

**Barriers to Resource Access: The Need for Social Workers as Cultural Brokers in Hispanic
Immigrant Communities**

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For my parents, Juan and Maria who left their roots so that their children could grow.

For my sisters, may this accomplishment be the first branch in our legacy.

For my best friend, Melissa, who was my constant support in every stage of life.

For my loving boyfriend, who lifted me to the sun even when I didn't see the light.

For my mentors Sindy and Marcela, who showed me the roots of community support.

For Darlene, who nourished my spirit with words of encouragement.

For my abuela, Tomasa, the seed who started it all. May our branches reach you all the way in

Heaven.

Para mi gente, la lucha sigue y crece.

Abstract

Although the U.S. has more immigrants than any other country in the world (Budiman, 2020), there exists inequality in resource access among U.S. born and immigrants. The inequality has been created and maintained by the development of barriers such as idealization assimilation, forced acculturation, anti-immigrant sentiment and the limitations developed within immigrant serving organizations. Immigrants have tried to overcome these barriers through brokering by brokering through assimilation, brokering through their children and brokering through community health workers known as *promotoras*. Although the possibility of brokering exists, the question remains: how can immigrants achieve access to resources in a society designed to keep them out? In this study, I analyzed data collected by Dr. Marcela Nava in which she interviewed 21 participants who identified as immigrants or worked with immigrants. Dr. Nava's data was used to identify the gaps in resource access among immigrants in the Dallas-Fort Worth metropolitan area (DFW Metroplex) and to discuss how social workers can act as cultural brokers by helping immigrants navigate the systemic barriers of U.S. society. The results revealed that not only are the barriers consistent with present literature, but there are also additional barriers unique to the DFW Metroplex. The results demonstrate that there are immigrant communities brokering barriers through lived experiences in order to access resources and emphasizes the need for trained social workers who can act as cultural brokers in order to help immigrants successfully navigate U.S. systems.

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Introduction

The United States has more immigrants than any other country in the world with about one fifth of the world's immigrants (Budiman, 2020). In spite of their vast quantity, the lack of access that Hispanic immigrants have to quality resources in the U.S. is apparent. As a whole, Hispanic immigrants in the U.S. have lower levels of education than the U.S. born¹ population (Budiman, 2020). For example, immigrants from Mexico and Central America are less likely to be high school graduates than the U.S. born population. Likewise, immigrants from Mexico and Central America are also the least likely immigrant population group to earn a bachelor's degree or higher (Budiman, 2020). Additionally, immigrants from Mexico also have the lowest rates of English proficiency with 34 percent, followed by those from Central America at 35 percent (Budiman, 2020).

As a whole, lawful immigrants make up about 29 million of the total civilian labor force, with a 4.6 percent (7.6 million) immigrant workers who are unauthorized (Budiman, 2020). Unauthorized immigrants are projected to lead the growth of the U.S. working age population to at least 2035 (Budiman, 2020). Despite their contribution to the labor force, the immigrant household median is \$2,000 less than that of U.S. born households (Batalova, Hann, & Levesque, 2021). Additionally, 14 percent of immigrants live below the poverty line in comparison to 12 percent of the U.S. born population (Batalova et al., 2021).

Regarding access to health insurance coverage, 58 percent of U.S. immigrants have private health insurance coverage compared to 69 percent of U.S. born people (Batalova et. al, 2021). Hispanic immigrants are also more than twice as likely not to have health insurance in

¹ U.S. born refers to those born in the United States, which can include children of Hispanic immigrants.

comparison to Hispanic's born in the U.S. (Krogstad & Lopez, 2014). Although the Affordable Care Act lowered the number of uninsured immigrants from 32 percent to 20 percent, the changes made by the Trump Administration in 2017 ended cost-sharing subsidies to insurers which cut much funding for service navigator programs used by immigrants (Batalova et. al, , 2021). Service navigator programs are crucial because they help in not only educating immigrants on what services are available to them, but they can also bring awareness to service access gaps and barriers.

These percentages provide a glimpse of the lack of access immigrants have to key resources such as education, financial stability and health coverage in comparison to the U.S. born population. The question then becomes, why does this lack of access exist? In order to understand the gaps at a micro level, we must discuss the barriers of access at a macro level. The barriers discussed in the literature include cultural assimilation, anti-immigrant sentiment and the limitations of immigrant serving nonprofit organizations.

Macro Level: Why is there a lack of resources for immigrants?

Idealization Assimilation and Forced Acculturation

When immigrants arrive in this country, they believe in the pursuit of the American Dream. A dream in which the U.S. is a lender of equal opportunity and individual advancement (Massey & Sanchez, 2010). While immigrants believe they will encounter a country that will help them achieve their goals, the U.S. views assimilation as a one-way street (Massey & Sanchez, 2010). The definition of assimilation requires a mutual blend of cultures in which immigrants integrate into their host countries culture, the host country in the process of integration also adopts some of the immigrants' culture and, in the end, the integration creates a new culture. However, there are individuals who follow the white, colonizing view of

assimilation (Roberts & Marks, 2018). Those who follow this view have the mindset that immigrants who arrive in this country will strip away from their distinctive languages and cultures and will steadily adopt American values, however, the individuals native to the U.S. will not help or change in the process of assimilation (Massey & Sanchez, 2010). The view of assimilation in the US society is called *idealization of assimilation*, a colonizing view traditionally held by colonizing white, U.S. born people in which they believe that an immigrant's choice in emigrating to the U.S. to seek a better a life includes the unspoken agreement that they will break all cultural and linguistic ties with their homeland to adapt to the customs and traditions of U.S. society (Massey & Sanchez, 2010). In this view, the only adjustments that are made are by the immigrants who arrived in the country, not the U.S. born or the institutions that exist (Massey & Sanchez, 2010). Additionally, the efforts made by immigrants adjusting to American society must be as unobtrusive as possible, without creating any additional costs to those U.S. born and without changing their culture or vision of their American way of life (Massey & Sanchez, 2010)—an *us vs. them* mentality.

This *us vs. them* mindset in U.S. society forces immigrants into acculturation in order to survive. In acculturation individuals develop cultural orientation from the receiving country while still keeping their native culture (Saavedra,2016). However, the majority of the time the power of one culture supersedes the impact of another which forces the less privileged culture to acculturate to the dominant culture in order to survive and succeed in the mainstream cultural context (Saavedra, 2016). As immigrants encounter U.S. born individuals and institutions, they begin to understand the boundaries maintained by U.S. society and adjust accordingly. For example, in Latin America, race is defined as a continuum of multiple categories that create blurred boundaries rather than apparent (Massey & Sanchez, 2010). In the U.S., race has

historically been defined as a very apparent boundary between white and nonwhite. Given the balance of power and wealth that prevails in the U.S., the actions of the U.S. born generally have more weight in determining socioeconomic outcomes for immigrants (Massey & Sanchez, 2010). Immigrants must engage in acculturation in order to challenge, circumvent or accommodate those divisions and advance their interests (Massey & Sanchez, 2010).

Although immigrants arrive with their specific national identity and culture, they have aspirations of pursuing the American Dream and being accepted into society as fellow Americans (Massey & Sanchez, 2010). However, integration is not a two-way street in U.S. society, as U.S. born people are not prepared to engage in an assimilation that blurs systemic boundaries between immigrants and U.S. born individuals (Massey & Sanchez, 2010). On the contrary, economic, social, and political conditions have shifted so as to harden categorical divisions between immigrants and U.S. born persons—an anti-immigrant sentiment (Massey & Sanchez, 2010).

