anti-immigrant sentiment. International Services, a department within JFCS, has an annual budget of $650,000. This department receives funding from the United Way, private foundations, the Jewish Federation of Greater Atlanta, HIAS, the U.S. and Georgia Departments of Health and Human Services for its refugee programs, and other county contracts. Minimal fees are charged only for the translation services and the work-based ESL programs.

The program is operated on a day-to-day basis by executive director and program coordinators. The department is staffed by volunteers, including community members (especially from the Jewish community), Hands on Atlanta volunteers,[29] and student interns from Emory University. RITE has eight full-time employees, including program managers, coordinators, and assistants. The program has four part-time employees: a Russian Support Specialist (who provides general information and referrals to Russian immigrants), a job developer, an employment services specialist, and a citizenship services assistant. RITE also has ten to fifteen contract employees, who include ESL teachers, translators, and those who work in the citizenship programs. Most of the employees are foreign-born and speak a second language.

Refugee Family Services (Clarkston, GA)

[29] See discussion on Hands On Atlanta, at pp. 12-13 of this section.

Another best practice we found in terms of services to immigrants and refugees collectively is a particular focus on the unique needs of women and children. An excellent model of such a program is Refugee Family Services (RFS), created in 1997. This program focuses on helping refugee women to become economically and emotionally self-sufficient. The program was initiated by a Vietnamese refugee, who observed that women in the refugee community particularly lacked job and language skills, cultural knowledge, and education. She also was concerned that these women were facing domestic violence without the benefit of culturally sensitive resources or mental health services. Presently, the program offers a panoply of services aimed at refugee women and children. These include the Violence Prevention program, which operates a domestic violence hotline and the only international culturally sensitive shelter in Georgia. RFS also has job readiness services that educate female refugees about how to interview for jobs and offer cultural orientations about what to expect on the job. Further, RFS places women on jobs and follow up on their progress. Additionally, the program conducts leadership training to help with women's self-sufficiency and knitting support groups for women.

In terms of services aimed at children and youth, RFS has a school liaison program with five bilingual caseworkers to address resource and service gaps in the education system for refugee children. The caseworkers act as translators, crisis counselors, and advocates. RFS also offers after-school programs, tutoring, and summer camps. Additionally, the program has a preventive health program that uses a traveling health service to do reproductive counseling and immunizations. RFS has a few clothing and food distributional drives each year, but tends to de-emphasize them so that the communities are encouraged to become self-sufficient. Finally, RFS offers housing services for refugees.

A best practice within this program is the location of RFS--in the center of the refugee community. The program is staffed by an administrative director, a development consultant, caseworkers, employment specialists, tutoring coordinators, program managers and a receptionist. RFS has 22 full-time employees (five Americans and seventeen refugees (Somalis, Bosnians, Sudanese, Iraqis, and Vietnamese). Six to seven part-time employees are youth program workers. Most of the part-time employees are college-age students who are also refugees. The program assisted 2700 refugees last year.

RFS receives partial funding from the Office of Refugee Resettlement (a federal department within Health and Human Services), which is distributed through the Georgia Department of Health and Human Services. The program also receives foundation funding -- about 30-35% of its annual budget comes from foundations, including corporate foundations. The total annual operating budget of RFS is $1.2 million. Currently, the program is facing a funding shortage because the U.S. government eliminated 30-40% of its funding for refugee programs after September 11 and because of the decline in the economy. The U.S. government has also restricted the number of refugees permitted to enter the country.[30]

[30] We mention this fact here in part because we assume that it is affecting all programs that provide targeted services to refugees, including those in Nashville.

Catholic Charities/Catholic Social Services Refugee Resettlement Program and Hispanic Program (Charlotte)

The two programs we profile here--the Refugee Resettlement Program and the Hispanic Program—share one office.

The Catholic Social Services (CSS) Division of Catholic Charities in Charlotte Refugee Resettlement Program/ Service originated in 1991 and is a volunteer program that focuses on refugee resettlement. We found a couple of best practices here. One is the focus on immigrants as well as refugees. Another important feature is the extensive use of volunteer resources, particularly those that represent the target communities. This program's large volunteer staff is comprised of former refugees who are highly dedicated to their work. The goals of the program are to facilitate refugee self-sufficiency within 6-18 months after their arrival, and ultimately, to ensure their integration and adaptation to the community. The Refugee Resettlement Program, which relies almost exclusively upon federal funding, is facing the same significant challenges faced by the previous program (i.e., funding problems, governmental policy changes), as well as a decrease in entry-level jobs for refugees and a housing shortage.

The Hispanic Program, which operates in numerous regional offices of CSS throughout North Carolina, originated mainly to meet the translation needs of migrant farmers in the area. As the Hispanic[31] population began rapidly increasing, it became apparent that few of the services immigrants needed were available to them. The program also expanded because Hispanic immigrants generally felt comfortable in the Catholic Church. This program represents a key best practice because of its focus on Hispanic (or Latino) immigrants, who, according to our research, often feel overlooked by social service programs. The program currently provides translation, burial services, counseling, marriage, adoption services, immigration services, foster care, and mentoring for pre-teen girls. The staff generally advocates for the Hispanic population because this community is vulnerable to employers and their landlords, largely because of its members' undocumented status.

The long-term goals of the program are to help resolve conflicts between different groups vying for jobs, resolve the anger, depression, and civil strife often associated with joblessness, and educate immigrants about how to navigate U.S. culture. A best practice here is the provision of not only services, but also advocacy for immigrants, including those who are undocumented.

Like so many of the programs we surveyed, this program is facing challenges related to backlash from 9/11 and a general suspicion of immigrants, as well as funding issues. One-to two-thirds of the $150,000 annual operating budget of this program is funded by the Charlotte Diocese and the remainder is funded by state and federal grants and private foundations.

[31] We use the term "Hispanic" in this program description because it is the term used by the interviewee.

Catholic Charities/Catholic Social Services Office of Refugee Resettlement (Atlanta)

The Catholic Social Services Office of Refugee Resettlement in Atlanta emphasizes employment-related activities, including an effort that is underway to help immigrants with professional degrees to attain re-certification. Assisting professionally credentialed immigrants with recertification in Nashville is a pressing need identified by the Nashville Immigrant Focus Groups of the ICA. A Bishop established the Atlanta program in 1983 in response to the growing size of the refugee community. This program now provides a very wide a range of resettlement services, including mental health, immigration, housing, ESL, and employment-related services. The program currently is facing the same challenges of all refugee resettlement programs in terms of policy changes and funding cutbacks.

CSS funds the program's annual operating budget of $300,000. CSS receives federal and state funding for the refugee resettlement program. Local Catholic churches provide donations, services and volunteers.

CSS has 60 employees, seven of whom are full-time employees of the Refugee Resettlement Program. The full-time employer-connector position is responsible for matching refugees and employers.

Hebrew International Aid Services Refugee Resettlement (Charlotte)

The Hebrew International Aid Services (HIAS) refugee resettlement program in Charlotte is known for the quality and breadth of its services. Accordingly, we include this program as a best practice. We do not discuss the program in depth because it closely parallels the other refugee resettlement programs profiled above.[32]

Type 3 Direct Services

[32] A detailed summary of this program is included in Appendix A to this section.

Community Health Services (Charlotte)

Community Health Services (CHS), founded in 1955, is a community-based, non-profit nursing organization. Following a traditional public health nursing model, nurses reach out to vulnerable populations with limited English skills, high poverty, and substance abuse problems through in-home services. This program represents a best practice because of its focus on providing accessible and culturally sensitive health care, a pressing need identified by the Nashville focus groups of the ICA. CHS offers case management, including developing plans of care, ensuring that all qualified individuals receive health care benefits, and ensuring patients obtain follow-up examinations. The program also provides immunizations and educational sessions on health care.

The goal of CHS is to ensure that every resident of the county has access to health care regardless of his or her ability to pay. Some of the program's present challenges include funding, competition and collaboration with other services, and a growth in the immigrant population. CHS also faces shortages of requisite resources for addressing immigrant needs and language barriers. Specifically, the community lacks a sufficient number of health care providers who speak Russian, Chinese and Vietnamese. The program also struggles with inadequate translation services in the area and an inadequate supply of interpreters. Nevertheless, CHS has remained successful because of its reputation in the community as a flexible and responsive program.

CHS is an independent program with an annual budget of $700,000. The program receives half of its funding from the United Way, a fourth from service fees set on a sliding scale, and a fourth from private contributions and foundation grants.
The staff of CHS includes a Director of Clinical Services who runs the organization on a day-to-day basis. The program employs thirteen full-time employees including nurse educators, clinical staff, one medical director, one development director, one nurse practitioner, one accountant and one support staff/administrative assistant. CHS no longer employs part-time staff.

United Way Workforce Development and Micro-Enterprise Project (Atlanta)

The United Way Workforce Development and Micro-Enterprise Project (WDMEP) was created in 1998 to meet the community's needs for employment, crime reduction and increased home ownership. This program represents a best practice because of its dedicated focus on employment issues, which was another key area of need identified in the ICA's Nashville focus groups. The program's services include ESL, computer training, life skills classes, reintegration for the blind and disabled into the workforce, job skills programs, home ownership classes, childcare services and youth development services. Immigrant communities are **one** of the target populations for these services in these neighborhoods, which include native-born and foreign-born groups that are similarly socio-economically disadvantaged.

The goals of the WDMEP include helping people to become employed at a living wage, training individuals in job skills, and disseminating labor market information to the

target communities. Challenges to the program include the demand for these services, which has outpaced the resources allocated for the program by the United Way. Two keys to the WDMEP's success are strong strategic direction and specialization in one or two service domains.

The WDMEP receives most of its annual budget of $2 million from the United Way, but also receives some assistance from the U.S. Department of Health and Human Services (for Individual Development Accounts), corporate foundations, and private donors. Funding continues to be a challenge for the sustainability of the program. The staff of the WDMEP consists of an executive director, program manager, project manager and volunteers that run each of the individual projects. Two to three individuals manage each project with five to ten volunteers. Immigrants and refugees fill many program manager positions, especially in the ESL programs.

Model Indirect Services

The model indirect services we have identified are the Latino Conexion in Memphis and the "Hands On" organizations in Charlotte and Atlanta. These programs represent two very different types of indirect services. Latino Conexion mainly advocates on behalf of immigrant interests, rather than providing direct services. The Hands On organizations, in contrast, furnish direct-service programs with volunteers. We compare the Atlanta and Charlotte Hands On organizations because their programs differ.

Latino Conexion (Memphis)

The best practice we identified in Memphis is the Latino Conexion (LC). LC also represents an important model because of its strong emphasis on advocacy. Founded in 1995, LC researches the issues and concerns of the Memphis Latino community and lobbies government officials for systemic changes affecting the Latino community as a whole, rather than advocating for individuals. LC acts as the "voice" of the Latino community at the state and the local levels.

LC also provides some direct services. The program provides information and translation services in the community and in hospitals. LC also hosts Latino Heritage and cultural activities in the mid-South, and is starting a Youth Development Program to bring together schools, churches and other organizations to provide at risk Latino youth with enhanced educational opportunities.

Additionally, the program houses a community center that is a hub for services to the community. The Center holds Spanish-speaking Boy Scouts meetings and focus groups. As of May 1, 2003, the U.S. Department of Homeland Security has also opened an office at the Center. This co-location of advocacy services with the government office that oversees immigration matters represents a best practice because of the ease of access it creates for the advocacy staff of LC as well as for the immigrant and refugee community.

"Hands On" Programs (Atlanta and Charlotte)

The "Hands On" programs in Atlanta and Charlotte are volunteer-run programs that were created to increase volunteer activism. These programs connect volunteers and social service and community programs that fit their interests and also create volunteer opportunities. (A very similar program, called Hands On Nashville, exists in our own community.) These programs were created by community members in Atlanta and Charlotte, and are loosely affiliated with City Cares, a national organization dedicated to increasing community activism made up of 31 Hands On organizations across the country.

1. Established in 1989, Hands On Atlanta's three major components are as follows: (1) channeling volunteers to community activities and projects; (2) assisting with staffing for well-established programs, such as Head Start; and (3) operating the "Citizen Academy", a forum for community members and volunteers to learn about needs and issues of local communities.

The best practice we see in this program is that, although it has a very broad focus in terms of the range of types of volunteer activities it facilitates, Hands On Atlanta has made a concerted effort to direct a significant portion of its efforts toward assisting immigrants and refugees in the greater Atlanta area. The services the Atlanta organization provides for immigrants and refugees fall into two areas: adult language, literacy, and education programs, and after-school programming and tutoring for children. The largest immigrant/refugee community the program serves is the Latino community, which has had many unmet needs. These needs have included the provision of education for immigrant children such as ESL and other transitional services--as well as educational advocacy for such programming. Hands On Atlanta has responded by helping to create and staff specific programs to meet these needs.

The $6.5 million annual operating budget of Hands On Atlanta is funded by Americorps and VISTA, foundation grants, corporate contributions, and private donations.

The program is operated by the Executive Director. It has 45 full-time employees, ranging from directors of different departments such as communication and recruitment, to associate directors, program managers and program coordinators. There are also roughly ten VISTA volunteers and about 145 Americorps volunteers every year.

2. Hands On Charlotte, started in 1991, is very similar in many ways to Hands On Atlanta. Although Charlotte's program does not currently offer as much in the way of activities directed toward immigrants and refugees, it is mentioned here in terms of best practices because it does promote some services that benefit these communities. These projects include tutoring for immigrant children, summer camps, and a winter coat drive.

Notably, Hands On Charlotte's annual budget is significantly smaller than that of its Atlanta counterpart--$260,000 compared to more than $6 million. The program receives funding from private individuals and corporations, supplemented by grants. Similar to Atlanta's program, the Charlotte program is run by the Executive Director, but with a much

smaller staff than in Atlanta. There are three full-time employees of the program including the Executive Director, and two part-time employees – an administrative assistant and a program assistant.

Interviewees' Suggestions for Program Development

The programmatic profiles in Part 1 demonstrate that our research has yielded a number of important and informative "best practices" that can be instructive in our local context. In this part, we discuss the suggestions for program development that we were given by our research subjects in Atlanta, Charlotte, and Memphis. Although we framed this question in our interview schedule[33] in terms of recommendations for others beginning a program, the suggestions we received also address how to augment, improve, and coordinate a citywide (or, in our case, "countywide") public/private social service effort for the immigrant and refugee community. In our discussion, we focus on the suggestions that reflect a system-wide perspective, rather than an individual entrepreneurial perspective.

The recommendations we received with respect to system-wide program development included the need for strategies to pursue several interrelated objectives. It is noteworthy that the pursuit of these objectives would strengthen the countywide diffusion of community-based direct and indirect services.

The first objective is sustainability, which requires avoiding duplicative functions, and combining cachement areas and target populations to achieve the optimal geographical location of services. Sustainability also requires assessing and promoting the marketability of services, and acquiring resources from outside of the local community, such as funding through federal grant opportunities.[34]

A second objective is the vertical coordination of services among federal, state and local agencies as well as the public and private sectors. This objective ties directly into the first objective particularly in the area of funding opportunities.

Third, strategies need to be developed to achieve the horizontal coordination of services, which includes promoting awareness of existing services, as well as inter-organizational partnering and resource sharing.

The fourth and final objective is culturally sensitive service delivery, especially by closely linking service providers and the target community or communities. Although mentioned last, this is perhaps the most frequent recommendation we received from our research subjects. Our interviewees repeatedly stressed the critical nature of maintaining a dynamic and constant feedback loop between social service providers and their target communities to ensure that programs and policies develop in a manner that maximizes their responsiveness and usefulness to the immigrant and refugee community.

[33] The Interview Schedule is attached as an appendix to Section VI of this Report.
[34] See Appendix B to this section.

Policy Recommendations

In this section, we present our recommendations for policies that respond to the social services needs of the immigrant and refugee community of Nashville-Davidson County, Tennessee, as requested on p. 5 of Metro's RFP 02-08. We developed these policy recommendations from the four research projects that we conducted to complete the Immigrant Community Assessment. These projects are: 1) the U.S. Census project; 2) the agency directors survey, comprising a census of over 800 social services agencies in Nashville that we compiled and interviews with a random sample of representatives of 64 of these agencies; 3) the immigrant focus groups project, consisting of 16 focus groups conducted in seven languages with a total of 137 individual participants; and 4) the Southern cities best practices project, a survey of best practices for serving the immigrant and refugee communities in greater Atlanta, GA, Charlotte, NC and Memphis, TN and intensive interviews with representatives of nineteen of the model agencies in these cities.

It is our intention to make recommendations that enhance and encourage a mutually beneficial incorporation of immigrants and refugees into Nashville. Our discussions with immigrants and refugees in the focus groups indicate that immigrants and refugees are making important economic and social contributions to Nashville. In addition, they contribute to the nation through military service. Locally, they engage in important mutual aid activities that help them to sustain themselves in cohesive communities. In our focus group discussions, immigrants and refugees also identified strengths of Nashville's public and private social services and economy. For example, focus group participants commented favorably about teachers, public schools, and employment opportunities and felt that Nashville was a safe city. These strengths are further detailed in section III of this report.

As a needs assessment, our report and recommendations focus on themes for strengthening Nashville's public and private social services. The social service policy domains that we emphasize in our recommendations—education (adult and children), employment, health, housing and safety—are those that the immigrants and refugees discussed with the greatest frequency and intensity in the focus groups compared to the other domains that were addressed by the focus groups. Focus group participants were given the opportunity to discuss other policy domains, such as family, community, law, and transportation, and to identify any other policy domains of concern to them.

In order to develop a set of recommendations that can have the greatest impact on the widest possible range of Nashville's immigrant and refugee community, we emphasize social service needs that were shared by most or all of the immigrant and refugee ethnic groups who participated in the focus groups. These ethnic groups, as requested by Metro in its RFP (p. 8), are Arabic, Hispanic, Kurdish, Laotian, Somali, and Vietnamese immigrants and refugees. Each of these ethnic groups also expressed needs that were unique to their group, or that were expressed by a minority of these groups. The needs that are unique to each of these ethnic groups are detailed explicitly in section III of this report.

We present recommendations below with summaries of the many research findings that are reported in detail and exhaustively in the previous sections of this report. Detailed findings,

such as statistical tables, maps, quotations from focus group participants, and descriptions of model social service programs in Atlanta, Charlotte, and Memphis, can be found in sections I-V of this report. A detailed discussion of our multi-method research design can be found in section VI of this report.

We organize our recommendations around seven themes on strengthening the incorporation of immigrants and refugees in Nashville-Davidson County that emerged from our research. The immediate objectives of this set of recommendations are to maximize mutual communication and understanding between native and foreign-born residents and increase the supply, accessibility, and culturally sensitive delivery of services for foreign-born residents of Nashville-Davidson County.

Theme 1. Increase countywide, community familiarity with the cultural traditions and contributions of immigrants and refugees in Nashville

The findings from our analysis of the 2000 U.S. Census indicate the newness of global immigration to Nashville and the degree of invisibility of the rapidly growing immigrant and refugee community in Nashville. In 2000, Nashville's foreign-born residents comprised 7% of Nashville's total population of some 570,000 residents. Two-thirds of the foreign-born who were residing in Nashville in 2000 had arrived in the United States during the 1990s. Two-thirds of Nashville's foreign-born residents originated in Latin America, and some 5% of Nashville residents—native and foreign-born—identified themselves to the Census as "Hispanic." Roughly one-third of Nashville's foreign-born residents, especially those who are ages 18-64, were what the U.S. Census termed "linguistically isolated"—they lived in households where no member over the age of 14 spoke English "very well." According to the Census data, the foreign-born tend to reside in the southeast quadrant of Nashville, although they are less residentially segregated from natives than native whites are from native blacks. Three-fourths of Nashville's foreign-born residents are not citizens. Non-citizen, foreign-born residents of Nashville are two times more likely than Nashville natives to be poor.

Our survey of Nashville social service agency directors shows that most service providers face difficulties in communicating with immigrant and refugee clients and patients. Over 80% of those responding to the survey indicated the presence of language barriers between staff and their clients and patients that resulted from the absence of translators and interpreters and the inability of staff and their clients and patients to communicate with one another in the same language. Approximately 85% of the surveyed directors indicated that their agencies faced difficulties in gaining access to interpreters. Agency directors also indicated that foreign-born clients were less likely than native clients to provide their agencies with feedback about the services. Approximately two-thirds of the survey respondents claimed that a minority of their foreign-born clientele provided their agencies with feedback or that they did not know how much feedback they received from their foreign-born clientele. In contrast, 70% of the survey respondents indicated that a majority of the native clientele, regardless of their race or ethnic background, provided their agencies with feedback about services. Over 40% of the survey respondents did not know how

satisfied or dissatisfied their foreign-born clientele were with the services provided by their agencies.

The immigrants and refugees who participated in our focus groups reported instances of a range of adverse interpersonal interactions with native residents of Nashville in all of the policy domains that they emphasized. Generally, these adverse interpersonal interactions reported by the focus group participants include: a) discriminatory denial of employment to foreign-born job seekers and assignment of foreign-born workers to low-status jobs for which they are over-qualified; b) on-the-job intolerance and cultural insensitivity toward foreign-born workers expressed by native co-workers and employers; c) intolerant and insensitive delivery of social services in all service domains by professional service providers who were unfamiliar with ethnic cultural traditions of foreign-born clients and patients; d) intimidating or harassing delivery of protective services and the management of rental housing, generating foreign-born residents' disaffection from these service providers; and e) taunting and harassment of foreign-born children by native children on school buses and in schools.

RECOMMENDATION 1.1: Develop instructional resources—for example, brochures, workshop curricula, videos, mini-conferences with immigrants and refugees—about the cultural traditions and local contributions of all foreign-born ethnic groups in Nashville for employers, real estate managers, and professional service providers in all service domains.

RECOMMENDATION 1.2: Increase the instructional opportunities on the cultural traditions and local contributions of Nashville's foreign-born ethnic groups for employers, real estate managers, and professional service providers in all service domains.

RECOMMENDATION 1.3: Encourage employers, real estate managers, and professional service providers in all service domains to avail themselves voluntarily of any instructional opportunities of the kind described in Recommendation 1.2.

RECOMMENDATION 1.4: Develop K-12 curricula and materials on global immigration to Nashville for instruction in social studies, geography, history, literature, foreign language, and statistics courses.

RECOMMENDATION 1.5: Support more public inter-cultural events and disseminate more public-interest information about global immigration to Nashville and the cultural traditions and local contributions of Nashville's foreign-born ethnic groups.

Theme 2. Increase the availability and broaden the curricula of English-language instruction and instruction on daily life in the United States

The U.S. Census study shows that Nashville's foreign-born residents have varying abilities to communicate in English. Roughly one-third of Nashville's foreign-born residents, especially those who are ages 18-64, are what the U.S. Census terms "linguistically isolated"—they live in households where no member over the age of 14 speaks English "very well." At the same

time, the U.S. Census shows that over 70% of Nashville residents whose native language is not English speak English "well" or "very well."

Focus group participants expressed a need for increased opportunities to learn English at proficiency levels higher than the elementary level. Focus group participants also indicated that the accessibility of English-language instruction was lowered by the limited schedules at which English language instruction is offered and by an insufficient supply of affordable and safe childcare services for adult, English-language students.

Focus group participants also expressed a desire to familiarize themselves further about daily life routines in the United States by taking courses on this topic.

RECOMMENDATION 2.1: Increase English-language instructional opportunities that are offered during non-working hours.

RECOMMENDATION 2.2: Offer more English-language instruction at proficiency levels higher than the elementary level.

RECOMMENDATION 2.3: Offer more instruction on daily life routines in the United States.

RECOMMENDATION 2.4: Increase the supply of affordable and safe childcare services for adult students.

Theme 3. Encourage the development of community-based social service agencies in areas where immigrants and refugees tend to reside

The statistical findings and maps from the U.S. Census project and the agency directors survey indicate that 80% of 813 public and private social service providers in Nashville are located outside of the southeast quadrant of Nashville, and that almost 60% of Nashville's foreign-born residents live within the southeast quadrant in the emerging international corridor along Nolensville and Murfreesboro Rds. The U.S. Census study also shows that Nashville's foreign-born ethnic groups tend to reside in different census tracts within the southeast quadrant, and that each foreign-born group comprises no more than a minority of residents within any one census tract. According to the agency directors survey, half of the directors responding to the survey identified transportation barriers that reduced the accessibility of their agencies' services to foreign-born clientele.

What is more, immigrant and refugee participants in our focus groups maintained that the accessibility of social services to immigrants and refugees is reduced by infrequently operating transportation services, limited schedules in which social service agencies are open to the public, and an insufficient supply of safe and affordable childcare services. Focus group participants also indicated that language barriers between service providers and clients and patients, as well as providers' unfamiliarity with the ethnic cultural traditions of

immigrant and refugee clients and patients, hinder communication and lower trust between individual service providers and individual clients and patients.

The results of our interviews with representatives of model agencies in Atlanta, Charlotte and Memphis suggest that a model of a sustainable, social service agency that serves immigrants and refugees effectively is an agency that: 1) is located in the neighborhood where immigrants and refugees tend to reside; 2) provides multiple, direct services and referral services; 3) employs a multi-lingual, professional and community staff who are familiar with the ethnic cultural traditions of the neighborhood residents; and 4) serves the widest possible range of immigrant, refugee, and native ethnic and racial groups who reside in the neighborhood. For the sake of brevity, we refer to a social service agency that has these four characteristics as a "community-based, multi-service, multi-ethnic" social service agency.

RECOMMENDATION 3.1: Encourage the development and diffusion of community-based, multi-service, multi-ethnic social service agencies in the southeast quadrant of Nashville.

RECOMMENDATION 3.2: Increase the frequency with which transportation services operate between the southeast quadrant and the other areas of Nashville.

RECOMMENDATION 3.3: Increase the supply of affordable and safe childcare services for families who visit social service agencies.

Theme 4. Increase the accessibility of employment, housing, and service providers to immigrants and refugees

Focus group participants reported language barriers and financial barriers to obtaining employment, decent and affordable housing, and social services.

Although the majority of Nashville's foreign-born population is not poor, the U.S. Census study shows that Nashville's non-citizen, foreign-born residents are twice as likely as Nashville natives to be poor. The poverty rate of Nashville's non-citizen foreign-born residents is 23%, compared to the poverty rate of 12% for Nashville natives. Approximately one-third of the agency directors who responded to our survey indicated that their foreign-born clientele were unable to pay for the services provided by their agencies.

Our survey of Nashville social service agency directors suggests that language barriers reduce awareness and accessibility of social service agencies to the immigrant and refugee community. Over 60% of the survey respondents stated that their agencies promote their services in the community by communicating only in English, and, of the one-third that promote their agencies in languages other than English, over 90% communicate in Spanish.

Focus group participants maintained that accessibility of employment, housing, and service providers in all service domains was hindered in part by language barriers that led to misunderstandings, low awareness of rights, benefits, and procedures, and tension between foreign-born residents, on the one hand, and those with whom foreign-born residents engage

in transactions in these domains. As policies for strengthening instruction in English-language and daily life routines in the U.S., Recommendations 2.1-2.4 are important, but are likely to be most effective after an immigrant or refugee has had time to settle into Nashville and become proficient in English. Indeed, our U.S. Census study shows that 45% of Nashville's foreign-born residents in 2000 had been in the United States for no more than five years.

In the short run, language barriers and financial barriers that hinder the accessibility of employment, housing, and vital services to the foreign-born can also be addressed with the aid of bilingual advocates, such as counselors, lawyers, and social workers. Over 80% of those responding to our survey of Nashville agency directors indicated the presence of language barriers between staff and their clients and patients that resulted from the absence of translators and interpreters and the inability of staff and their clients and patients to communicate with one another in the same language. Approximately 85% of the survey respondents indicated that their agencies faced difficulties in gaining access to interpreters. Our study of model agencies in Atlanta, Charlotte, and Memphis describes successful cases of community-based, multi-service, multi-ethnic agencies that serve as strong advocates for their clients, members, and patients, as well as providing them with direct services and referral services.

RECOMMENDATION 4.1: Increase the supply of bilingual advocates—counselors, lawyers, and social workers—who can advocate on behalf of non-English-speaking clients and patients, and on behalf of those who are not fluent in English, during the following interactions and transactions:

Adult Education

b. identifying and enrolling in institutions of higher education and vocational and technical education
b. aiding in the recognition of higher education credits earned in other countries

Children's Education

c. facilitating parent conferences with school teachers and administrators
d. arranging for appropriate student grade-level placement

Employment

e. assisting in job searches: resume preparation, identifying prospective employers, interviewing
f. learning employee rights
g. addressing occupational safety and health problems

Health

h. helping in the provision of healthcare
i. purchasing health insurance and filing health insurance claims

Housing

j. addressing rental housing conditions with housing managers

k. obtaining home mortgages

Safety
l. calling for help
m. interacting with law enforcement officers

Focus group participants also reported a scarcity of bilingual, emergency-service receptionists and providers.

RECOMMENDATION 4.2: Increase the supply of bilingual emergency-service receptionists and providers.

Theme 5. Streamline the credentialing of immigrants and refugees for employment in diverse sectors of the Nashville economy

Focus group participants reported that underemployment of foreign-born workers—that is, employment in a job for which a worker is overqualified—is partly attributable to gaps in communicating and presenting employment credentials that a worker had earned in her or his homeland. Some foreign-born workers are unable to retrieve formal documentation of their credentials from the homeland. For other foreign-born workers, local employment services and prospective employers are unable to read and interpret credentials written in languages other than English. Focus group participants also called for increasing the availability of higher education and vocational and technical educational opportunities.