Anti-Immigrant Sentiment

The existence of an *us vs. them* rhetoric has helped build the foundation for anti-immigrant sentiment in the U.S. In the 1960s, as economic conditions worsened, and avenues to legal immigration closed for Hispanic immigrants began to be framed in the public media as a threat to American society (Massey & Sanchez, 2010). The income inequality and the increase of immigrants in the workforce allowed the line of division between immigrants and U.S. born individuals to increase. Although not substantiated by research, there grew a concern in American society that immigrants were draining the economy because of their high welfare use and that they were lowering wages by taking jobs away from the U.S. born citizens (Padilla, 1997). American society began to depict Hispanic and Latino immigrants as aliens who were

trying to invade the border in order to take control of the U.S. (Massey & Sanchez, 2010). The terrorist attacks of September 11, 2001, further expanded this anti-immigrant sentiment by portraying all immigrants not only as criminals but also as invaders and terrorists (Massey & Sanchez, 2010).

The anti-immigrant climate pushed politicians to take action against immigrants and immigration as a whole. In response, politicians have implemented harsh anti-immigrant policies to promote systematic discrimination not only against unauthorized immigrants but also against authorized permanent residents as well (Massey & Sanchez, 2010). Former President Trump's administration serves as prime example of how anti-immigrant sentiment can influence policy. The Trump administration completely embraced anti-immigrant sentiment and pushed an aggressive immigration enforcement agenda (Graauw & Gleeson, 2018). The anti-immigrant agenda and enforcement policies cut funding to U.S. refugee programs and created uncertain futures for organizations trying to serve immigrants and refugees (De Graauw & Gleeson, 2018). The administration's hostility toward immigrants and push for investing in enforcement, disregarded existing policies and protections, disrupting the local philanthropic efforts to help immigrants access a variety of benefits such as work permits, financial aid for college, and driver's licenses (De Graauw & Gleeson, 2018). Trump's policies also punished local policymakers who wanted to work with undocumented immigrants by vowing to defund sanctuary cities and arrest their officials (De Graauw & Gleeson, 2018).

If these efforts were not enough, Trump also redefined the public charge rule. The public charge rule derived from the 1996 welfare reform law, which expressed the expectation that immigrants will obtain support from family members or other sponsors rather than from government sources during the initial years of arriving in the U.S. (Padilla, 1997). The rule

prevented the use of public services by certain categories of immigrants with the consequence of hindering their chances of gaining lawful permanent residency status (Padilla, 1997). Under Trump's administration, the public charge rule required adjudicators to use a person's characteristics—their age, health, family status, income and resources, skills and education—to predict whether they would become a public charge in the future (National Immigration Law Center, 2021). These biased and discriminatory predictions on eligibility could be used against immigrants trying to seek legal status in the U.S. Overall, Trump's attacks on immigrant communities have hindered the momentum of philanthropic efforts that aid immigrant rights, creating long lasting and devastating impacts on immigrant communities across the country who relied on these organizations for access to education, work opportunities and legal protection from deportation (De Graauw & Gleeson, 2018).

Limitations of Immigrant Serving Organizations

Idealized assimilation and anti-immigrant sentiment affect the sustainability of immigrant organizations when it comes to funding and the level of services these organizations can provide. As demonstrated in the prior section, when anti-immigrant rhetoric is prominent in society, politicians react by creating policies that hinder the capacity of immigrant organizations to render aid and thus prevent the advancement of immigrants. However, aside from anti-immigrant sentiment, there also exists a lack of knowledge in regards to providing services to immigrants from both the local government and nonprofit organizations.

A research analysis in the San Francisco Bay area found that there was inequality in the amount of community development block grants² being awarded to immigrant organizations

² Community Development Blocked Grants provide funding to states, cities and counties in order to help in the development of services such as housing, a suitable living environment and economic opportunities for their low to moderate income residents (*Community Development Block Grant Program, 2021*)

across cities and suburbs (De Graauw ,Gleeson, & Bloemraad 2013). The study found that suburban officials did not view immigrant organizations as partners to receive city grants and did not see these organizations as part of their municipalities' civic infrastructure (De Graauw et. al, 2013). The phenomenon of *suburban free riding* was identified in this study which demonstrated that suburban officials relied on central city resources to serve their suburban immigrant populations (De Graauw et. al, 2013). The officials did not deem it necessary to build and fund partnerships with immigrant organizations in their own jurisdictions because they believed that they were already receiving services from immigrant serving organizations in neighboring larger city jurisdictions (De Graauw et. al, 2013). Additionally, some officials also viewed the organizational capacity of immigrant populations as a reason not to fund them. One city official attributed lack of funding to the ability of undocumented immigrants to organize and petition the government (De Graauw et. al, 2013). The undocumented immigrants instead organized around their local Catholic churches (De Graauw et. al, 2013). To this city official, the immigrants already chose who was going to provide services for them and thus did not need their help.

The misunderstanding of what immigrants need does not only stop with their local government, it spreads to the organizations created to serve them as well. A Philadelphia study of 31 Latino serving organizations that provided various health services found that they lacked support and resources for Latino immigrants including: linguistically and culturally congruent services across service areas, insufficient capacity to meet demand, lack of addressing the social determinants of health, and awareness of the belief system barriers surrounding mental health services for Latinos (Giordano, 2021). Respondents in the study indicated that although the majority of the organizations had at least one bilingual staff member, this did not facilitate barriers in communicating with various service providers (Giordano, 2021). Additionally, the

bilingual staff member that was present did not always have cultural training on the different ways trauma may impact and present for immigrants, stigma surrounding topics, such as mental health, and care options that incorporate a variety of medical, religious, and mental health perspectives (Giordano, 2021). Lastly, the study also revealed the lack of accessibility in these organizations (Giordano, 2021). Although the organizations did offer some evening and weekend hours, their wait times were drastically too long (Giordano, 2021). Over a quarter of these organizations were described as having a waitlist and seven of the organizations reportedly had waitlists of over a week (Giordano, 2021). The waiting period is unacceptable considering the individuals seeking care may be experiencing time-sensitive conditions.

Statement of the Problem: The Role of Social Workers and Cultural Brokers

The lack of resource access for immigrants can be attributed to barriers involving assimilation, anti-immigrant sentiment and the limitations that organizations have in providing immigrants with the services they need. With these barriers in mind, how can immigrants achieve access to resources in a society designed to keep them out?

Social workers play a key role in immigrant settlement, integration into society and the promotion of their welfare. As stated in the 2006 National Association of Social Workers (NASW) Policy Statement on Immigrants and Refugees (De Silvia et al., 2006),

Social workers must promote greater education and awareness of the dynamics of global migration and of the impact of U.S. and other countries' immigration and foreign policies on human well-being and world peace and stability (p. 13 and 14).

When immigrants arrive, they must not only find livelihoods but also establish institutional and social relations, meaningful roles in the community and ways of realizing their personal and social responsibilities and aspirations (Volten, 2016). Social workers have the

unique capability of aiding immigrants as they navigate the systems of their host country and providing them with the tools needed to become integrated fully and equally as valued and useful members of their new society .

The political climate has heightened the need for services among immigrant families while creating additional barriers to services (Ayon, 2014). The compounding impact of these consequences can be detrimental to Latino immigrant families. The need exists for individuals who can help immigrants navigate the barriers and systems in the U.S. Individuals who can aid immigrants' access to resources while being mindful of their language and culture. In this study, I will analyze the gaps in resource access among immigrants in the Dallas-Fort Worth metropolitan area³ (DFW Metroplex) and discuss how social workers can act as cultural brokers by helping immigrants navigate the systemic barriers of U.S. society.

Literature Review

Cultural brokering goes beyond the translation or interpretation of language for immigrants. Cultural brokering transforms translation and interpretation into the comprehension of cultural nuances in order to extract the true meaning of words and events. Cultural brokering has existed and thrived in immigrant communities since their initial arrival to the U.S. Cultural brokering has existed in navigating boundaries of assimilation, in immigrant children brokering for their families and through *promotoras*, community health workers, brokering systems for their communities.

³ The DFW Metroplex includes the cities of Arlington, Dallas and Fort Worth in Texas. The definition includes these three large cities, surrounding suburbs, and other neighboring communities.

The Art of Brokering

Cultural Brokering through Assimilation

When immigrants arrive in the U.S., they face the boundaries created and maintained by U.S. born persons who follow the white, colonizing view of assimilation. Immigrants try to broker those boundaries by working to understand the meaning and content of social categories in U.S. society. Immigrants engage in assimilation through the process of boundary-brokering in which, after encountering the systemic boundaries that separate them from U.S. born individuals, immigrants do whatever they can to challenge, circumvent or accommodate those divisions to advance their interests (Massey & Sanchez, 2010). Immigrants undergo three processes of boundary breaking in their attempts to assimilate to U.S. society (Massey & Sanchez, 2010).

The first process of boundary breaking is in the characteristics and motivations that immigrants have for themselves when arriving in the U.S (Massey & Sanchez, 2010). These characteristics and motivations include who they are, what they look like, the language they speak, their cultural beliefs, and, most importantly, what they are trying to achieve by migrating to the U.S. (Massey & Sanchez, 2010). The second process of boundary breaking relies on the characteristics and motivations of U.S. born individuals, how they see themselves in the process of integration and how they view immigration (Massey & Sanchez, 2010). The boundaries include how secure U.S. born people feel socially and economically, how they define themselves as an in-group, and how the frames and boundaries they create define and characterize immigrants as the out-group (Massey & Sanchez, 2010). Lastly, the third boundary immigrants have to broker is with everyday encounters in a real world setting which can include workplaces, schools, offices, stores, parks and streets (Massey & Sanchez, 2010). Immigrants and U.S. born

people both broker this third boundary as they create frames and motivations from which they both extract meaning (Massey & Sanchez, 2010), 2010).

Due to the different barriers that they have to broker, immigrants arrive with their own “dynamic toolkit”. The toolkit is equipped with immigrants’ practices and beliefs and as they learn about the dominant practices and beliefs of the host country, they then select cultural elements that work best in trying to survive and thrive in the host country (Massey & Sanchez, 2010). U.S. born people respond by either accepting the immigrants and their culture brokering, and thus making it easy for them to cross boundaries and gain access to societal resources, or by rejecting them and making it hard for immigrants to accumulate resources and cross boundaries (Massey & Sanchez, 2010). Over time, the negotiation between immigrants and U.S. born individuals leads to boundaries that either are blurred or brightened (Massey & Sanchez, 2010).

Cultural Brokering through Children

Second-generation immigrants who are born and raised in the U.S. have a greater opportunity of adopting American culture through their firsthand experience in formal and informal contexts in their schools, with peers, in their neighborhoods and the media they consume (Saavedra, 2016). These second-generation immigrants, as compared to their parents, are more adapted to U.S. society and can easily navigate not only the English language but also the integration of American life through their shared experiences with the U.S. born. One hurdle immigrant families must overcome is how to communicate with outsiders in order to access all the resources available to them, such as education, government and citizenship services (McCassie, 2019). The navigation skills learned by children of immigrants’ positions them in the role of cultural brokers between the host culture and their parents culture (Saavedra, 2016).

Acting as language and cultural brokers, immigrant children and adolescents aid in the well-being of their families by translating forms, mail and documents for their parents, adult family members and even siblings (Saavedra, 2016). Aside from the English translations, immigrant children and adolescents provide information regarding employment, medical services, mental health services, educational advancement, housing, legal services and commercial resources for their parents (Saavedra, 2016).

Immigrant children culturally broker for their immigrant families by supplying them with the skills to frame a text or texts purpose. Immigrant children provide family members with the purpose of the supplied information, the reason the information given exists and the use of that information including what actions are necessary in response (Perry, 2014). For example, when being bombarded with all the first day of school paperwork, a study of Lebanese immigrant families found that children often brokered the purpose of the paperwork to their parents as things that needed to be read or signed, including the explanation of the purpose of the dotted signing line (Perry, 2014). Children's framing of texts' purposes helped their parents to better focus on the more important texts (Perry, 2014). Additionally, brokering alerted the parent to what they were supposed to do with the texts (Perry, 2014).

The children in the immigrant Lebanese families study brokered aspects of textual information, which is astonishing given that they were still learning how to read (Perry, 2014). Immigrant children frequently make the decision to take on the role of cultural brokers in an attempt to lessen the cultural gaps between themselves and family members (McCassie, 2019). As a result, immigrant families often view their children not just as brokers but also as teachers (Perry, 2014). This view creates a role reversal among immigrant families as the children take on leadership roles when brokering for their parents (McCassie, 2019). However, as children try to

incorporate into American cultural values, they can create clashes with parents who have had negative experiences when trying to incorporate into the U.S. cultural society. Studies on language brokering among children of immigrants suggest that being a culture broker was more difficult than language brokering, and the levels of a family's openness to change vastly affected its difficulty (McCassie, 2019). Immigrant children felt that whether or not they would culturally broker or whether or not their cultural brokering would be successful largely relied on their parents' flexibility and willingness to embrace change (McCassie, 2019). Consequently, these children would avoid the idea of cultural brokering entirely if they believed that their parents would not be open to whatever was going to be introduced, as it would not be worth the arguments that may ensue (McCassie, 2019).

In the experiences of immigrant parents, difficulties with the English language and American culture is not due to an unwillingness to learn, but dictated by factors such as their cultural values, family needs, their own past experiences, and the environmental context in which they live (Saavedra, 2016). When moving to the U.S. many immigrant families often flock to towns or cities with large immigrant populations in which they can create not only a more supportive or accessible surrounding environment but can further the likelihood of enculturation amongst family members (McCassie, 2019). Surrounded by people who speak their language and understand their culture, immigrant families are most likely to experience lack of drive to involve themselves in American society (McCassie, 2019). Although studies reported that most parents improved in their English fluency, all parents reported difficulties in continuing to learn English due to their age, inexperience with schooling, and barriers related to access to qualified teachers (Saavedra, 2016).

All of these issues partly influence the maintenance of the cultural brokering role in immigrant families. The lack of assimilation and integration into American society by immigrant parents may be protective for the parent but in studies, it was reported as a point of increasing disagreements as immigrant children got older (McCassie, 2019). Additionally, immigrant children noted that their frequency of brokering vastly increased if their families moved to another community that did not mirror their previous environment's cultural and linguistic composition (McCassie, 2019).

Promotoras

In an effort to help bridge the language and cultural barriers that immigrants face when navigating the U.S. healthcare system, health care organizations began to hire community health workers who could act as liaisons between underserved Hispanic populations and traditional health care services. These healthcare workers were called *promotoras de salud* (*promotoras*) and were either volunteers or employees of the local health care systems or other entities administering community interventions (Ramirez, Turner, B & Gellman, 2020).). These “health promoters” typically lived in the communities they served and, consequently, could better communicate and relate to their clients because of their shared community experiences (Ramirez et. al, 2020).