Recommendations 4.1e-4.1g to increase the supply of bilingual advocates for employment-related issues are helpful policies, but, as practices that aid individual workers and employers, they increase only indirectly and incompletely countywide capacity to institutionalize and regularize the interpretation of foreign credentials and credentialing processes. Similarly, Recommendation 3.1 to encourage the diffusion of community-based, multi-service, multi-ethnic social service agencies is a helpful policy, but, as a neighborhood-centered policy, it increases only indirectly and incompletely countywide capacity to coordinate the multiple organizations—including private and public employers, labor unions, employment services, human resource management professionals, professional associations, occupational licensing agencies, vocational and technical education providers, and refugee resettlement agencies—that play a role in preparing foreign-born workers of all ethnic backgrounds for employment and in matching workers and jobs in the Nashville economy. Collaborating in this way can also help to increase the supply of qualified bilingual individuals who can serve as advocates in the service domains identified in Recommendations 4.1a-4.1m.

RECOMMENDATION 5.1: Encourage collaboration among private and public employers, labor unions, employment services, human resource management professionals, professional associations, occupational licensing agencies, vocational and technical education providers, and refugee resettlement agencies in the development of on-going, countywide capacity to interpret foreign, employment credentials earned in all countries of origin and streamline the

preparation, communication, and presentation of foreign-born workers' credentials for employment in the Nashville economy.

Theme 6. Develop public arenas for immigrants and refugees to express regularly their interests and needs

Our U.S. Census analysis indicates that three-fourths of Nashville's foreign-born residents are not citizens, and those of the remaining one-fourth who are registered voters are a small fraction of the local electorate. Immigrants and refugees align themselves with advocates, such as those described in Recommendation 4.1, in order to be heard and address problems. Our study of the Mayor's International Cabinet in Charlotte, described earlier in this section of the report, shows how this successful system-wide program allows for the regular expression of minority interests and institutionalizes the gathering and dissemination of helpful information about global immigration in the city. This best practice can also serve the information-dissemination objectives of Recommendations 1.1-1.5 that are presented above in the discussion of Theme 1.

RECOMMENDATION 6.1: Establish an on-going forum for the regular expression of interests by immigrants and refugees in Nashville.

Theme 7. Strengthen countywide capacity to monitor, plan, coordinate, and address the widest possible range of needs of immigrants and refugees

All of our recommendations suggest the desirability of establishing an on-going, countywide entity and effort to monitor social services needs and plan, coordinate and achieve a mutually beneficial incorporation of the rapidly growing and diversifying community of immigrants and refugees in Nashville. Our survey of Nashville agency directors suggests that inter-agency coordination is presently pursued primarily with informal means. Almost 60% of those responding to our survey indicated that their agencies learned about the services of other agencies by networking and word-of-mouth. The use of formal means of inter-agency coordination—such as conferences and association activities—was mentioned by no more than one-fourth of the survey respondents.

Taken together, our recommendations call for: a) continuously conducting policy-relevant research on the dynamic process of global immigration to Nashville; b) enhancing the mutual flow of communication among many inter-dependent groups, including foreign-born residents, community leaders, advocates, service providers, employers, universities, and policymakers; and c) inter-agency coordination between and within the public and private sectors in sharing common resources, such as interpreters and translators, incubating and developing new private and public, pilot projects and agencies, and locating new service-delivery sites within Nashville.

RECOMMENDATION 7.1: Establish an on-going, countywide organization dedicated to "immigrant and refugee affairs" to monitor social services needs and plan, coordinate and

achieve a mutually beneficial incorporation of the rapidly growing and diversifying community of immigrants and refugees in Nashville.

Appendix A. Program Summaries

This appendix contains a summary of each of the nineteen interviews we conducted with social service programs in the three comparison cities: Atlanta, Charlotte, and Memphis. We profile fourteen of these programs in the bdy of Section V. The remaining five programs represent helpful models, however we did not include them as best practices because they did not meet one or more of our criteria. Four of the programs involve the provision of legal services. We did not profile these programs as best practices solely because legal assistance was not identified as a most critical need by our ICA focus group participants. Nevertheless, we believe these types of legal services are well worth examining because they perform some of the bilingual advocacy functions that we propose in Recommendation 4.1 in Section V of the Report. The fifth program, which is a pre-school education program, also appears conceptually to be an important model, and education was a critical need identified in the ICA focus groups. This particular program unfortunately has faced difficulties in sustaining itself, and therefore was not profiled as a best practice.

Policy Domains:
H – Health
E – Employment
F – Family
S – Safety
ED – Education
C – Community
HO – Housing
T--Transportation
L – Law

√ Indicates Program Profiled as Best Practice

Atlanta Programs

√ *Latin American Association*

Policy Domains: E, F, ED, C, HO, L,
Type of Program: Direct Services
Budget: $2.8 Million
Population Served: Latino Immigrants
Web Address: www.latinamericanassoc.org

The Latin American Association (LAA), founded in 1972, serves the Latin American community through seven program areas: (1) legal services, which provide advice about immigration; (2) family services, which include a food pantry, the provision of clothing, money and referrals for immigrants; (3) employment services, which include interview preparation and placement services; (4) a housing program, which educates immigrants and refugees about finding and purchasing housing; (5) education and language oriented

programs such as ESL, Spanish language classes and translation services; (6) youth programs, which include after-school programs and mentoring; and (7) a seniors program for the elderly.

The LAA's numerous services address a wide range of needs that have been articulated over time by the Latino immigrant community. These include the following areas: English language instruction, immigration services, legal services, housing services, family services, day labor services, and youth services. The program continues to hear about community needs on an ongoing basis by maintaining open channels of communication with key organizations and individuals in the Latino community, such as newspapers, radio stations, teachers and counselors, regular clients, and community members.

In the short term, the LAA aims to improve its own processes and to collaborate more effectively with other organizations to better meet the needs of the Latino community. The programs' long-term goals include assisting general institutions in the community to improve their service delivery to immigrants through translation services.

Similar to most of the programs we surveyed, challenges to the LAA include maintaining quality services while keeping up with increasing demand, and solidifying its funding base. The program also faces the challenges of finding qualified bilingual individuals to handle "sensitive" issues in the community such as domestic violence. The program is meeting these challenges through strategic planning, careful budgeting, and efficient use of technology.

The LAA's annual operating budget of $2.8 million derives from federal and state government grants, foundation grants and corporate contributions. The program receives 13% of its funding from the United Way, a local independent organization. Although most of the LAA's services are free to immigrants, it charges fees on a sliding scale for legal services.

The LAA has 48 employees – 40 full-time and eight part-time. The full-time employees include an administrative assistant, specialists, coordinators, managers, an executive director and three attorneys. The part-time employees consist mostly of security and maintenance staff. The program employs many bilingual staff, including immigrants and the children of immigrants from about 15 Latin American countries. The employees' educational levels vary according to their role in the program. Many employees have graduate or professional degrees, such as degrees in social work or psychology, especially in areas like family services.

The LAA is governed by a Board of Directors. Current board members can invite new members to serve for up to two two-year terms. Most of the board members have Latino backgrounds. The current chair is Peruvian, and other current board members are Mexican and Puerto Rican. Occupationally, the board consists of doctors, attorneys, corporate leaders, food distributors, and service providers to immigrants and refugees.

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Cobb Immigrant Outreach/ The Hispanic Law Project – A Division of Atlanta Legal Aid

Policy Domain**:** L
Type of Program: Direct Services
Budget: Undisclosed
Population Served: Latino Immigrants
Web Address: http://www.law.emory.edu/PI/ALAS/

In 1996, an attorney founded The Hispanic Law Project (HLP) to provide legal services to the rapidly expanding Hispanic[35] community in the greater Atlanta metropolitan area. The program provides legal services to the Hispanic population in all of the metro Atlanta counties similar to the services otherwise offered to the indigent community. The Decatur office specializes in Hispanic outreach because of its location in a county with a large Hispanic population. The program communicates with the Hispanic community through service providers, mass media, and a Spanish language hotline. The program also does outreach to the community through visits to a local Catholic Mission, hospitals, health clinics, and other service providers.

HLP provides legal services to address a range of needs including "institutional denial" of the existence of undocumented immigrants (the judicial system, for example, lacks provisions for undocumented persons) and inadequate health care for immigrants, particularly preventive care. The program concentrates on civil cases, subsidized housing and consumer protection as well as health care services. Like other legal services programs, HLP maintains income guideline for its services. The program can only provide direct services to clients with incomes below 125% of the poverty threshold; however HLP offers free legal information over the telephone to the general public. The program does not charge any fees for its services.

HLP served between 2500-3000 mostly Mexican immigrants over the past year by providing representation, general advice and referrals, and outreach at other agencies. They also serve Vietnamese, Somali, Iraqi, Iranian, and African Saharan immigrants. The goal of the program is to provide the same high quality of service to immigrants it provides to the English-speaking indigent community. HLP faces ongoing challenges with maintaining sufficient funding and resources to meet the high demand for its services. The program also faces a significant challenge because of institutional barriers in the state and federal courts. The courts continue to deny equal access to justice to immigrants by resisting the accommodation of language barriers and failing to offer sufficient interpretation services.

Cobb Immigrant Outreach/ Hispanic Outreach Law Project

Policy Domain: L
Type of Program: Direct Services
Budget: Undisclosed
Population Served: Latino Immigrants
Web Address: http://www.law.emory.edu/PI/ALAS/

[35] The term "Hispanic" is used here (and elsewhere) because it is the term that was used by the interviewee.

The Cobb Immigrant Outreach program (CIO), a division of Atlanta Legal Aid within the Cobb County Legal Aid Office, evolved to meet the needs of the growing immigrant population. The program provides legal services in the following civil law areas: housing, unemployment, government benefits, family law, elder care, mental health, and AIDs discrimination.

√*Hands On Atlanta*

Policy Domains: ED, C
Type of Program: Indirect Services
Budget: $650,000
Population Served: Volunteers
Web Address: www.handsonatlanta.org

Hands On Atlanta was founded in 1989 by 12 citizens in the greater metropolitan Atlanta area to increase community activism by linking volunteers with social service programs. The program is loosely affiliated with the umbrella organization "City Cares" which is comprised of 31 Hands On organizations across the United States. The program offers three types of activities: (1) channeling volunteers to community activities and projects; (2) assisting with staffing for well-established programs such as Head Start; and (3) conducting the "Citizen Academy"-- a forum for community members and volunteers to learn about concerns of local communities.

Hands On Atlanta has chosen to focus most of its immigrant-oriented services on Latino immigrants, who comprise the largest immigrant and refugee community in the area. The program provides services targeted toward immigrants and refugees through the Metro Atlanta public school system. These services include after-school programming and tutoring for children, and language, literacy, and other educational programs for adults.

The goals of Hands on Atlanta are to solidify the program's status as the pre-eminent volunteer source and to broaden volunteer opportunities at the regional level. The program views the latter goal as an expansion of its "community investment mobilization" model—the notion that community activism yields community improvements. These efforts toward expansion are accompanied by challenges in sustaining adequate funding and maintaining quality programming.

√ *Catholic Social Services Office of Refugee Resettlement*

Policy Domains: H, E, F, ED, C, HO
Type of Program: Direct Services
Budget: $300,000
Population Served: Refugees
Web Address: http://www.cssatlanta.com/refugee.htm

The Catholic Social Services (CSS) Office of Refugee Resettlement in Atlanta is an office of Catholic Charities that was founded in 1983 and provides 100 refugees a year with a

wide range of services. These services include resettlement services, such as immigration information and legal services, ESL classes, cultural orientation classes, information sessions on renting and buying housing, education about safety issues and crime prevention, and job development programs. The program also provides pregnancy, parenting and adoption services. Additionally, CSS is developing a recertification program for immigrants with professional degrees.

A bishop established the program for refugees 20 years ago in response to the arrival of a wave of refugees in the area with the assistance of government agencies, the local refugee and broader Catholic communities, and non-profit organizations. The U.S. Department of Health and Human Services (HHS) played an especially important role in the development of the program. The short-term goals of the program include orienting newcomers to the American way of life, helping them secure safe, permanent housing and employment, helping them learn English, and providing them with access to mental health services. The long-term goals of the program are to mobilize refugee communities and to facilitate their sustainability.

The program has recently experienced a backlash against immigrants that is affecting funding and the community's response. CSS is also struggling with the economic downturn, which has tightened the job market, and recent political decisions, which have limited the number of refugees allowed into the country. Additionally, the program has experienced a reduction in its funding.

The annual operating budget of the CSS is $4 million, of which $300,000 is allotted to operate the refugee program. The larger organization receives funding from the state for some of its social service programs as well as the refugee resettlement program. Catholic churches in the area also provide donations, services and volunteers. The United Way additionally provides funding to CSS. Fees are charged on a sliding scale for counseling and adoption services

CSS has 60 employees, seven of whom work full-time in the Refugee Resettlement Program. These employees include an ESL teacher, four case managers, a case manager supervisor and an employer-connector, who connects refugees with employers and jobs. There is also a part-time volunteer coordinator for CSS as a whole. All of the employees in the refugee program are multi-lingual and multi-cultural.

Catholic Social Services has a fifteen-member board of directors who are appointed by the board itself and serve two-year terms. The Archbishop must approve these nominations. The current composition of the board includes several immigrants and refugees, representatives from the Archdiocese, business and education professionals, and a licensed social worker.

√ *United Way Workforce Development and Micro-Enterprise Project*

Policy Domains: E, F, S, ED
Type of Program: Direct Services

Budget: $2.8 million
Population Served: Socio-Economically Disadvantaged Communities (including native-born and foreign born)
Web Address: www.unitedwayatl.org

The United Way created this program in 1998 to meet the community's need for employment, crime reduction and increased home ownership. The Workforce Development and Micro-Enterprise Project (WDMEP) provides numerous employment-related services, including ESL, computer training, life skills classes, reintegration for the blind and disabled into the workforce, job skills programs, home ownership classes, childcare services and youth development services. Immigrant communities are **one** of the target populations for these services in these neighborhoods, which include native-born and foreign-born groups that are similarly economically disadvantaged.

The goals of the WDMEP include helping people to become employed at a living wage, training individuals in job skills, and disseminating labor market information to the target communities. A key challenge to the program is the demand for these services, which has outpaced the resources allocated to the program by the United Way.

The WDMEP receives most of its annual $2million budget from the United Way, but also receives some assistance from the U.S. Department of Health and Human Services (for Individual Development Accounts), corporate foundations and private donors. Funding continues to be a challenge for the program's sustainability. The staff of the WDMEP consists of an executive director, program manager, project manager and volunteers that run each of the individual projects. Two to three individuals manage each project with five to ten volunteers. Immigrants and refugees fill many program manager positions, especially in the ESL programs.

√ *Jewish Family and Career Services Refugee and Immigrant Training and Employment (RITE)*

Policy Domains: H, E, F, ED, C, HO, L
Type of Program: Direct Services
Budget: $650,000
Population Served: Refugees and Immigrants
Web Address: www.jfcs-atlanta.org

Jewish Family and Career Services (JFCS) started over 120 years ago as a joint venture between Hebrew International Aid Services (HIAS) and the Jewish community. The agency is similar to other Jewish family services agencies that exist in most large urban areas in the United States. Like some of these agencies, JFCS in Atlanta has been involved in refugee resettlement for many years.

JFCS currently has more than ten programs focused on resettlement, citizenship, translation, employment and educational upgrades for immigrants and refugees. The Refugee and Immigrant Training and Employment (RITE) program provides resettlement training, translation services, interpretation, citizenship outreach programs to help people fill out forms, and citizenship classes. Additionally, it provides "elder connections" for Russian immigrants, including case management for seniors, social support groups, the "healthy family" support program that provides preventive health services, and mental health services. The program serves refugees and immigrants from 75 countries and five continents, and also provides services to Spanish-speaking people at places such as the health centers.

> Initially, the program focused on providing mental health and legal advocacy services to Eastern European refugees. Much of the expansion of advocacy and other services developed in response to anti-immigrant sentiment. International Services, a department within JFCS, has an annual budget of $650,000. It receives funding from the United Way, private foundations, the Jewish Federation of Greater Atlanta, HIAS, the U.S. and Georgia Departments of Health and Human Services for its refugee programs, and other county contracts. Minimal fees are charged only for the translation services and the work-based ESL programs.

Some of the programs present challenges are funding and the scapegoating of immigrants by government officials and the media.

The program is run on a day-to-day basis by an executive director and program coordinators. RITE is staffed by volunteers, including community members (especially from the Jewish community), Hands on Atlanta volunteers[36] and student interns from Emory University. There are eight full-time employees, including program managers, coordinators, and assistants. There are four part-time employees: a Russian Support Specialist (who provides general information and referrals to Russian immigrants), a job developer, an employment services specialist, and a citizenship services assistant. The program also has ten to fifteen contract employees, who include ESL teachers, translators, and those who work in the citizenship programs. Most of the employees are foreign-born and speak a second language.

RITE does not have its own board of directors, and instead derives its leadership from the board of JFCS. JFCS board members are appointed by the president of the board, who receives nominations from board members and from the community. The JFCS board currently has several members who are immigrants or refugees.

√ *Center for the Pan Asian Community*

Policy Domains: H, E, F, S, ED, C, HO, L
Type of Program: Direct Services
Budget: $1 million
Population Served: Pan-Asian Immigrants

Web Address: www.cpacs.org

The Center for the Pan Asian Community (CPAC), founded in 1980, provides a wide range of services for the Pan-Asian community. The program offers parenting classes, ESL, computer classes, domestic violence classes for both victims and batterers, health services, counseling services, immigration legal services, diversity programs for the non-immigrant community, food stamp services and homelessness programs. The program also provided first-time homebuyer assistance and DUI classes.

The program was founded as a church-based initiative in the Korean community, headed by a medical doctor. Originally, the center was called the Korean Community Service Center, which changed to CPAC when large numbers of other immigrants started arriving in the area.

The needs being addressed by the Center are similar to those of the mainstream community, with an additional emphasis on the acculturation of immigrants and refugees into the mainstream community. One challenge highlighted by the program is that "the mainstream society does not understand immigrant's needs and immigrants do not understand the needs of mainstream society". Another challenge is that the demand for services often outpaces the supply of resources and funding. The program identified funding and a shortage of human resources as its most pressing challenges at the present time.

CPAC is neither affiliated with nor funded by a large umbrella organization. Its annual operating budget of $1 million consists of federal and state funding, community donations, foundation grants. The Center charges for some of the services on a sliding scale, including immigration services, translation and interpretation services, health clinic immunization shots and health counseling.

The program employs volunteers through college internships and the Pan-Asian community. There are sixteen full-time employees – a program director, a resource development person, a clinic nurse, an immigration lawyer, legal aid employees and a housing department director. The program also has eight part-time employees, including program assistants, a program coordinator, and an office assistant. All of the employees are immigrants or the children of immigrants.

The Center has a board of directors. The board elects it members in two to three-year terms using a committee chaired by a current board member. Presently, all of the board members are immigrants, representing the Korean, Chinese, and Vietnamese communities.

√ *Refugee Family Services*

Policy Domains: H, E, F, S, ED, C
Type of Program: Direct Services
Budget: $1.2 Million
Population Served: Refugee Women and Children
Web Address: www.refugeefamilyservices.org

Refugee Family Services (RFS), created in 1997, evolved out of the Save the Children program. RFS focuses on helping refugee women to become economically and emotionally self-sufficient. The program was initiated by a Vietnamese refugee, who observed that women in the refugee community particularly lacked job and language skills, cultural knowledge and education. She was also concerned that these women were facing domestic violence without the benefit of culturally sensitive resources or mental health services.

Presently, the program offers a panoply of services aimed at refugee women and children. These include the Violence Prevention program, which operates a domestic violence hotline and the only international culturally sensitive shelter in Georgia. RFS also has job readiness services that educate female refugees about how to interview for jobs and offer cultural orientations about what to expect on the job. Further, they place women on jobs and follow up on their progress. Additionally, the program conducts leadership training to help with women's self-sufficiency and knitting support groups for women.

In terms of services aimed at children and youth, RFS has a school liaison program with five bilingual caseworkers to address resource and service gaps in the education system for refugee children. The caseworkers act as translators, crisis counselors, and advocates. RFS also offers after-school programs, tutoring, and summer camps. Additionally, it has a preventive health program that uses a traveling health service to do reproductive counseling and immunizations. RFS has a few clothing and food distributional drives each year, but tends to de-emphasize them so that the communities are encouraged to become self-sufficient. Finally, they run housing services for refugees.

The program receives partial funding from the Office of Refugee Resettlement (a federal department within Health and Human Services), which is distributed through the Georgia Department of Health and Human Services. RFS also receives foundation funding—about 30-35% of its annual budget comes from foundations, including corporate foundations. The total annual operating budget of RFS is $1.2 million. Currently, the program is facing a funding shortage because the government eliminated 30-40% of its funding for refugee programs after September 11 and because of the decline in the economy. The government has also restricted the number of refugees permitted to enter the U.S.

Charlotte Programs

Central Avenue Bilingual Pre-School

Policy Domains: F, ED
Type of Program: Direct Services
Budget: $180,000
Population Served: Socio-Economically Disadvantaged Immigrant Children Lacking English Skills
Web Address: www.smartstartofmeck.org/programs.asp

This program, founded in 1999, provides instruction in English and Spanish languages to immigrant and refugee children. The program also works with families through the provision of family workshops and classes to acclimate adults to American culture. The pre-school was formed because its founders saw that Hispanic children had no pre-school experiences and faced language barriers. The school's founders also realized that the parents needed as much training educationally and linguistically as their children, so they started providing the adults with ESL classes, computer classes and car seat classes.

The goals of the program are for children to acquire adequate English language skills to be able to communicate their basic needs in the school system and for parents to be better prepared to help their kids once they enter the school system.

Some of the challenges the program faces include not being able to accommodate all of the children on the waiting list and funding problems. The program's budget has remained stagnant, however the need for its services has doubled. The pre-school has only two full-time employees, a director and an executive director, and five part-time employees, including five teachers and one school assistant. All seven of the employees are immigrants and all speak Spanish and English.

The program's annual operating budget of $180,000 is currently funded mainly through foundations, faith-based organizations and the United Way of North Carolina. No fees are charged for families who are socio-economically disadvantaged and meet the program's income guidelines.

√ *Mayors International Cabinet*

Policy Domains : All
Type of Program: System-wide
Budget: $70,000 – $100,000
Population Served: International Community
Web Address: http://www.charmeck.org/Departments/mayor/international+cabinet/home.asp

The Mayor's International Cabinet in Charlotte is an advisory board to the mayor and is composed of international business people, local organizations, and representatives of the foreign-born community. The Cabinet was formed in 1992 to improve the coordination of international businesses and services in the area, to assess and identify the international needs of Charlotte, and to help nonprofits become self-sustaining by advertising their services to potential funding sources and to the broader community.

Today the Mayor's Cabinet performs a number of additional functions. The Cabinet fosters cooperation between higher education and business to ensure that language and

cultural education is sufficient for the international community in Charlotte. It also works to educate the broader community and to increase cultural understanding, as well as to publicize programs and international events in Charlotte. Additionally, the Cabinet maintains a database of non-profit and international organizations, coordinates group activities and interaction, and publishes an international calendar that is widely available.

The success of the program is attributed in part to the fact that the mayor demonstrates its importance by chairing each of the monthly meetings. The strong relationship between the Cabinet and the community is maintained through frequent collaboration between the Cabinet and the community.

The Cabinet has faced three main challenges. First, the Cabinet has struggled to be recognized as a priority by the city council. Related to this challenge, second, the Cabinet has struggled to secure and to maintain adequate funding. Early on, all of the Cabinet's funding came from city council. Third, the Cabinet has struggled to maintain ongoing communication with direct-service programs.

While the Cabinet continues to struggle to be viewed as a higher priority by the city council, it has developed specific strategies to address the other two challenges. To address the need for adequate funding, the Cabinet has sought corporate contributions in addition to the funding it receives from the City Council. To address the need for ongoing communication, the Cabinet has created a newsletter, which has been very successful.

Currently, the City funds most of the Cabinet's annual budget of approximately $85,000. The Cabinet also raises funds at its annual fund-raising event.

The Mayor's International Cabinet is staffed by a part-time executive director and a communications director. There are no full-time employees. The Cabinet also engages unpaid college-student interns. In addition to the staff, the Cabinet has members, who are the representatives of the international business community and the non-profit social service community. The educational requirements for the staff as well as for members of the Cabinet vary. Important qualities include interest and experience in international business or culture. Members of the Cabinet and staff must also have strong communication and administrative skills, and must be respected by both community members and business leaders.

Immigrant Justice Project of Legal Services of Southern Piedmont

Policy Domains: L
Type of Program: Direct Services
Budget: Unknown
Population Served: Immigrants
Web Address: www.lssp.org

This Immigrant Justice Project (IJP) is a legal services program that started as a Hispanic outreach project in 1997 within the Southern Piedmont Legal Services agency. It grew into the IJP in 1998 when it received funding as an independent project within the

agency. The program developed in response to a rapid increase in the Spanish-speaking immigrant population in Charlotte. At the time, immigrants lacked access to the courts and to social service agencies, as well as information about their legal rights.

The IJP provides immigration assistance as well as representation on other civil legal matters to immigrants who are socio-economically disadvantaged. The program provides representation for immigrants on the same types of civil matters as it provides to native-born groups who are socio-economically disadvantaged, including landlord-tenant cases, public benefits, health care, tax disputes and predatory lending cases. Such matters also include representation for victims of domestic violence on child custody matters. Additionally, IJP operates a Spanish intake telephone line and a community outreach effort that includes advertising its services and conducting informational sessions to instruct immigrants about their legal rights in different areas.

The short-term goals of the IJP are to improve access for immigrants to government agencies and the court system, to make immigrants more aware of their legal rights and available services, and to train other organizations to make services available to the immigrant community. The program's long-term goals are to limit the exploitation of immigrants, educate them about their rights, and, ultimately, to achieve sufficient access to services for immigrants to eliminate the need for special legal representation.

Challenges the program faces include limited funding and resources, resistance from government agencies to immigrant-accessible services and facilities, and a lack of bilingual services. The program also struggles to overcome the larger community's distrust and animosity towards immigrants in the area, while actively working to build trust with the immigrant community. The IJP regularly participates in events held in connection with the immigrant community, confers with immigrant community leaders, and advertises its services though Spanish-language media such as newspapers. The office receives funding from the state, private foundation grants including the United Way, donations from private law firms, and IOLTA funding.[37]

√ *Catholic Social Services of Catholic Charities in Charlotte/ Refugee Resettlement Program and the Latino Program*

Policy Domains: H, E, F, ED
Type of Program: Direct Services
Budget: $700,000 - $900,000 for Refugee Program, $150,000 for Hispanic Program
Population Served: Refugees and Immigrants
Web Address: www.cssnc.org

The two programs we profile here--the Refugee Resettlement Program and the Hispanic Program—share one office.

[37] IOLTA funding is the Interest on Lawyer's Trust Accounts, and is an important source of funding for legal services programs throughout the U.S. The Tennessee Bar Foundation administers the IOLTA funds in Tennessee. The Executive Director of the bar foundation is a member of the ICA Community Advisory Board.

The Catholic Social Services (CSS) Division of Catholic Charities in Charlotte Refugee Resettlement Program/ Service originated in 1991 and is a volunteer program that focuses on refugee resettlement. This program's large volunteer staff is comprised of former refugees who are highly dedicated to their work. CSS's Refugee Resettlement Program volunteers prepare housing for refugees before their arrival, pick them up at the airport when they arrive, enroll them in ESL classes, help them obtain social security cards, make medical appointments for them and find them employment. The goals of the program are to facilitate refugee self-sufficiency within 6-18 months after their arrival, and ultimately, to ensure their integration and adaptation to the community. The Refugee Resettlement Program, which relies almost exclusively upon federal funding, is currently struggling with funding problems and governmental policy changes related to refugees, as well as a decrease in entry-level jobs for refugees and a housing shortage.

The Hispanic Program, which operates in numerous regional offices of CSS throughout North Carolina, originated mainly to meet the translation needs of migrant farmers in the area. As the Hispanic population began rapidly increasing, it became apparent that few of the services immigrants needed were available to them. The program also expanded because Hispanic immigrants generally felt comfortable in the Catholic Church. The program currently provides translation, burial services, counseling, marriage, adoption services, immigration services, foster care, and mentoring for pre-teen girls. The program staff generally advocates for the Hispanic population because this community is vulnerable to employers and their landlords, largely because of its members' undocumented status.

The long-term goals of the program are to help resolve conflicts between different groups vying for jobs, resolve the anger, depression, and civil strife often associated with joblessness, and educate immigrants about how to navigate U.S. culture.

The program is facing challenges related to backlash from 9/11 and a general suspicion of immigrants, as well as funding issues. One-to two-thirds of the $150,000 annual operating budget of this program is funded by the Charlotte Diocese and the remainder is funded by state and federal grants and private foundations.