The *promotora* concept is a form of community-based peer support in which chosen individuals help bridge community needs. With the rise in health care costs in recent times and increased awareness of the scope and cost of health disparities in this country, community based peer-support has been increasingly accepted as a viable and potentially cost-effective mean of helping fill gaps in the health care system (Ramirez et. al, 2020). The resources provided by *promotoras* may start with interpretation, translation and health care system navigation but

evolve to include culturally centered education, informal advise, counseling, advocacy for health and social needs as well as providing information regarding disease management, prevention and community resources (Ramirez et. al, 2020).

Firsthand knowledge of the local Hispanic community including the personal and institutional barriers that residents of the community face, prepares *promotoras* to take on the role of liaisons between health care agencies and the communities they hope to outreach to (Ramirez et. al, 2020). *Promotoras* traditionally identify as female, Spanish speakers and are often residents of the neighborhoods they serve which positions them in the perfect role to assist in reducing or removing linguistic and cultural barriers for segments of the population that have historically been difficult to reach by local health care agencies and services (Ramirez et. al, 2020). *Promotoras* can also take on an advocacy role by educating and assisting professional health care personnel and their staff on sociocultural factors that influence the health knowledge, beliefs, and attitudes, as well as the values and behaviors, of their Hispanic patients (Ramirez et. al, 2020). In this advocacy role, *promotoras* can motivate and encourage members of the community to participate actively in efforts to improve neighborhood living conditions (Ramirez et. al, 2020).

Gaps in Literature: Immigrant Resource Barriers and Cultural Brokering

Previous studies have discussed the macro barriers that exist in resource access to immigrants as well as how immigrants, their children and chosen community members have aided in the brokering of boundaries of resource access that exist in the U.S. The studies have demonstrated that there are several systemic barriers that immigrants must navigate in this country. Aiding in breaking down these barriers often requires that those helping broker these boundaries take on roles beyond translating and interpreting the language. However, there has

been limited research on the resource needs of immigrants in the DFW Metroplex, how organizations are or are not meeting those needs and discussion on the role that social workers can play as cultural brokers for immigrant communities.

Method

In this study, I will analyze the gaps in resource access among immigrants in the Dallas-Fort Worth metropolitan area (DFW Metroplex) and discuss how social workers can act as cultural brokers by helping immigrants navigate the systemic barriers of U.S. society. This study will analyze data previously collected by Dr. Marcela Nava. In her study, Dr. Nava (2021) applied a “critical lens to explore the broader, political, economic and social contexts that shape the health of immigrant communities during the early stages of the Covid-19 Pandemic” (p. 69). When collecting the data used in this study, Dr. Nava utilized a constructivist grounded theory approach that guided recruitment and data collection. Dr. Nava (2021) defined constructivist grounded theory as “the construction of experience and meanings between researchers and participants through an explicit definition of the researcher’s value position and a pragmatic approach to designing and adapting methodological strategies that respond to emergent questions” (p.69).

Participants and Recruitment

Dr. Nava’s (2021) recruitment took place in the Dallas-Fort Worth metropolitan area through “purposive and snowball sampling within Hispanic-or immigrant-focused academic, professional, and social networks” (p.69). Participants included individuals who self-identified as immigrants or as a professional that works with immigrants in service areas such as education, financial services, labor and healthcare (Nava, 2021). The participants did not have to identify as

Hispanic immigrants to be a part of this study and additional participants were identified through theoretical sampling to confirm patterns and evaluate rival explanations emerging from the data (Nava, 2021). Through pre-established approval from the Institutional Review Board⁴ (IRB), twenty-one individuals participated in semi-structured interviews beginning December 2019 through January 2021. Interviews shifted from face-to-face to virtual technology platforms in response to the safety procedures during the Covid-19 Pandemic (Nava, 2021). Prior to participation, confidentiality and the voluntary nature of the interview was discussed with each participant and each participant physically or electronically signed a consent form prior to participation (Nava, 2021). Participants had the option to select if they wished to be contacted by the researcher to discuss research results (Nava, 2021).

Procedures and Instruments

After providing informed consent but before beginning the interview, participants completed a social demographic form with eight closed-ended questions and one open-ended question (See Appendix B). The form allowed participants to report their context for immigration health (academic, professional, personal), professional sector, gender, race/ethnicity, age range, highest education level, average household income and occupation (Nava, 2021). Dr. Nava developed a semi-structured interview tool (See Appendix A) consisting of ten open-ended questions to guide the interview (Nava, 2021). Using the interview tool, participants were asked to describe their conceptualization of socioeconomic status, of health, its properties, and dimensions (e.g., physical and emotional health) (Nava, 2021).

⁴ The IRB is a group formally designated to review and monitor research that involves human subjects.

Dr. Nava examined how the pathways between socioeconomic status (SES) and health might vary for immigrants by staggering questions along three levels of abstraction (Nava, 2021). The first level introduced questions within the general social context of the U.S., for example, the questions asked participants to think about the different ways in which socioeconomic status influences health in the United States (Nava, 2021). The second level asked participants how the socioeconomic status of immigrants might vary from that of non-immigrants, and the third level asked participants to explore how the relationship between SES and health might vary broadly for immigrants or immigrant subgroups based on gender, race/ethnicity, nationality, pre-migratory experience, and post-migratory environment (Nava, 2021). The framing of these questions serves as the foundation for my research as they allow participants to reflect on the barriers of advancement that exist in regards to a person's nationality and how these change or remained unchanged during a person's pre and post migratory experience.

Each interview was audio-recorded and lasted approximately 60 to 90 minutes. Dr. Nava is bilingual which allowed her to develop questions in English and then translate them into Spanish for those participants who only spoke Spanish (Nava, 2021). Every interview was transcribed and translated into English if necessary. Many interviews included multiple terms, phrases, or sayings in both English and Spanish (Nava, 2021). In addition to interview transcripts, Dr. Nava also transcribed field notes and analytic memos to capture observations during each interview, as well as included reflections about concepts and their relationships, and her reactions to the data (Nava, 2021). The informal cultural references, phrases and slang shared between Dr. Nava and participants is key in the coding of my research by demonstrating how immigrants broker language beyond interpretation and translation. Additionally, the reflections

shared between researcher and participant, acknowledging that Dr. Nava holds a Master's of Science in Social Work, provide an insight on how social workers can take on roles of cultural brokers in U.S. society (Nava, 2021).

Lenses Used in Current Study

Phenomenology

The discipline of phenomenology can be defined as the study of experiences that arise from living in this world, country and or metropolitan area (Smith, 2013). Literally, phenomenology is the study of “phenomena” which includes how things or situations appear to us; how they appear in relation to our experiences or the meanings they have in our experience (Smith, 2013). Studying the “phenomena” includes entering the field of perception of participants, interpreting how they describe their lived experiences and respond to the situations in their environment (Smith, 2013).

In this study, phenomenology will help in interpreting the experiences of immigrants as they conceptualize socioeconomic status and how this conceptualization mirrors lived experiences by other immigrants in the DFW Metroplex. The study of phenomenology will be a guide in discovering how resource access is derived from the phenomenon of conceptualizing socioeconomic status.

Ethnography

Ethnography provides a detailed and in depth description of how people understand their reality and the meanings behind their reality (Hoey, 2014). In analyzing these realities, the researcher is able to provide descriptions on a group's context and activities (Hoey, 2014). By

analyzing Dr. Nava's data, field notes and quick notes, I can identify shared realities among immigrant participants and summarize the patterns as it relates to how an immigrant's culture plays a role in resource access. Additionally, an ethnographic lens can help determine specific cultural contexts that can help social workers in the role of cultural brokering. Ethnography requires fieldwork, meaning that the researcher is personally immersed in the experience and provides their own perspective to the research (Hoey, 2014). Since I will be analyzing secondary data, I can take on the role of a complete observer, meaning that the participants and interviewer are unaware of my presence as I am analyzing their conversation. In this outside view, I will be taking notes from Dr. Nava's immersed experience and connecting them to my research.