√*Hebrew International Aid Services*

Program Areas: H, E, F, ED, T
Type of Program: Direct Services
Budget: Undisclosed
Population Served: Refugees
Web Address: www.hias.org

Hebrew International Aid Services (HIAS) operates a refugee resettlement program. The program, founded in 1995, uses volunteer caseworkers who provide comprehensive services for the refugees. Prior to their arrival, the caseworkers secure and furnish housing for the refugees. Within the first 30 days after their arrival, HIAS helps them obtain social security cards, Medicaid, and food stamps. The program also transports the refugees to the

Department of Health for screenings and immunizations, and assists them in finding jobs and in acculturation.

Some of the challenges the program has encountered include a shortage of volunteers who have been willing to be flexible with their time and to use their own resources to help refugees. Presently, a decreasing number of refugees are being admitted to the US, which also limits government funding. The program also is experiencing difficulty finding jobs for refugees. The program receives funds from the state, HIAS, and grants.

The program is directed by a full-time Director of Refugee Resettlement. Other full-time staff includes an assistant resettlement counselor and a general case manager. The sole part-time employee is in charge of case-aid, and both acts as an interpreter and manages the resettlement cases.

√*Community Health Services*

Policy Domain: H
Type of Program: Direct Services
Budget: $700,000
Population Served: Socio-Economically Disadvantaged Communities
Web Address: www.chs-nc.org

Community Health Services (CHS), founded in 1955, is a community-based nursing non-profit nursing organization. Following a traditional public health nursing model, nurses reach out to vulnerable populations with limited English skills, high poverty, and substance abuse problems through in-home services. CHS offers case management, including developing plans of care, ensuring that all qualified individuals receive health care benefits, and ensuring patients obtain follow-up examinations. The program also provides immunizations and educational sessions on health care.

The goal of CHS is to ensure that every resident of the county has access to health care regardless of his or her ability to pay. Some of the program's present challenges include funding, competition and collaboration with other services, and growth in the immigrant population. CHS also faces shortages of requisite resources for addressing immigrant needs and language barriers. Specifically, the community lacks a sufficient number of health care providers who speak Russian, Chinese and Vietnamese. The program also struggles with inadequate translation services in the area and an inadequate supply of interpreters. Nevertheless, CHS has remained successful because of its reputation in the community as a flexible and responsive program.

CHS is an independent program with an annual budget of $700,000. The program receives half of its funding from the United Way, a fourth from service fees set on a sliding scale, and a fourth from private contributions and foundation grants.
The staff of CHS includes a Director of Clinical Services who runs the organization on a day-to-day basis. The program employs thirteen full-time employees including nurse educators, clinical staff, one medical director, one development director, one nurse practitioner, one

accountant and one support staff/administrative assistant. CHS no longer employs part-time staff.

√Hands On Charlotte

Policy Domains: ED, C
Type of Program: Indirect Services
Budget: $260,000
Population Served: Volunteers
Web Address: www.handsoncharlotte.org

Hands On Charlotte started in 1991, when a group of professional women set out to provide volunteer opportunities to other busy professionals. The program is loosely affiliated with City Cares, an amalgamation of 31 Hands On organizations around the country.

The program organizes a wide variety of volunteer projects in Charlotte. These include specific projects oriented toward immigrant children, including tutoring summer camps, and a winter coat drive.

The program conducts two annual events: National Youth Service Day, which involves about 300 teens, and Hands On Charlotte Day, which is a day of service involving about 200 volunteers. The long-term goals of the Hands On Charlotte are to strengthen the community and enrich the lives of community members by making volunteering a part of their lives.

Some of the program's challenges include retaining volunteers and staff members, and fund-raising. The program annual budget of $260,000 derives mainly from private individuals and corporate donations, as well as grants.

Memphis Programs

√Memphis Latino Conexion

Program Areas: F, C
Type of Program: Indirect and Direct Services
Budget: $200,000
Population Served: Latino, Vietnamese, Chinese, and Laotian Immigrants
Web Address: www.latinomemphis.org

Founded in 1995, the Latino Conexion (LC) researches the issues and concerns of the Memphis Latino community and lobbies government officials for systemic changes affecting the Latino community as a whole, rather than advocating for individuals. LC acts as the "voice" of the Latino community at the state and the local levels.

LC also provides some direct services. The program provides information and translation services in the community and in hospitals. LC also hosts Latino Heritage and cultural activities in the mid-South, and is starting a Youth Development Program to bring

together schools, churches and other organizations to provide at risk Latino youth with enhanced educational opportunities.

Additionally, the program houses a community center that is a hub for services to the community. The Center holds Spanish-speaking Boy Scouts meetings and focus groups. As of May 1, 2003, the U.S. Department of Homeland Security has also opened an office at the Center.

LC's main challenges have been the explosion in growth in the Latino community in Memphis combined with a lack of cultural sensitivity toward Latinos. Additionally, given that the program also serves Vietnamese, Chinese, and Laotians, the program has struggled to find common ground among the immigrant communities it serves. Additionally, language barriers have created difficulties. Finally, similar to most of the programs we surveyed, LC struggles to maintain financial stability and resources.

LC's annual $200,000 budget is funded through the United Way, individual and corporate contributions, and grants.

Volunteer Memphis

Policy Domains: ED, C
Type of Program: Indirect Service
Budget: $1 million
Population Served: Volunteers
Web Address: www.volunteermemphis.org

Volunteer Memphis (VM), started in 1976, offers a wide range of volunteering and training opportunities for volunteers and for organizations that work with volunteers. Training offered directly to volunteers includes disaster preparedness and mentoring and tutoring. VM also provides training for nonprofit agencies and local companies that manage volunteers or wish to promote volunteership among their employees. The program also has a website at www.volunteermemphis.org, where it provides a calendar of volunteering and training opportunities and a searchable database of volunteer opportunities.

Appendix B. Federal Funding Opportunities

As requested in the RFP,[38] the ICA Research team has identified a number of potential grant opportunities that Metro could pursue in order to implement the recommendations discussed in Section V. Below we present a discussion of funding opportunities available at the federal level, organized according to the sponsoring agency.

U.S. Small Business Administration (SBA)

The SBA is an independent federal agency that offers loans to non-profit organizations, intermediary lending institutions, and state and local government organizations that provide management, technical or financial assistance to small businesses in their communities. Information about these loans can be accessed at http://www.sba.gov/expanding/grants.html.

U.S. Department of Housing and Urban Development (HUD)

HUD has an Office of Community Planning and Development (CPD). CPD works to develop viable communities through partnerships between state and local governments and local organizations. CPD offers Community Development Block Grants (CDBG) for initiatives to develop economic opportunities within urban settings to low- to moderate-income communities. These funds are distributed to state and local governments to fund local initiatives that meet these objectives.

Eligibility for funding through the CDGB program is determined by the following criteria: over a one-, two-, or three-year period selected by the grantee, not less than 70% of the CDBG funds must be used for activities that benefit low- and moderate-income persons. In addition, these activities must be oriented toward prevention or elimination of slums or blight, and must serve community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community. Information about these grants can be found at: http://www.hud.gov/offices/cpd/communitydevelopment/programs/index.cfm.

HUD also offers a community renewal initiative called Renewal Communities/Empowerment Zones/Enterprise Communities (RC/EZ/EC) for organizations that offer innovative approaches to community revitalization. Information about these grants can be found at: http://www.hud.gov/offices/cpd/communitydevelopment/programs/index.cfm.

Additional information about HUD grants and programs can be accessed at the HUD main website at: http://www.hud.gov/, and at: http://www.hud.gov/offices/adm/grants/fundsavail.cfm, and http://www.hud.gov/offices/cpd/about/cpd_programs.cfm.

[38] RFP at pp.5, 8-9.

U.S. Department of Health and Human Services (HHS)

HHS operates programs for Refugees and Immigrants through the Office of Refugee Resettlement (ORR), which is housed under the Administration for Children and Families (ACF). The ORR offers the Matching Grant Program for activities designed to help refugees upon entry into the United States. The matching grants provide an alternative to traditional public assistance efforts and are designed to assist refugees to become self-sufficient within four months of their arrival into the U.S. The program is funded based on the calendar year.

The program awards matching grants of $2,000 for each refugee client served. Eligible grantees are voluntary resettlement agencies that have the capacity to coordinate comprehensive multilingual, multicultural services for refugees at local sites. Grantees must also carry out case management, employment and maintenance assistance services. Clients eligible to be served under this program are refugees, certain Amerasians, Cuban and Haitian entrants, asylees, and victims of severe forms of trafficking. Information for this program can be found under the ORR Matching Grant Program at: http://www.acf.hhs.gov/programs/orr/programs/matchgva.htm.

ORR also offers grants for Employment Subsidy Projects for refugees who are experiencing long-term difficulties assimilating socially and economically. These grants are intended for localities with high concentrations of refugees who have experienced difficulty integrating into local communities.

Additionally, the ORR offers grants for Refugee Micro-Enterprise Development and for Refugee Family Enrichment Programs. These programs offer funds to public and private non-profit organizations, including faith-based and community-based organizations and public agencies, to assist refugees in finding and securing adequate employment in the United States. Information about these programs can be found at: http://www.acf.hhs.gov/programs/orr/.

Finally, the Wilson/Fish Projects, also operated by the ORR, aim to develop alternative means of providing interim financial assistance, medical assistance, social services, and case management to refugees and Cuban and Haitian immigrants. Projects may be accepted under either of two categories: (1) projects to establish or maintain a refugee program in a state that is not participating in, or is dropping out of, all or a portion of the refugee program; and (2) projects to provide an alternative to the existing system of assistance and services to refugees. Information about this program can be found at: http://www.acf.hhs.gov/programs/orr/funding/wilfish.htm.

U.S. Department of Labor (DOL)

The Employment and Training Administration (ETA), an office with the Department of Labor (DOL) operates two grant-making programs: Intermediary and Grassroots Organization Grants, both of which are designed to increase training for employment and employment opportunities in communities lacking economic opportunities.

Intermediary Grants range between $300,000-$500,000 and are designed to help "intermediary"[39] organizations connect small service-oriented programs with the people served by the programs. Eligible organizations include non-profit, faith-based and community organizations with existing connections to grassroots faith-based and community organizations that have a commitment to addressing the needs of the local workforce. Information about these grant programs can be found at: http://wdsc.doleta.gov/sga/sga.asp.

Grants for Small Grassroots Organizations range between $20,000 and $25,000 and are awarded to grassroots organizations with the ability to provide direct services to the communities served by the organizations. These grants are designed for grassroots organizations that have social services as a major part of their mission; are located in the community where services are provided; have a total annual operating budget of $300,000 or less; or have six or fewer full-time equivalent employees. Information about these grants can be found at: http://wdsc.doleta.gov/sga/sga.asp.

[39] Eligible "intermediaries" are defined as those non-profit, community, and/or faith-based organizations with established connections and working relationships to grassroots faith-based and community organizations (http://wdsc.doleta.gov/sga/sga.asp.).

Appendix C
List of Identified Programs

City	Organization	Description	Direct-Service or Policy planning -oriented	Immigrant or Refugee Focus
Memphis	**Office of Housing and Community Development**	Gives grants to neighborhoods and "communities. Government run. Supported by state, city and federal funding	Policy/grant source	No, not an exclusive focus, although immigrants and refugees could fall under their definition of needy communities.
	Memphis Latino Conexion	Broad-based outreach/advocacy organization for Latinos focusing on issues such as health, justice and education.	Direct-service and policy oriented	Yes
	Catholic Charities Mid-South/ Refugee Resettlement and Immigrant Services	Provides refugee and immigrants services including receiving them when they arrive, helping them with housing, finding employment, English language training, immigration services, and social adjustment. They also run an International Women's Resource Center.	Direct Service	Yes
	Office of Multicultural and Religious Affairs	City of Memphis-run program that aims to improve the quality of life for all Memphians, "by taking a leadership role in encouraging ethnic and religious communities to contribute to Memphis' development as a harmonious, productive, and culturally rich	Policy, non-direct service	
	Laotian Association Associated Catholic Charities			Unknown
	Volunteer Memphis	Connects volunteers with activities	Bridge organization for direct service organizations	No, connects volunteers with local activities
	Vietnamese Science and Culture Association			Unknown

Appendix C
List of Identified Programs

City	Organization	Description	Direct-Service or Policy planning -oriented	Immigrant or Refugee Focus
	Camp Friendship	To provide a mutual learning experience for American and refugee youth while instilling in them a respect for the cultures and differences of others. Part of Refugee Services Program for Catholic Charities	N/A	A dual focus on both American and refugee children.
	Tennessee AFL-CIO			
Atlanta	**United Way: Workforce Development**	Works with service providers, companies, public figures and experts in the field to design and develop initiatives that improve opportunities. Non-profit	Policy-oriented	No, this is directed at "needy" individuals who are employed or underemployed.
	Cobb Immigrant Outreach/ Atlanta Legal Aid	Serves Spanish speaking, Asian and European language speaking peoples. Services include affirmative outreach, community education, agency contacts, and a mixed caseload of civil law issues, including housing, consumer, health, public benefits, and domestic.	Direct-Service	Yes, immigrant focused activities and services
	Georgia AFL-CIO			
	Hands On Atlanta	Non-profit that connects volunteers with local activities and programs. Deals with a wide varity of programs such as AIDS outreach and educational intitiatives.	Bridge organization for volunteers and direct-service organizations/programs	No, it connects people with a wide varity of volunteer organizations
	Emory/ Rollins School Legal Aid	School of Public Health that gives community service awards	Policy-oriented	
	Tapestry Atlanta	Unknown -Could not find information about this organization.		

Appendix C
List of Identified Programs

City	Organization	Description	Direct-Service or Policy planning -oriented	Immigrant or Refugee Focus
	Atlanta Bureau of Cultural Affairs/ Social Development Division	Manages a network of social services to meet the needs of citizens of Atlanta. Division of Parks, Recreation and Cultural Affairs of the city.	Policy-oriented	
	Atlanta Public Art Program	Unknown		
	Catholic Social Services	Hispanic Focus	Direct-service	Some of the programs have an exclusive refugee/immigrant focus. Many of them have a stated Hispanic focus.
	Counseling Services			The programs listed here are for refugees and immihgrants exclusively.
	CSS Refuge Resettlement Services	Nonprofit.		
	Social Adjustment Programs			
	Health Care Mobile Unit	Provides Bilingual Services, Elderly healthcare, community education and help with accessing public assistance benefits provides health care, basic blood tests, prenatal care and obstetric care for uninsured immigrants		
	Refugee and Immigrant Training and Employment Division of Jewish Family Services	Translation, ESL, Vocational Computer Training, On-the-job Training and Refugee Employment	Direct Service	Exclusively for refugees and immigrants

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List of Identified Programs

City	Organization	Description	Direct-Service or Policy planning -oriented	Immigrant or Refugee Focus
	Refugee Women's Network, Inc.	Leadership training, domestic violence prevention Micro-enterprise, non-profit.	Direct-service and policy oriented	Yes, focus on empowering refugee women.
	Families and Advocates for Immigrant Rights	A coalition of religious, ethnic and social services groups in Metro Atlanta	Policy-oriented	Unknown
	The National Association of Asian American Professionals	social opportunities, cultural awareness professional contacts, community service	Policy oriented and MAYBE somewhat direct service	Yes, the focus is on immigrants and residents. May not be exclusive, though.
	Center for the Pan Asian Community	ESL, employment assistance, immigration/naturalization services family, substance abuse, addiction, medical, legal counseling youth education and parent support programs advocacy for women and children (battery, medical services) immunizations, translation, income tax filing assistance Refugee Resettlement and Immigration Services of Atlanta	Direct-service	The program workers speak Korean, Chinese and Vietnamese, so there appears to be a major focus on immigrants, migrants, etc. However, the focus is not exclusive.

Appendix C
List of Identified Programs

City	Organization	Description	Direct-Service or Policy planning -oriented	Immigrant or Refugee Focus
	Latin American Association	Job skills assessment, Spanish classes, translation and interpretation services immigration services, youth mentoring homeownership seminars/assistance, advocacy. Funded by the United Way	Direct-service and policy oriented	The focus is on Hispanic and other ethnic minorities. They also focus on transitional services, indicating an immigrant/refugee focus
	Bridging the Gap Project, Inc.	To improve the quality of life of Georgia's refugee and immigrant communities to improve their relationships with the law enforcement officials and other members of the community	Direct-service and policy oriented	Yes, specifically targeted towards the refugee and immigrant population.
	Mayor Franklin's Housing Taskforce	Focus on housing for "working people", this is an effort by the mayor of Atlanta to investigate housing needs and assess how other cities are dealing with the same sorts of problems, to create a viable housing program for working people. This also appears	Policy assessment/creation program	No, the focus is on working people.
	The Newcomers Network, Inc./Refugee Family Services	Intensive employment services, english as a second language, social adjustment, Youth services and outreach, and referral services	Direct Service	Seems to be oriented toward immigrants and refugees
Charlotte	**Hands on Charlotte**	Volunteer service that works on ESL, a reading service for Spanish-speaking children, and computer training. Nonprofit	Direct-service	Not specifically immigrant and refugee focused, but has programs that would include them.

Appendix C
List of Identified Programs

City	Organization	Description	Direct-Service or Policy planning -oriented	Immigrant or Refugee Focus
	Hebrew International Aid Services	Refugee placement services,helps them find housing, and helps them get social security cards, medicaid, food stamps, and employment.	Direct-service	Refugee-focused
	Refugee Health Program	Health exams/screening	Direct-service	Yes, focused on refugee health
	Mecklenburg County Health Dept.	referral for follow-up medical care. County run.		
	North Carolina Justice and Community Development Center	The NC Immigrants Legal Assistance Project(ILAP) Free to most individuals service that provides training and technical assistance in immigration and naturalization matters to community-based organizations Provides legal rep. to immigrants and migrants: re: civil rights, employment and immigration matters Conduct community education and outreach on immigrant rights, immigration reform, workers' rights and welfare reform Helping people move from poverty to economic security. Non-profit.	Direct-service and policy oriented	Yes, concentrates on legal assistance to non-citizens

Appendix C
List of Identified Programs

City	Organization	Description	Direct-Service or Policy planning -oriented	Immigrant or Refugee Focus
	Community Health Services	Preventive health services taken directly to children and adults w/ a Latino, Vietnamese Clinic health assessments, screenings, health case management, prescription assistance education and advocacy and servces for preschool children - not specifically for immigrants	Direct-service and policy oriented	No, is focused on the indigent and uninsured
	Catholic Social Services Refugee Resettlement Office	Provides housing assistance, social services, health care, employment services, language assistance, pre-arrival planning, sponsorship and volunteer recruitment, settlement in permanent housing, reception at the airport, social security registration, amon	Direct-service	Yes, this program was developed to assist refugees
	Migrant Assistance	Social services and community organizations.		Yes, programs target migrants.
	Eritrean Community Association	Social services and community organizations.		Unkown
	Immigrant Justice Project of Legal Services of Southern Piedmont	Legal service provider including immigration services and general services for domestic violence victims, custody cases, land-lord-tenant cases and health care and tax cases to low income immigrants	Direct-Service	Focuses on immigrants
	Central Avenue Bilingual Pre-School	Teaches pre-school in English and Spanish and provides ESL, computer classes, and car seat classes	Direct Service	Focuses on immigrants, though not exclusively
	Laotian Cultural Center			

Appendix C
List of Identified Programs

City	Organization	Description	Direct-Service or Policy planning -oriented	Immigrant or Refugee Focus
	Lao-American Association of Charlotte	Social services and community organizations.		Unknown
	Vietnamese Association of Charlotte	Social services and community organizations		Unknown
	Charlotte Office of Minority Affairs	County run program.	Policy-oriented	
	Mayor's International Cabinet	Local community created program run by the county that organizes civic events and connects local communities with business leaders. It frequently sponsors "international-focused events. It also serves as a forum for international issues and acts as an advocate to local government in support of the international communities.organizations and businesses in Charlotte.	Policy-oriented, also a bridge organization	organizations and businesses of the city of Charlotte.
	North Carolina AFL-CIO			
National	**HUD**	Have programs for immigrant home ownership, gives block grants to communities, but has no stated immigrant/refugee focus.		

Appendix C
List of Identified Programs

City	Organization	Description	Direct-Service or Policy planning -oriented	Immigrant or Refugee Focus
	NIOSH	Supports studies on occupational safety, health and injuries for immigrant workers. Has oversight functions in areas where foreign-born workers cluster.		
	Office of Refugee Resettlement	Have programs that focus on health, welfare and low-income assistance, head start and early childhood education, children, youth and family issues, abuse and adoption and childcare services.		

VI. IMMIGRATION COMMUNITY ASSESSMENT METHODOLOGY

A multi-method approach was employed to ascertain information regarding: 1) Geographic and population distribution statistics, 2) Accessibility, Availability and Adequacy of services, and 3) Immigrant contributions, needs and opinions on life in Nashville.

In order to make fully informed policy decisions, samples from both the immigrant groups as well as agencies that provide services to immigrants were for information from both the consumer and supplier prospective. The distribution of immigrants living within Nashville and socio-demographic characteristics of neighborhoods where immigrants reside were characterized to ascertain potential assets and barriers to policy changes and interventions suggested by the results of this study.

Characterizing the Target Population

Geographic Information System (GIS)

The use of GIS technology has become a growing trend in community health practice and research (Richards, 1999). A GIS is similar to other relational databases with the exception that one of the database fields encodes the location of the item on the surface of the earth. A GIS database can be used to track the geographic location of people, places, events, actions, or impacts, to conduct spatial/statistical analysis, and to create maps that display spatial distributions of database elements. In community based interventions maps generated using GIS technology allow project directors and stakeholders an opportunity to visualize and understand their community's assets and needs with greater detail than tables and charts. These maps can be used for the development, planning, and evaluation of an intervention program[1].

In order to obtain counts of immigrant populations and map their residence patterns in Nashville, we used questions in the 1990 and 2000 Census asking the foreign-born their country of origin. We analyzed publicly available data from the 1990 and 2000 decennial Censuses to describe statistically in tables and color maps, changes in the magnitude, demographic and socioeconomic status characteristics, and residential settlement patterns of foreign-born population groups living in Davidson County, Tennessee. The specific groups we were contracted by Metro Government to investigate were: (a) Arabs, (b) Hispanics, (c) Kurds, (d) Laotians, (e) Somalis, and (f) the Vietnamese. By identifying where the foreign-born are from, this question best approximates the immigrant identity of respondents. Because this question requires respondents to choose a particular country from a provided list, however, it is not perfect and cannot provide information about all the immigrant groups of interest in this study. The countries of Laos and Vietnam were included on the list, and so we can obtain counts of immigrants from these nations. However, it is important to note that respondents could *not* identify themselves as being of Hispanic, Arab, Kurdish, or Somali origin. We can obtain measures for some of these groups, however, if we look at people who

identified themselves as being from one of a number of countries typically associated with Arabs and Hispanics (Mexico or Latin America, for instance) or from particular regions of Africa.

In addition to querying the foreign-born about their nation of origin, both native and foreign-born respondents are asked to identify their (a) racial identity, (b) ethnic identity, and (c) ancestry. Although these questions do not distinguish between native and foreign-born respondents, we have used the information provided by these questions to *broadly* identify changes in the Arab, Hispanic, Laotian, Somali, and Vietnamese populations.

Unfortunately, since Kurdish ethnicity is not unambiguously linked to a particular country, we cannot use the country of origin question to describe characteristics of the Kurdish community within Davidson County. Moreover, Kurdish is not one of the categories of race, ethnicity, or ancestry reported in the Census. As a result, we cannot provide precise information about the Kurdish population using information provided in the Census.

Once ethnic groups were identified, the ArcView © program was used to produce maps representing the distribution of the ethnic groups (within the constraints mentioned above). Census questions that represent socio-economic indicators such as income, and level of education were overlaid on maps representing distribution of immigrant populations.

Please see Chart IIA in Section II of the report for information on availability of immigrant and refugee ethnicity.

Accessibility, Availability and Adequacy

A two-pronged approach was used to obtain information on accessibility, availability and adequacy in services provided to immigrants: Immigrant focus groups and Semi-structured agency director surveys. Issues probed in focus groups paralleled interview guide for survey directors to assure that information was obtained from both perspectives.

Agency Directors Interview:

Research Subjects and Creation of Interview

Survey items were drafted to measure availability, accessibility, and adequacy of services. These items were reviewed and modified by ICA team and CAB before being converted to converted to database form in Microsoft ACCESS © file for data entry. Interview scripts were developed based on the survey and oral informed consent procedures. Interviewers were then trained and assigned 2 agencies to pilot interview schedule. Modifications to the survey and interview script were made as necessary after pilot testing.

Sampling Frame and Sampling Procedures

The ADS sampling frame was compiled from the Nashville-Davidson County agency listings in The International Directory (n=195) and the Directory of Community Services (n=618), from personal contacts of members of the ICA Community Advisory Board, and from contacts provided by agencies listed in The International Directory that were contacted to verify current contact information. The International Directory was published in 1998, and the following steps were taken to update the listings from that directory: 1) update scripts were developed for contacting and soliciting current information about each agency, 2) agencies were contacted to verify current contact information, and 3) local telephone and Internet directories were searched to update contact information.

The sampling frame consists of 813 public and private agencies in Nashville-Davidson County. One hundred agencies were selected from the sampling frame using a table of random numbers. An additional 40 agencies were selected as alternate (replacement) agencies using the same method. Alternates will be used in the event that agency directors in the original sample refuse to participate in the study. Finally, ten agencies were selected to be included in a pilot study using the same method.

Data Collection Procedures

The ADS director drafted an interview schedule containing items that measure the availability, accessibility, and quality of services. Members of the ICA team reviewed and commented on the draft. After revision, the tool was distributed to members of the Community Advisory Board for review and comment. After additional revisions, the interview schedule was loaded on a laptop computer in Microsoft Access format for each interviewer. Interviewers were trained to conduct the interviews using this technology. Next, the interviewers were each assigned two agencies from the list of pilot agencies and asked to schedule and complete their pilot interviews. The pilot study revealed that the questions on the interview schedule were easily understood, the interview schedule required an average of 50 minutes to complete, and that the mode of delivery worked smoothly.

After the pilot, a cover letter was sent to each agency director in the study sample with a known email address. The cover letter explained the ICA assessment purpose and procedures, and roles of participants. The cover letter informed agency directors that staff from the ICA: Agency Director Survey team would call to schedule an interview in the agency director's office. The following week, the cover letter was sent to each agency director in the sample via U.S. postal service. After the cover letters were distributed, a staff member from the ICA: Agency Director Survey team began calling agency directors to schedule interviews.

Data Coding and Analysis

1. Open-ended questions coded using industry services codes
2. Data analyzed using SPSS. The appropriate descriptive statistics were employed to summarize variables which describe agency characteristics such as size of agency, characteristics of agency personnel, percent of clients from immigrant groups, description of population served, presence or absence of certain services. Bivariate

statistics, t-tests and chi-squared tests were employed to assess the relationship amongst agency characteristics of interest.

3. Open ended and qualitative data was analyzed/summarized using an expert panel method (panel consisted of ICA research staff) to group themes and characteristics.

Please see Appendix, Part A for the interview schedule of the Agency Directors Survey.

Focus Groups

Focus groups were conducted to obtain information on perceptions of accessibility, adequacy and availability of services as well as overall experience in Nashville. Focus group research involves organized discussion with a selected group of individuals to gain information about their views and experiences of a topic. Focus group interviewing is particularly suited for obtaining several perspectives about the same topic. Focus group research involves organized discussion with a selected group of individuals to gain information about their views and experiences of a topic. The benefits of focus group research include gaining insights into people's shared understandings of everyday life and the ways in which individuals are influenced by others in a group situation. Focus groups can provide information on how groups of people think or feel about a particular topic, give greater insight into why certain opinions are held, help improve the planning and design of new programs, provide a means of evaluating existing programs**,** produce insights for developing strategies for outreach.

The focus group approach was chosen over other methods such as mail and phone surveys to 1) Reach immigrants who are not available or not reachable by phone or mail. 2) Ability to assess group dynamics and evaluate feelings and attitudes from a group perspective since interventions and policy changes will be applied to the group as a whole.

The suggested size of effective focus groups is 6 to 12 participants (Krueger,1994; Stewart & Shamdasani, 1990). The issue of sample size in qualitative research is not set a priori, but based on when data saturation is reached - the point at which further analysis of the data does not yield any new information or does not add anything new to the theory been derived from the data. Focus groups recruitment and location was facilitated by the project director and CAB identified community leaders.

Focus Group Agenda: Separate focus groups, grouped by immigrant and refugee group, and gender (male/female) were moderated by the project director in conjunction with CAB identified community leaders.

The interview guide and questions: The questions/probes for the interview guide emerged directly from the research questions of the project. The Research team assembled a relevant moderator guide and probes. Supporting observer notes were taken by research assistants for each focus group. Please see appendix X for complete moderator guide.

Sixteen confidential focus groups with immigrants and refugees of seven[40] language communities were conducted. The groups included members of the communities listed on p.

[40] We are counting both Behdini and Sorani as separate languages however both are Kurdish dialects.

8 of the RFP: Arabic, Kurdish, Laotian, Latino, Vietnamese, and Somali immigrants and refugees. The groups were conducted in seven languages: Arabic, Behdini (Kurdish), Laotian, Somali, Sorani (Kurdish), Spanish, and Vietnamese. The focus group topics included perceptions or assessments of: a) the contributions made by immigrant populations to the Nashville community (Metro assessment goal #1); b) the range of currently available resources—services and referral systems—to immigrant and refugee communities (Metro assessment goal #2); c) accessibility of services and programs to immigrants and refugees and barriers to services (Metro assessment goal #3); and, d) needed resources that are not available, critical needs, and areas in which new services should be implemented (Metro assessment goal #4).