Feminist theory

Feminist theory is a part of critical theories, whose purpose includes destabilizing systems of power and oppression (Arinder, 2020). Feminist theory considers the lived experience of people with an emphasis on oppression and oppressive systems (Arinder, 2020). The feminist lens analyses how people interact within oppressive systems and structures with the purpose of providing solutions on how to confront them (Arinder, 2020). In this study, the feminist lens plays a key role in helping understand the oppressive barriers that immigrants attempt to overcome in order to access resources. The study will use this lens to understand the barriers to access that exist in the DFW Metroplex, how immigrants attempt to broker these barriers and how social workers can aid in the cultural brokering of these barriers.

Results

Dr. Nava asked participants to provide different concepts that can impact a person's socioeconomic status in the U.S. Additionally, she asked participants to reflect on how

socioeconomic status and the concepts they identified differed between immigrants and U.S. born. In response to these questions about socioeconomic status, participants revealed the barriers to resource access immigrants face when trying to navigate systems in the DFW area. Barriers reflected the impact of anti-immigrant sentiment and its impact on immigrant perception, agency limitations, the limitations of caseworkers and the impact of cultural brokering through children. However, there were also barriers unique to the Dallas-Fort Worth metropolitan area (DFW Metroplex) such as language, gentrification, education and health. Participants also demonstrated the importance of community power in overcoming these barriers which provided insight on how immigrants in the DFW Metroplex can achieve access to resources in a society designed to keep the out.

Anti-Immigrant Sentiment

Former President Trump's policies regarding the public charge rule and sanctuary cities created issues not only among immigrants seeking services but for service providers as well. One participant shared how the local food bank expressed concern because the Hispanic population they were used to serving, was not showing up:

When things changed for the worse after 2016, there was a moment that even the Food Bank of Tarrant County reached out to us. They said, our Hispanic clients disappeared. We knew they didn't really disappear, they're just not coming. So we are worried that they are not getting food. Because they used to come here to get it and it was that level of fear, so fear of contact with anything. (Participant 4)

The fear was expanded through former President Trump's redefining of the public charge rule. The public charge rule created a visible impact among healthcare providers who were receiving concerned calls from immigrant families regarding the healthcare for their children:

I always found that immigrants were less likely to take advantage of public benefits programs. But I think it's just horrifically exacerbated now, with the confusion in the public charge. And I see it every day, we get phone calls here in our office about people asking whether they need to turn in their Medicaid for their disabled children ... So, you know, just imagine for the immigrant families to make sense of it and understand it. And out of fear, I know this is happening in the community, they are forgoing, taking benefits that are there to ensure their health. So it's very alarming to us. And to me it's only going to get worse. And that that will be a determinant of where, how healthy the immigrant population is in general. (Participant 8)

The rhetoric of former President Trump regarding sanctuary cities and the limitations on funding he placed on them impacted services offered to undocumented students as well. One participant states that even though they felt like they were doing their job, the community college administration made it clear that they did not want to associate themselves with the word sanctuary:

We developed when I was at [community college] it was called, it was a framework, but it was called the DANI Initiative, Dreamer Ally Network Initiative. So we identified people within the institution that was aware undocumented students need the information...And we were just doing it because we saw the need...I remember getting an email from our higher ups saying that, we want to remind you that [community college] does not want to be viewed as a sanctuary campus. And they were trying to stop us, you know, but we're like, we're just doing our job. (Participant 11)

Impact on Immigrant Perception

The anti-immigrant policies enforced by former President Trump created a perception of how immigrants are viewed by some people in U.S. society, particularly those who agreed with Trump's policies. Participants identified that immigrants were portrayed as the population to blame in the U.S., even during a pandemic:

I think immigrants get the scapegoating a lot in the United States. If something's wrong, it has to be an immigrant. And sometimes, of course, we've been narrowed down to certain immigrant groups. So it has to be the Mexican immigrants. Or it has to be the refugees from Cambodia. So I think immigrants as a whole is our scapegoat in the United States when anything goes wrong...People were like, "oh, it's the immigrants of wheat farm, borders weren't so loose when you have all these immigrants coming over and they're the ones who brought COVID." (Participant 14)

The immigrants were not only seen as scapegoats but there was a perception of what types of immigrants were considered good or bad. Participants identified that immigrants that were seen as good included those who had assimilated to American culture, grew up in the U.S. and had legal status. Bad immigrants were those who had come to this country illegally and did not grow up in the U.S.:

Well, we see it a lot through DACA. We see the way that, DACA, the idea that a lot of people who are not immigrant is that they were born here, or they moved here at a certain age which means that they were not of age to understand that they migrated and because of that they should, they grew up in the United States and it's like, say the idea of cultural citizenship, but so they grew up in the United States so they are basically should be citizens, and they are just because of that...then the bad immigrant, which is someone

who is like the parents, who also migrated to the United States but did not grow up there. That person has not done anything wrong or a crime as they usually portray us. That in itself is in itself enough to consider them that because they made the decision to cross the border to be here. So, it's a perception that the world has on what is good and bad because of discriminatory policies. (Participant 1)

The perception of immigrants as “good” or “bad” went beyond what U.S. born people saw in their daily interactions with immigrants. While former President Trump and his followers were portraying undocumented immigrants as criminals, those who interacted with them day-to-day saw that were not stealing jobs or were criminals. Despite these interactions, the anti-immigrant rhetoric persisted and those who were seen as working hard were viewed as the exception, but still not deserving of remaining in this country:

A lot of people have that “one good Mexican” that, you know, shows up every day and does really good work. So, they want to believe rhetoric that immigrants are either stealing their jobs or getting something for free, or are criminals, but they're hands-on day-to-day experience with, and it's mainly Mexicans, is different than that...this county, I don't know. It was like 80 or 90% that voted for Trump. So I will have all of these staunch Republicans calling me that they're one good Mexican. And I'm voting for there not to be a way for anybody to fix their one good Mexican. (Participant 19)

Agency Limitations

Participants described how immigrant and refugee serving agencies are limited by not only their funding and staff but by the requirements of the government. According to participants, the agencies have the services to help immigrants integrate and succeed in society,

but are limited in what they can do due to the aforementioned factors. One participant describes the lack of staff and time that is given to agencies who serve immigrant and refugee families:

They're dealing with a whole lot of families all at the same time. And while they help as much as they can, for a three or four month period, at the end of that, there's no continuation of help. So does this person know how to call the doctor's office to say, hey, my kid is sick? I need an appointment. Can they communicate that? Do they? Do they feel comfortable doing it? Do they know how to get to the doctor's office if they don't drive? You know, so I think, you know, there's, I think that that's also a big problem, too, you know, with newly arrived immigrants and refugees that are coming from non-English speaking countries is, how do they even get transportation? Like, do they know how to get there? Do they know how to make that phone call? Do they know how to explain to the doctor what's wrong with their kid? Or with them? If they're not feeling good, either, you know? (Participant 18)

Participants also reflected on the possibilities of services that could be provided for immigrants and refugees if the government thought these were “core services”. In some cases, even the agency doesn't think the time should be spent providing additional services:

I was writing out the service plans that were like, when you sign them up for these, like, you can sign them up for them in the zip code to get free books every month, up until the age of five. Why aren't we doing that for everyone? Well, it's not a core service.

Government doesn't care if you've done that or not. So why are we--we don't have the time to do what we're doing right now, so why aren't we doing it? So there are things that our population from the get go would have access to, in my opinion that they just don't know about, and we don't have the time and the internal resources to make some of those

things happen. I think if some of that stuff happened, I think the acclimation and some of the other programs we have might not be as relevant. (Participant 6)

Limitations of Case Workers

Participants who worked in resettlement agencies or immigrant serving agencies shared that aside from limitations placed by the agencies, caseworkers were also limited in the skills needed to work with immigrant and refugee communities. Participants shared how some agencies were trying to implement cultural brokers in their resettlement programs, however, there existed limitations in training and education for these cultural brokers:

And the other thing, too, with with resettlement organizations, you know, it's interesting, because they, they do try to hire people that are coming from the same country where the refugees are coming from. So that they there's ease of communication. There's some cultural awareness already there of what these people are coming from what they're used to, to try to help as much as they can. You know, but a lot of these refugees that get picked as caseworkers, you know, don't have backgrounds in social work. You can't I mean, and so it's, you know, it could be too for these for these caseworkers that, you know, maybe they've been here for five or six years, and maybe their English is very good. But do they even really know all the systems and the way that all the things work here in the United States too? (Participant 18)

Additionally, participants reflected that although the work is rewarding, immigrant and refugee populations can demand so much of the caseworker. The immigrant and refugee communities hold expectations that the caseworkers will continue to guide them through navigating the systems in the U.S.:

You know, and, you know, it's interesting, too, because in talking with some of the caseworkers, they, they, after a while, they're like, I can't do this anymore. Like, I can't deal with my community, my community is too much. You know, because there's also that expectation that from the community that you're going to continue to help me even after my contract is done. And it puts a lot of you know, and in some very tight knit communities, it's incredibly stressful. You know, they know where you live, they have your cell phone number, they're calling you on nights and weekends to deal with this, that and the other thing and, you know, it's, it's exhausting. It's exhausting work. But it's also very rewarding. (Participant 18)

Impact of Cultural Brokering Through Children

One participant shared the connection between immigrant education on resource access and the dependency that some immigrant parents have on their children. Using children as their cultural brokers can limit the parents' exposure to financial and health information which can end up limiting them when they can no longer depend on their children:

Vuelvo a lo mismo, hay mucha falta de informacion. Y tambien hay muy poca disciplina y tambien mucha falta de educacion financiera. Mucha falta de educacion financiera. Entonces, y aparte, porque el mercado hispano, ve como retiro de salud a sus hijos. Y su seguro de salud, a sus hijos. Si yo me enfermo, mis hijos me van a pagar por el medico, por mi operacion, por mi retiro, por mi--o sea, traen todavia muchos esa educacion. Okay? Entonces, en vez de acercarse a un [local health clinic], en vez de acercarse a un [local hospital] y empezar con los programas, o acercarse a [local health clinic], o acercarse a una institucion de proteccion, no se acercan. Este, estan con sus hierbitas y con, no se como se curan, la verdad. (Participant 16)

Translation: I return to the same, there is a lack of information. And also, there is very little discipline, there is a lot of lack of financial education. A lot of lack of financial education. Then and aside, because the Hispanic market sees their children as their health retirement. And their health insurance, their children. If I get sick, my kids will pay for the doctor, my operation, my retirement, for me— I mean, they still have that education. Okay? Then, instead of approaching [local health clinic], instead of approaching [local health hospital], and start with the programs, or approaching [local health clinic], or approaching an institution of protection, they don't approach it. They, they are with their little herbs and, I don't know how they cure themselves, truthfully.

Dallas/Fort Worth (DFW) Barriers

Although not all of the participants were immigrants, their work with immigrants allowed them to share unique barriers faced by the immigrant community when trying to access resources in the DFW Metroplex. In their responses to questions regarding socioeconomic status and how it impacted immigrants in the US, participants demonstrated that there was a limitation in the services provided for immigrants, specifically for undocumented immigrants. One participant clearly stated that “in Fort Worth, the types of services that are available to our undocumented communities are, you know, they are not able to receive the same, you know, equitable community resources that other community members can receive” (Participant 1). Participants identified that the barriers immigrants face in the DFW Metroplex include language, gentrification, education and health.

Language

Participants reflected on their lived experiences regarding the barriers that language can have on resource access. Participants discussed that it was very easy for immigrants to live in a world of Spanish only because there are stores, restaurants, radio shows and TV shows that cater to only Spanish speakers in the DFW area. However, there are limitations when it comes to accessing services such as healthcare or education, as they may come across people who are not willing to provide interpretation and try to understand what the Spanish speaking immigrant is trying to say:

I shadowed a doctor about a year ago. So I worked in a hospital. And in that space, the first floor receptionist only spoke English. In that space, as I was passing by, there was a person speaking in English, but it was fragmented English. So the person who was in the front desk responded by saying, I don't know what you're saying. So although the person was assimilating to be able to speak English, it was disregarded because an obvious personal reaction to environment. (Participant 1)

Another participant shared that they tried to help immigrants that were facing a language barrier because they had family members who were denied service because of it:

There's one guy named Mohammed would always come. He didn't know any English. I didn't know any of his language, but he always came to me, and I always figured out how to help them. But imagine, you know, you know, and I think it's because of the experience that I've had and the experience that my mom had with my aunts where they were trying to get help, but they don't know the language and you know, they're turned away. And, you know, I don't want that. I didn't want that to happen for him, even though

I didn't speak his language, you know, I wanted to make sure that I did what I could to help him. (Participant 11)

Gentrification

Participants presented that in the DFW Metroplex there are clear signs of which neighborhoods are occupied by immigrants and refugees. The areas have various infrastructure issues such as streets that are run down and have potholes. The neighborhoods also have food deserts where there are not any grocery stores nearby:

Neighborhoods like Stop Six neighborhood in Fort Worth, I think there is a 16 mile radius, and it's called, it's a food desert, where there's no grocery stores where they sell actual food, that, you know, can be beneficial to their health and to their lives. So, you know, it's mainly just corner stores over there. (Participant 11)

The clear differences between neighborhood quality of U.S. born and immigrants is evident to not only those who are immigrants or work with immigrants, but also those U.S. born who end up trying to live in these neighborhoods:

Let's go the complexes with the resettled refugees. Because they'll be the lower end. These are not fancy 7th street, you know. And looking at the prices. But besides that, to the point. When you start seeing the reviews, you see a huge difference between the natives of the U.S. rating those apartments as a "hellhole," or "there are rats" or blah-blah-blah. And when you see, and they complain, and they say, "Well, there's nothing you can do because they take advantage of all these international people that don't know any better. (Participant 4)

When these neighborhoods traditionally occupied by immigrants and refugees begin to see more white U.S. born occupants, participants state that they begin to finally see changes in communities that in the past never had access to things like clinics:

Let's say, Stop Six right now. You know, traditionally for so many years, that community has been left behind on everything. But now you got gentrification going on right now. And then you're having white people moving into the neighborhoods, and, you know, and now because of interest, interest convergence, you know, where it benefits whites, then they start putting in clinics, and you know, all these things start. The whole neighborhood starts changing. And I think that, you know, I don't know how to say this. I'm just talking out of my head right now. But I think, I think that race plays that factor. Because once you have gentrification going on you, you start seeing communities change. And they don't change for the people who have historically lived in a community they, they change for for white America. (Interview 11)