Probes for group themes were based on ten social service domains which pertained to the following broad areas: community, education, employment, health, help with stress, housing, the law, security, support for the family, and transportation. The moderator introduced these broad areas in addition to an area named "other" which encouraged participants to include any policy areas that had not already been mentioned.

Informed Consent and Reimbursement for Time*:* Research assistants approached each participant to obtain informed consent. All consent documents were translated into immigrant and refugee groups' native language. Reimbursement for time and travel was administered at the beginning of the focus group.

Analysis: The Analysis continuum will include "raw data, description, the interpretation and the recommendation"(Morgan, Krueger et al. 1998). Analysis must be practical and relevant to the situation. Evidence, insight gained from focus groups can lead one to modify approach and strategy. The analysis can involve the time-intensive approach of transcript-based analysis, which captures the group body language and tone of discussion. However, the results can also be quickly summarized if patterns emerge clearly and consistently within groups and between focus groups or when participants unite on common concerns and unanimously reject certain ideas.

Transcripts were analyzed and themes were identified for each immigrant and refugee group. Themes were then reviewed across immigrant and refugee groups to determine which issues were specific to certain immigrants and refugee groups or consistent across populations. Uncovered themes were categorized by service area and availability, accessibility and adequacy of the service. Frequency and intensity of mentioned themes was evaluated in order to ascertain relative importance of issues from the immigrants' and refugees perspective. Transcripts and themes were reviewed and confirmed by an outside corroborator. Qualitative data was managed and organized using the Aquad © software package.

Please see Appendix, Part B for sample consent forms and focus group probes.

How does Nashville Compare?

The purpose of this project is to identify "best practices" in both indirect and direct services to immigrants and refugees in three Southern cities comparable to Nashville: Memphis,

Charlotte, and Atlanta. The general approach is to develop this knowledge by gathering information using audiotaped telephone interviews with personnel in a broad range of agencies and programs that are oriented toward immigrants and refugees in these three metropolitan areas.

Research Subjects and Creation of Interview

The identified research subjects are community leaders and agency directors (or knowledgeable personnel) from a wide range of agencies and programs in the three metropolitan areas. These agencies and programs represent a mix of direct and indirect services aimed at the immigrant and refugee communities in the comparison cities. The term "direct service" refers to agencies and programs that provide resources or benefits to immigrants and/or refugees. "Indirect service" refers to an agency or program that serves as a conduit for resources or services that benefit immigrants and refugees. It should also be noted that the agencies and/or programs include three different types of target populations: (1) ethnically defined sector of the immigrant or refugee community such as Asians or Latinos; (2) all immigrants, all refugees or both foreign born communities, independent of the ethnicity of the foreign born community and (3) all socio-economically disadvantaged groups, including native-born and foreign born groups.

A semi-structured interview script was created with input from a) initial focus group results highlighting the following themes: safety, education, health, employment, and housing b) by reviewing the current literature, and c) a thorough search of existing US programs the internet. Programs identified on the internet were characterized as direct or indirect service providers as to help formulate questions and probes for both types of agencies.

Sampling Frame and Sampling Procedures

A non-random, purposive sample of 19 agencies was selected based on: 1) exhaustive search of all existing agencies in target cities 2) Similar agencies identified for interview in Nashville to assure that we would have comparable information on agency practices, capabilities and programs in Nashville and comparison cities. We attempted to identify as many agencies and programs as possible in the three comparison cities (and their surrounding areas) that might potentially be models. Our goal was to include all programs and agencies willing to participate in a telephone interview in our sampling frame.

Several months were spent attempting to identify a broad range of agencies and programs in the metropolitan areas of the three comparison cities. Initially, inquiries were made to our Community Advisory Board members as well as members of our research team to begin to identify agencies and programs. Next, an extensive search was conducted via the Internet, trying to identify as many agencies and programs as possible that would fit within the parameters defined above.

Charts were created for internal purposes to catalogue the agencies and programs we identified in each comparison city. Potential domains were hypothesized as per the ICA

Business Plan that each agency or program might address, drawing upon our preliminary investigation.

Before undertaking the actual interviews, the interview schedule was piloted with three members of the Community Advisory Board, and some additional prompts were added for clarification purposes.

Data Collection Procedures

It was decided that the Vanderbilt Legal Clinic would be the hub of this project, both for purposes of administering the consent forms and storing the data, which basically consisted of audiotapes and interview notes. The legal clinic is well suited to this function because it operates as a law firm and adheres to strict confidentiality procedures. For efficiency purposes, a particular staff member has been assigned to this project, and she is administering the consent forms and maintaining all of the data in a secure file drawer.

Once the agencies representing a broad range of services were identified in all three cities, agency directors were contacted to secure the necessary consent and to arrange the actual telephone interviews. A letter/script was developed for these initial telephone calls, which included the consent form. There were two versions of the form developed and approved by the IRB: one for community leaders and one for agency/program personnel not representing a particular immigrant/refugee community (Attached in Methodological Appendix V). After 'reading' the appropriate letter to the proposed subject, the research assistant (RA) would secure the subject's permission to send the consent form. Then the RA would instruct the staff person at the legal clinic to send the consent form accordingly and to notify the RA when it was received back at the legal clinic.

After insuring that the form was received and was properly signed, the RA proceeded in conducting the interview using the interview schedule approved by the IRB. The RA would take notes during the interview on the interview schedule. The interview schedule and the tape were then turned in immediately to the legal clinic staff person to be kept in the same file with the consent form.

Data Coding and Analysis

1) Quantitative data including information on agency characteristics such as size, number of customers served into a Microsoft Access file and analyzed using SPSS.
2) Paralleling the agency directors survey, the appropriate descriptive statistics were employed to summarize variables which describe agency characteristics such as size of agency, characteristics of agency personnel, percent of clients from immigrant groups, description of population served, presence or absence of certain services. Bivariate statistics, t-tests and chi-squared tests were employed to assess the relationship amongst agency characteristics of interest.

3) Open ended and qualitative data was analyzed/summarized using an expert panel method (panel consisted of ICA research staff) to group themes and characteristics).

Please see Appendix, Part C for the interview schedule of the Southern Cities Best Practices Project .

1. Richards T.B., Croner C.M., Rushton G., Brown C.K., & Fowler L. (1999) Geographic Information Systems and Public Health: Mapping the Future. Public Health Reports 114:359-373

Krueger, R. A. (1994). *Focus Groups: A practical guide for applied research.* (2nd ed.). Thousand Oaks, CA: Sage.

APPENDIX: QUESTIONNAIRE, INTERVIEW SCRIPTS, AND CONSENT FORMS

Appendix, Part A:
Questionnaire for Agency Director Survey

Agency Code

IMMIGRANT COMMUNITY ASSESSMENT
AGENCY DIRECTOR SURVEY

Hello, I'm [NAME], and I'm an interviewer for the Nashville-Davidson County Immigrant Community Assessment team, a joint project between MeHarry Medical College, Tennessee State University, and Vanderbilt University. A member of our research team called about a week ago to schedule this time for our interview.

In this interview, we are only interested in services that are or are not available in **Nashville-Davidson County** to assist immigrants. I'll be asking questions mainly about the services your organization/program provides to immigrants and about services immigrants need that your organization/program may not provide. I am defining immigrants as **foreign-born individuals and the children of foreign-born individuals**. I will be typing your answers directly into my computer for accuracy, so I may have to ask you to repeat parts of your answers to ensure that I capture them completely. I would also like to tape this interview to make sure that I don't miss any part of your responses, if that is OK. [Ask: is that ok?]

Remember, everything you tell us will be kept confidential; your answers will not be linked with your name when the results of our assessment are reported. [**GIVE CONSENT FORM TO RESPONDENT**]. So that it's clear that you are taking part in this study voluntarily, I'd like you to sign this consent form after you take a moment to read it.

We appreciate your help with this assessment. I'll be happy to answer any questions you have, either now or later. May we get started?

I'd like to begin by asking you some questions about your organization's/program's services and clientele.

1. Please describe the services your organization/program provides.

2. On average, about how many clients of any race/ethnic background does your organization/program serve each month? [Prompt: about 0-10, 11-20, 21-50, 51-100, More than 100]

3. On average, about how many immigrant clients does your organization/program serve each month? [Prompt: about 0-10, 11-20, 21-50, 51-100, More than 100]

4. Would you say that the amount of resources your organization/program expends on immigrants is

_____too little _____ about right or _____too much.

5. Would you please state your reasons for believing that amount is [too little, about right, or too much]?

6. Does your organization/program provide special services to immigrants?

_____ No
_____ Yes [If yes, please describe any special services your organization/program provides to immigrants.]

Date _____
Name _____
Program _____

7. Does your organization/program have a feedback mechanism to evaluate its delivery of services to clients?

_____ No **Go to question 12**
_____ Yes [If yes, please describe how it works]

8. Please describe how the feedback results are used? [Prompt: are results used to improve delivery/scope of services? Please describe how]

9. On average, about what percent of your immigrant clients provide feedback about your services?

_____%

10. On average, about what percent of your clients from <u>any race or ethnic background</u> indicate that they are satisfied with the services your organization/program provides?

_____%

11. On average, about what percent of your immigrant clients indicate that they are satisfied with the services your organization/program provides?

_____%

12. Please describe any services or service needs that immigrants routinely request that your organization/program presently does not provide. [Prompt: do they request different services or changes to how or where services are delivered?]

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW CLIENTS TYPICALLY LEARN ABOUT YOUR ORGANIZATION/PROGRAM

13. How does a person from <u>any race/ethnic background</u> who does not know about your organization/program learn about the services it provides?

Date _____
Name _____
Program _____

14. How does an immigrant who does not know about your organization/program learn about the services it provides? [Prompt: How do your immigrant clients say they learned of your organization/program]

15. Does your organization/program use any of the following kinds of promotional/informational tools to describe your organization/program and the services it provides?

15a. Brochures/pamphlets _____ No _____Yes [If yes, ask for copies]

15b. Website _____ No _____Yes [If yes, ask for address]

15c. Telephone/business directories _____ No _____Yes [If yes, list directories]

15d. Others _____ No _____Yes [If yes, please describe other promotional tools used by your organization/program]

16. How do immigrants gain access these promotional/informational tools?

17. Are any of these promotional/informational tools available in languages other than English?

Date _____
Name _____
Program _____

_____ No _____Yes [If yes, please list other languages]

18. In order of priority, please list the sources your immigrant clients use most to learn about your services?

1.
2.
3.
4.
5.

19. What answer would an immigrant get after requesting a service that your organization does not provide?

20. Does your organization/program routinely refer clients to other organizations/programs for services they need but do not request?

_____ No
_____ Yes [If yes, please describe these services]

21. Is it necessary for clients to come to your offices to access your services?

_____ No _____ Yes
[If no, list other means clients can use to gain access to services]

22. On average, how far do you think your clients must travel to reach one of your offices?

NOW I WOULD LIKE TO ASK YOU ABOUT CULTURAL, ECONOMIC, AND GEOGRAPHIC BARRIERS DAVIDSON COUNTY IMMIGRANTS MAY FACE IN GAINING ACCESS TO YOUR SERVICES

23. Please describe any language barriers immigrants may have that prevent them from gaining access to the services provided by your organization/program.

Date _____
Name _____
Program _____

24. About what percent of your immigrant clients have difficulty gaining access to the services provided by your organization/program due to these language barriers?

_____%

25. Please describe any successful strategies your organization has used to help your immigrant clients overcome these language barriers.

26. Please describe any educational barriers your immigrant clients may have that prevent them from gaining access to the services provided by your organization/program.

27. About what percent of your immigrant clients have difficulty gaining access to the services provided by your organization/program due to these educational barriers?

_____%

28. Please describe any successful strategies your organization has used to help your immigrant clients overcome these educational barriers.

29. Please describe any barriers related to the customs of immigrant groups that may prevent them from gaining access to the services provided by your organization/program.

30. About what percent of your immigrant clients have difficulty gaining access to the services provided by your organization/program due to such customs?

_____%

31. Please describe any successful strategies your organization has used to help immigrants overcome these barriers related to their group customs.

32. Please identify any other cultural barriers immigrants may have that prevent them from gaining access to

the services provided by your organization/program.

33. About what percent of your immigrant clients have difficulty gaining access to the services provided by your organization/program due to these other cultural barriers?

_____%

34. Please describe any successful strategies your organization has used to help your immigrant clients overcome these other cultural barriers.

35. Do you believe immigrants in Davidson County are receptive to the services your organization/program provides?

_____ No _____ Yes

Please state the reason(s) you do/do not believe immigrants in Davidson County are receptive to the services your organization/program provides.

36. Please identify any economic barriers immigrant clients may have that prevent them from accessing the services provided by your organization/program.

37. About what percent of your immigrant clients have difficulty gaining access to the services provided by your organization/program due to these economic barriers?

_____%

Date _____
Name _____
Program _____

38. Please describe any successful strategies your organization has used to help your immigrant clients overcome these economic barriers.

39. Please describe any logistical barriers your immigrant clients may have that prevent them from gaining access to the services provided by your organization/program.

40. About what percent of your immigrant clients have difficulty gaining access to the services provided by your organization/program due to these logistical barriers?

_____%

41. Please describe any successful strategies your organization has used to help your immigrant clients overcome these logistical barriers.

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT THE COST OF SERVICES YOUR ORGANIZATION/PROGRAM PROVIDES TO IMMIGRANTS

42. Are clients required to pay for the services they receive from your organization/program?

_____ No [go to item #43]

_____ Yes [If yes, please describe your organization's fee structure. Prompt: do you use third-party payers, sliding scale, or what?]

42a. About what percent of immigrants who want to use your services need help with the fee?

_____%

42b. About what percent of immigrants who want to use your services are turned away or referred to other organizations because they cannot pay the fee?

_____% turned away

_____% referred

Date _____
Name _____
Program _____

43. How do you assist clients who need services that your organization/program does not provide?

44. How does your organization/program learn of services available in other organizations/programs?

45. How does your organization/program adjust to meet the needs of immigrants?

46. Please describe any system your organization/program uses to refer immigrants to other organizations/programs?

NOW I'D LIKE TO YOU ASK SOME QUESTIONS ABOUT THE STAFF IN YOUR ORGANIZATION/PROGRAM

47. How many years have you been in your current position? _____ years

48. How many years have you worked for this organization/program? _____ years

49. How many years have you been involved with organizations/programs that provide services to immigrants? _____ years

50. About how many full, part-time, and volunteer staff does this organization/program employ?

_____full-time employees	_____part-time employees	_____volunteers

51. About what percent of this organization's/program's staff belong to race/ethnic groups <u>other than</u> African American or Caucasian?

_____%

52. Please describe any formal training this organization/program provides/requires staff to complete. [Prompt: does organization/program provide any training to help staff interact more effectively with immigrants?]

53. How often do you interact with persons from other organizations/programs that provide services to immigrant populations. Would you say _____ not at all, _____ occasionally, or _____ frequently?

Date _____
Name _____
Program _____

[If occasionally or frequently, ask "can you please describe this interaction?]

54. Has your organization/program ever needed language interpreters to assist in handling a client ?

_____No _____Yes [If yes, how have you handled cases where language skills are needed that your staff do not have]

55. In the event of a shortage of foreign language speaking staff, on a scale from 1 to 10, with 1 meaning not at all difficult and 10 meaning impossible, how easily can you and your staff gain access to interpreters to help interact with immigrants who seek the services your organization/program provides?

_____

56. What is the organization's/program's annual operating budget?

_____ dollars/year

THE LAST THREE QUESTIONS ARE ABOUT YOUR PERCEPTION OF GAPS IN SERVICES THAT IMMIGRANTS IN NASHVILLE-DAVIDSON COUNTY NEED

57. Please list in order of most frequent the types of services your immigrant clients request that your organization/program does not provide.

58. Please list in order of importance the types of services you believe your clients generally need, but do not request.

59. Please list in order of importance the needed services that are not generally available in Davidson County to assist immigrants.

THAT'S IT, WE'RE DONE. THANK YOU VERY MUCH FOR YOUR TIME.

_____ Time Interview Completed

Recruitment Letter: 1st Step on Informed Consent: Focus Group

SAMPLE

Appendix, Part B:
Interview Script and Consent Forms
for Immigrant Focus Group Project

Focus Group Questions

1. Again, thank you for being a part of this group discussion.

2. I'd like to begin by asking all of you about how you came to Nashville…

    a. When did you come to Nashville [year and month]?

    b. What's the last place you lived before you came to Nashville?

    c. What did you hear about Nashville as a place for [ethnicity] to live?

    d. How did you choose Nashville as a place to live?

    e. How long would you like to live in Nashville?

3. We will be talking about daily life and social services for [ethnicity] in Nashville. By "social services" I mean services that improve the quality of our lives and happiness. When we talk about social services, please tell me if members from your community or the Nashville community or any other communities provide the service.

4. Now I'd like to ask you about how [ethnicity] generally feel about living in Nashville. Do you think most [ethnicity] like or don't like Nashville as a place to live?

5. Let me pursue this a little further with you by asking you about several daily life topics. For each topic, please tell me how [ethnicity] like or don't like any social services they may have used in Nashville. I would like to know how easy to get to, expensive, and helpful the services are, or if the service is not important to [ethnicity].

    a. What about places to live? How satisfied or dissatisfied are [ethnicity] with places to live in Nashville?

        Prompt: how about for you? What has been your experience with places to live in Nashville?

SAMPLE

b. How about safety, such as police and emergency responses to fire, for [ethnicity] in Nashville?

   Prompt: how about for you? How safe have you felt in Nashville?

c. What about health care? How does [ethnicity] like or not like health care in Nashville?

   Prompt: how about for you? What has been your experience with health care in Nashville?

d. What about counseling or therapy for personal problems? How does [ethnicity] like or not like care for personal problems in Nashville?

Prompt: how about for you? What has been your experience with counseling or therapy for personal problems in Nashville?

e. What about streets, highways, and buses? How does [ethnicity] like or not like streets, highways, and buses in Nashville?

   Prompt: how about for you? What has been your experience with streets, highways, and buses in Nashville?

f. What about schools? How does [ethnicity] like or not like schools in Nashville?

   Prompt: how about for you? What has been your experience with schools in Nashville?

g. How about being able to make a living, such as getting work and loans or using banks, for [ethnicity] in Nashville?

   Prompt: how about for you? How does [ethnicity] like or not like being able to make a living in Nashville?

h. What about the laws people are expected to follow, judges and courts, and the protection these laws provide? How does [ethnicity] like or not like laws people are expected to follow and the protection they provide in Nashville?

SAMPLE

Prompt: how about for you? What has been your experience with laws people are expected to follow and the protection they provide in Nashville?

i. What about support for taking care of families, children, and the elderly? How does[ethnicity] like or not like support for taking care of families, children, and the elderly in Nashville?

Prompt: how about for you? What has been your experience with support for taking care of families, children, and the elderly in Nashville?

j. What about the quality of community relationships - friendships, neighbors, community organizations, and places for social gatherings and for outdoor play? How does [ethnicity] like or dislike these in Nashville?

Prompt: how about for you? What has been your experience with community relationships in Nashville?

6. Do you think that [ethnicity] have the chances, the support, and can change or address any of the daily life issues in Nashville that we have discussed?

7. Are there any other daily life themes for [ethnicity] in Nashville that we have not discussed?

8. Finally, and not least of all, I would like to discuss the things [ethnicity] bring and give to Nashville. What would you say are some of the things [ethnicity] bring and give to the Nashville community?

9. I am finished asking you questions…are there any other topics you would like to discuss today?

10. Thank you very much for sharing your thoughts and observations with me. We hope this conversation leads us on a positive path for immigrants and Nashville.

Recruitment Letter: 1st Step on Informed Consent: Focus Group

SAMPLE

[Sponsoring Agency's Letterhead]

[DATE]

Dear Participant:

We would like your help in assessing Nashville's immigrant group needs. You are being asked to take part in a Vanderbilt University, Meharry, and Tennessee State University research study funded by Metro Nashville Government. Dr. Daniel Cornfield of Vanderbilt University and his colleagues at Vanderbilt, Meharry Medical College, and Tennessee State University are beginning a new research project to learn more about the issues involved in living in Nashville and they would like to talk to **you**. We are interested in hearing your thoughts about the range of services available to you, accessibility of services, contributions of your community to Nashville, and your needs. Information from you is valuable to us. It will help us understand ways to address what is important to you and your family. We will issue a final report summarizing findings of our study, without identifying study participants, to Metro Nashville Government. The possible uses of this information include informing the Metro Nashville government on how to improve services to immigrant communities in Nashville, as well as offering Metro better information on the needs of immigrant communities. Researchers may use research findings for academic dissemination without identifying study participants.

You will be paid for your time on this project. The meeting will take about 1 ½ to 2 hours and will take place on [DATE] in a private room at [sponsoring agency name], [address]. You will receive a check for $50 to thank you for your participation and reimburse you for any expenses you may have to be able to participate. **All** information will be kept private and confidential.

Persons interested in participating at the time of the meeting before the group discusses topics will be asked to give their permission to participate. Your permission to participate, or signature, will be collected before the meeting begins and only after your questions regarding permission are answered. You will receive a sheet of paper, in the language of your community or in English, telling you about the project, how you can choose to participate, and that there is no consequence related to choosing to not participate. Also, there will be a person present to read and go over the document with you.

This is totally voluntary and you do not have to participate. If you choose not to take part, any benefit, or service, access to information, instruction, and or classes (if applicable) will continue for you. Your decision to not participate will not affect these in any way. However, we would greatly appreciate your views and hope you will talk with us.

Recruitment Letter: 1st Step on Informed Consent: Focus Group

SAMPLE

To find out more information, or to give permission to be called about the meeting, please

- **fill out this postcard and return it to the drop box securely located (in sponsoring agency) or put it in the mail** OR **call us at any time at xxx-xxx-xxxx.**

When you call, please be ready to tell us:
Your name
Your phone number (or address if you have no phone)
and the best time to call you on the phone or get in touch with you.

We look forward to hearing from you. Thank you.

Sincerely,

[Name of person at sponsoring agency]

SAMPLE

❒ **Yes, please contact me. I want to learn more about this project.**

My name:_____

Signature: _____ **Date:**_____

Address:_____
Street **Apartment No.**

_____
City **Zip Code**

Phone number:_____ **Best time to call:**_____

I understand that I am under no obligation to participate in this project. I understand that any services, benefits, and classes I receive (if applicable) will not be affected by refusing to be contacted or refusing to be in the project.

SAMPLE

SAMPLE

[Vanderbilt letterhead]

AUDIOTAPE CONSENT

We would like to audiotape the meeting so that we can check on what the group leader does and make sure that we have a record of the valuable information you provide us. These tapes will be marked only by a code number and the date and will be erased or destroyed when we are finished with the study. No one outside this project will hear this audiotape. Please indicate whether or not you are willing to have the meeting audiotaped:

_____ Yes, I consent for the meeting(s) to be audiotaped.

_____ No, I do not give consent for audiotaping.

_____

Participant Signature Date

SAMPLE

Appendix, Part C:

Interview Script for the Southern Cities Best Practices Project

Interview Script Service Providers

Hi. My name is [interviewer name]. I am a graduate assistant for the Immigrant Community Assessment. This project, headed by Dr. Daniel Cornfield, a professor at Vanderbilt University, and his colleagues at Vanderbilt, Meharry Medical College, and Tennessee State University, was started to learn more about the needs and living conditions of immigrant communities living in Nashville. This project is sponsored by the Metropolitan Nashville Government. We would like to ask for your input, in light of your community involvement. We are interested in hearing your thoughts and opinions about: a) a range of issues specially affecting immigrants, including health, economic livelihood, family, safety, education, community, housing, transportation, and law and justice, the socioeconomic and demographic profile of [your] immigrant communit[y]ies in your local metropolitan area; (b) strengths and challenges of current social service programs in relation to [that community] those communities; and (c) success and failures of past social services. Your ideas and input are extremely valuable to us. They will help us gain a better understanding of best practices for issues facing our immigrant communities. As a note, by immigrant, I mean both people born in other countries and the children of people born in other countries, as well as refugees.

This interview should take about 60 minutes. If I come to a question that is not applicable or for which you do not know the answer, just tell me. I will now start the tape. If, at any time, you are uncomfortable with being taped, we can stop the tape and/or the interview.

Let's begin.

First, I'd like to ask you some questions about yourself.

1. What is your current job? [Note to Interviewer: this question is looking for occupation title and major tasks/responsibilities].

2. How long have you been doing your job?

SAMPLE

3. How long have you been in this type of work?

The next set of questions are about a different topic.

4. What services does [program name] provide? Could you please list them? [Note to interviewer: probe for details so the answer is clear and complete.]

5. How did the [program name] come about (begin)? *[Prompt: Who started it? What groups?]*

    a. Was it started with the help of the immigrant community?

    [yes/no]

    b. Did any of the following kinds of groups help to start the program: the government, a non-profit organization, or community groups?

    [yes/no] [if yes, 5c] [if no, 6]

    c. Which groups were involved (government, non-profit and community groups?

6. In what year was the [program name] started?

7. Was the [program name] started to meet specific needs of the immigrant community?

    [yes/no] [if yes, 7a] [if no, 8]

SAMPLE

a. What were the specific needs being addressed? [Note to interviewer: Get concrete examples and as many details as possible. If this question is answered, skip to question 8.]

8. Why was the program started?

9. What are the short-term goals of the [program name]?

10. What are the long-term goals of the [program name]?

11. Did the program encounter any challenges when it started?

[If yes, 11a] [if no,12]

a. How did the [program name] deal with these challenges? [Note to interviewer: Get concrete examples]

[Go to question 12]

12. Could you tell me about some of the program's present challenges? [Note to interviewer: Get concrete examples.]

[if yes, 12a] [if no, 13]

SAMPLE

a. Of the present challenges, which have been the most difficult to overcome? [Note to interviewer: Get concrete examples] **[Go to question 13]**

Thank you, that was helpful. We are going to shift gears again.

[Note to interviewer only: The questions below are about organizational structure. For each question, 14-19, be sure to distinguish between the different services that were listed in question 4].

13. In terms of position, who runs the [program name] on a day-to-day basis?

14. How many full-time employees does the [program name] have?

15. What are the job titles of these full-time employees?

16. How many part-time employees does the [program name] have?

17. What are the job titles of these part-time employees?

18. Does the program employ any immigrants or the children of immigrants?

SAMPLE

19. What kind of education do the services providers need to have?

20. Is it a licensed profession? *[Prompt: Is there some kind of training or are there special skills required]*

21. Is the [program name] affiliated or partly funded by a larger umbrella organization?

22. How is the program funded?
    [Prompt: Is it through fees, government funds or something else?]

23. What is the size of the annual operating budget?

24. Does the program have to remain in compliance with government regulations or conform to the standards of an accrediting association?
    a. **If yes**, which ones? **[If no, go to 25.]**

We'll now shift to some less detailed questions.

25. Does the [program name] have a Board of Directors?
    [If yes, 26] [If no, go to 39]

26. Are people elected to the board?
    [if yes, 26a] [if no, 26b]
    a. Who elects them?

SAMPLE

b. How do they get to serve on the board?

27. What is the length of the board member's term on the board?

28. Are there immigrants serving on the board?

[If no, 28a] [if yes, 28c]

a. Which communities are these individuals from?

[go to 28b]

b. Who else serves on the board?

[If answered, go to 28c]

c. What groups are represented on the board?

[Go to 29]

29. What is the fee schedule?

30. Could you provide me with an example of your typical day at [program name]?

31. Is there any seasonality in the provision of [program name] services?

32. How many hours a week does the[program name] stay open?

33. What are its hours of operation?

SAMPLE

Next, I want you to give me some of your own thoughts.

34. Do you have any recommendations for others who are starting such a program?

35. What are the keys to the program's success?

36. Would you list the things that made the program successful? *[Prompt: Can you tell me more about what makes the program successful?]*

    a. Could this program work in other cities or is it only able to work in this context?

37. Would you list the reasons why this program is successful?

Now I will ask you some detailed questions.

38. Do you know of any unsuccessful programs that have your mission or goals?

[if yes, 39] [if no, 43]

39. Why do you think that program was unsuccessful?

40. What made it unsuccessful?

41. Do you think that the program would have succeeded with changes to the things that made it fail?

SAMPLE

42. Could I get your contact information?

43. Does the program have a website?

44. What is the web address?

45. Can you send me written information about the program, such as brochures, mission statements, etc.?

46. Can you think of anyone else who is knowledgeable about the program whom we might contact?

I would like to thank you for your help. We know your time is limited, but we rely on people like you to gain an understanding about social service programs. Do you have any questions or comments? Is there anything you would like to add to what you've said? Here's my contact information if you have any questions in the future.

I will now turn off the tape. Thank you.

NOTE TO INTERVIEWER

Prompts should be indicated next to questions requiring additional information from the interviewer. The following abbreviations should be used:

WM[what mean]: "What do you mean?" Or, "Could you tell me what you mean by that?"

TM[tell more]: "Would you tell me more about your thinking on that?" OR "Would you tell me what you had in mind?"

WT[what think]: "What do you think" OR "What did you expect?"

WC[which closer]: "Which would be closer" OR "Which would be closer to the way you feel?"

AO[any other]: "Are there any other reasons you feel that way?"

RQ[repeat question]

SAMPLE