Education

Educational resources for immigrants are limited in the DFW metroplex. According to participants, the educational systems are complicated to navigate and require immigrants to seek out the resources because they are not provided to them:

I think the resources are there, but they're extremely taxed. Because Fort Worth ISD, for example, massive system, complicated, schools over capacity, not all of them have a counselor or a social worker or anything like that. Teachers with classroom size. So I think it takes a very special individual, that kid that wants to get out and try to find, Well what is this resource? Which might be there, but it requires a lot of initiative to get to it. It's not that it will be offered to them. (Participant 4)

Gatekeepers of educational resources also limit access to immigrants and could prevent them from accessing opportunities such as higher education. Participants shared experience on how educational gatekeepers did not share information that could have helped them succeed:

But it's so infuriating that people that sometimes have the key to those resources or to those doors decide to shut them. Talk about social economics. I think if the—*como se dice* [how do you say it?]*—*the scarcity mentality. “If I point this many people to [community college], then there's this many other spots for [university] and their resources that they have, deserving and undeserving.” Maybe because [my daughter] was Hispanic, in AVID [Advancement Via Individual Determination], in a different program, maybe she thought that she wasn't smart enough...So I think access to the education has to do a lot with the gatekeepers and their willingness to share that with the rest of us.

(Participant 5)

Participants who worked with immigrant populations identified that oftentimes immigrants don't have the tools to challenge the school systems and demand more for themselves and their children. Perhaps due to culture, immigrants will view education authority figures such as teachers and principals so highly to the point that they feel like they can't challenge them. One participant provided an example of how a mother had to fight the school board in order to provide adequate testing and resources for her son who was failing his classes. The mother ended up having to do outside testing and hire an attorney to have her son placed in dyslexic courses where he is now excelling. The participant shared that this act of challenging educational authorities and systems is not something immigrants are aware of:

I can certainly see an immigrant parent not knowing that they can do that. That they can challenge the school on, you know that they're just gonna respect whatever the school

thinks, oh, the school knows best. Not realizing, no, the school doesn't always know best. And sometimes they don't they, you know, they miss things, or sometimes they don't think the disability as is as severe as it is. But without getting help early on, it's just going to get worse for these children. And so I think that that certainly plays a role. You know, in it, especially newer families, not knowing what what's available to them, nobody takes it, nobody takes the time to explain it to them. And unless they happen to know, a person who says, No, fight to get your kids what they need. They don't know that they can do that. (Participant 18)

Health

The cost and legal boundaries of accessing health care in the US leaves immigrants at a complete disadvantage. As one participant states, “for an immigrant, healthcare is a privilege...for a U.S.-born citizen it's a right” (Participant 2). The lack of access leaves immigrants waiting until the last minute to access care or seeking other alternatives for treating their health care needs:

So when [local public clinic] made the decision to no longer serve undocumented people, that left a ton of people without any option. So you can't go to the doctor unless you afford one of these Urgent Care places now, and that is where they are making a killing. Or you wait until you go to the ER, when it's something pretty serious. But it's not for most common things, there's this underground world where you can access a lot of things. Again, the Gran Plaza, you can go there and you won't find a pharmacy per se. But there are several places where you can find a lot of medicine. You can buy antibiotics if you know where to go and you know who to ask. And a lot of people live on that, on

that self-medicating or things like that. So definitely they are completely at a disadvantage. (Participant 4)

Participants shared that Immigrants don't have time to take part in regular health screenings because taking time off work could impact their livelihood. However, even when organizations provide free health screenings, the cost of any additional care is so expensive that families will break laws in order to get the care they need to survive:

What good does it do to have those mobile clinics that do your pap smear and your breast health and all of that when it comes down to them finding it and they're like, "Oh, sorry. You have this mass and it's malignant and it needs to come out. But here's a few numbers to some doctors, call them." And when you call them, they say, "Yeah, we need a down payment of \$20,000." Who the hell has \$20,000 in the immigrant community? And let's say that's all it took. Maybe we could raise it. But that's just the down payment to the \$100,000 surgery. You're not gonna afford it. So what does that Doña Manuela do? Went to Parkland and put another address so that she could get that thing out of her breast, to survive. It's horrible. Some of the things that our community has to face because of all of these legalities and regulations and rules that people put on the books, forgetting that these are human beings. (Participant 5)

The COVID-19 Pandemic began during these interviews, which according to participants created a whole new set of health barriers for immigrants when it came to accessing testing centers within their neighborhoods. Transportation was also mentioned as an additional barrier in accessing health resources, specifically when the testing centers were located in the "predominantly white neighborhoods:"

Whenever the city of Fort Worth was, you know, doing their testing, I think, to the first three, or three, the first three sites, I think one of them was in downtown, one was by [university]. And another one, I think, was in North Fort Worth, which were all predominantly white neighborhoods or areas. And, you know, you didn't have any in the east side. And, and then we see, you know, through data that, you know, the black and brown communities are the most impacted by COVID-19. But also, I would say, the ability to drive somewhere. I don't know if this makes sense. But the ability to drive to a healthcare clinic, if there is a close health—like that, has me wondering now, how many clinics or doctor's offices are in those areas? Like east side? But I don't, I don't think there are any. (Interview 11)

Immigrant Community Power

In acknowledging the barriers to resource access for immigrant communities, participants emphasized how communities can help bridge the gaps. Communities are built where the immigrants reside and can help them establish an extended family network in whom they trust:

I think communities with seed because we have seen organized spaces in communities where, whatever that community looks like, in the U.S. it's usually the surrounding areas. Or a community at school, or a community at church. Where those spaces can help them be able to have an extra layer of perspectives or minds that can help them get resources that can allow them to succeed...this increase in family that can get them to be able to get some sort of service. And so community really would mean that there is a level of trust that is being built so they can ask for help and that they can get a second opinion on something, and hopefully get resources eventually for it. So I think, we see a lot of the

times that communities kind of organize within themselves to be able to get things in the community. (Participant 1)

Communities are built by immigrants and for immigrants, which means they used their lived experiences in order to navigate systems and work together to break the barriers or access resources. The communities establish trusted members who are called upon when a person is trying to access resources they are unfamiliar with:

And so again, I also think that depending on how much information is known within that social group, often times leads into more open opportunities for people to get access to what they know or don't know, specifically healthcare. So if I have a friend that used specific, you know, healthcare service, more likely, I'm gonna, you know, seek for their advice so their experiences within that setting. And, you know, if my friend had a good experience with that particular doctor or healthcare provider, the more likely I'm going to pursue the same thing, because I have a trusted individual who's, who's had access and used similar services that I am. So I do think that, you know, social networks and social groups. And if, you know, people are comfortable sharing this information, you know, often times information that passed down through similar lived experiences. (Participant 9)

The sharing of information in these immigrant communities can also make them aware of the barriers that are limiting their access and the dialogue can encourage them to work together to demand change:

Community really plays a huge part, because if they are talking about those things together then eventually it is creating a movement for people to build on...To really talk about how they're interrelated so that whenever they interrelate all of these things, really

tackle things like these issues of power that are keeping them there, that they can create change... By that, we're saying that, regardless of the fact that you are telling me that I cannot get all of these things or this space does not belong to me, this whole group of people is going to be able to come together and demand change so that we can deconstruct this umbrella. (Participant 1)

Discussion

The purpose of the study was to analyze the gaps in resource access among immigrants in the Dallas-Fort Worth metropolitan area (DFW Metroplex) and discuss how social workers can act as cultural brokers by helping immigrants navigate the systemic barriers of U.S. society. In analyzing Dr. Nava's 21 interview transcripts using a phenomenological lens, themes of anti-immigrant sentiment, idealization assimilation and agency limitations consisted with previous studies.

As discussed in the literature, anti-immigrant sentiment created by President Trump's policies created fear among immigrant populations that prevented them from accessing resources, allowed them to question their resource access and limited organizations from creating programs to serve immigrant populations (De Graauw & Gleeson, 2018). The impact of anti-immigrant sentiment reflected the idea of idealization assimilation, the us vs. them rhetoric, in which U.S. born used Trump's rhetoric of immigrants to define immigrants as "good" or "bad" depending on how they arrived to this country and assimilated to U.S. culture (Massey & Sanchez, 2010). DACA recipients who were brought to the U.S. as children and had no say in their migration were viewed as having "cultural citizenship" for growing up in the U.S. The parents of DACA recipients on the other hand were seen as "bad" immigrants due to their choice in migration and having not grown up in the U.S.

Agency limitations reflected previous literature as participants presented the lack of funding and staffing that occurs within immigrant serving agencies(Giordano, 2021). The limitations of caseworkers in the agency connected to research regarding the challenges *promotoras* face when working with community members. The participants shared how agencies will hire immigrants that come from the same country as these newly arrived immigrant families in order to help bridge the cultural gaps. However, there is a lack of training that exists for these hired immigrants that is reflective of how agencies treat *promotoras*. Some *promotoras* had limited English language skills. Thus, when agencies did not have Spanish Speaking staff, they felt frustrated and thought that the agency staff did not care for the Hispanic community. They also noted, however, that not all Spanish-speaking staff were helpful or supportive of the Latinx community (Orpinas et. al, 2020).

Agencies use these immigrants just like *promotoras* and rely on their cultural knowledge and ability to speak English to help families instead of addressing whether they have the proper training on system navigation in the U.S. (Orpinas et.al, 2020). Additionally, caseworkers can feel burdened with the needs of immigrant community members just like *promotoras*(Orpinas et.al, 2020). They may be receiving various calls from community members who do not understand boundaries as they see caseworkers as part of their community (Orpinas et.al, 2020).

One of the participants also mentioned the impact of cultural brokering through children can have on immigrant parents that rely on their children to provide for them. The children are not only expected to engage in understanding and navigation U.S. systems but are also expected to become a form of health and financial insurance for their immigrant family. Immigrant parents, through the dependency they have on their children, can see the need to integrate and learn about American systems as unnecessary (McCassie, 2019). However, this dependency not

only limits the immigrant parent if the child were to leave but can create tension between immigrant children who want to help their family members understand system navigation in the U.S. (McCassie, 2019).

Although the themes analyzed in the data were consistent with previous research, there were present outliers that were unique to the lived experiences of immigrants and those who serve them in the DFW Metroplex. The themes reflected the ethnographic and feminist lenses analyzed in this research as they presented the culture of the DFW Metroplex and the oppressive systems that exist within. When participants reflected on how immigrants can overcome the barriers they face in the DFW Metroplex, the underlying theme of immigrant community power emerged. The theme, in accordance to the literature, demonstrated how immigrant communities engage in boundary-brokering (Massey & Sanchez, 2010). Immigrants, after encountering the systemic boundaries in the DFW Metroplex, work together to challenge and circumvent those boundaries to advance their interests (Massey & Sanchez, 2010). Immigrant communities unite together to designate trusted community members who could share their lived experiences regarding resource access in the discussed themes of language, education and health. The shared lived experiences created a collective knowledge within the entire community of what barriers exist that limit them. The development of these immigrant social networks allowed immigrants to not only become aware of the barriers but also work together to challenge those in power who created them.

Limitations

Being a part of the immigrant community as the daughter of Mexican immigrants, creates an implicit bias that is common among ethnographic analysis. As the researcher and impacted community member of the DFW Metroplex, my lived experiences are reflected in the themes

derived from the data. Although coding allowed me to analyze the transcriptions line by line in an attempt to implicitly pick and choose themes from the data, as a child of immigrants there may have been themes that unconsciously seemed more important to me. Additionally, Dr. Nava is also part of the immigrant community, therefore her interactions with the interview participants could have reflected her own lived experiences and have led her to not only bridge certain reflections but also encourage participants to respond in a certain way. The data analyzed in this research is also secondary data, which limited the triangulation of analysis as I was not present in the interviews to view participants' reactions to certain questions as well as ask follow up questions that connected to my research on cultural brokers. If I had collected the data, I would have included participants who were not only Hispanic but children of immigrants. In this way I could have created a stronger connection in the impact that has cultural brokering among Hispanic immigrants and their access to resources.

Recommendations

The research demonstrates that there are various barriers that immigrants face when trying to access resources in the DFW metroplex. The barriers have long-standing legal intricacies and include anti-immigrant rhetoric that has been believed and shared throughout generations. Although it may seem far-fetched to believe that social workers can address the intricacies of every barrier, social workers are positioned with the training and education to understand how systems in the U.S. impact the communities in which they serve. Social workers are trained to understand systems of education, health, policy and advocacy as they try to access resources for their clients. These systems, although they may impact immigrants in different ways, also impact the general U.S. born population. If social workers choose to ignore the needs

and limitations of their immigrant populations, they could be further isolating not only immigrants but other populations who are also facing the same barriers to access.

In the DFW metroplex, there exist communities already working together to address their lack of resources by sharing information of their lived experiences with the various U.S. systems. The foundational framework for cultural brokering to exist has been created by these communities as they work together to broker the barriers that exist in U.S. systems. What they are lacking is a trained social worker who can act as cultural broker. The social workers as a cultural broker will not only understand the immigrants' language, culture and unique barriers, but can provide education and training on how to successfully navigate the various systems in the U.S (De Silvia et al., 2006). With the help of trained social workers as cultural brokers, immigrants would not have to go through a bad experience in order to obtain knowledge on how access to resources.

Conclusion

Social workers as cultural brokers in immigrant communities can become the initial bridges that immigrant communities can cross when the barriers to access are too high. The social workers do not need to act as caseworkers and take on the complete burden of connecting every single immigrant community member to a resource. Instead, they can become the initial resource and educate a group of community leaders on system navigation in the U.S. By doing this, they plant the seed of system navigation in an immigrant community so that they can share that knowledge and the information can impact all the future generations to come. As the old Mexican proverb states, "they tried to bury us, they didn't know we were seeds."

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Appendix A

Immigrant Social Economic Questions

The following questions are intended to gather information about important concepts in this study. I hope that you can answer these questions based on your background and knowledge about these concepts. Keep in mind that the information we discuss as part of these interviews will be analyzed to gather important concept and ideas, not specific information about you as a participant. I will ask you certain questions that are relevant to your background and knowledge, and as we continue our conversation, I may inquire further into specific topics that come up. I may also follow up with you after our initial interview in order to return to topics that become relevant to the research study.

Do you have any questions before we begin? (*If no, begin recording*)

Researcher will state the following:

“It is [TIME] ON [DATE]. This is Marcela Nava, and this is an interview conversation with Participant # [UIN]. We are meeting [FACE-TO-FACE/LOCATION, BY PHONE, BY WEB CONFERENCE]. Let’s begin.”

Conceptualization of Socioeconomic Status, its Properties and Dimensions

1. I want to start off by talking about the concept of socioeconomic status. What does this mean to you? (Probe for definitions.)
2. Think about the different ways in which socioeconomic status is currently understood in the United States. What are the different features or properties of socioeconomic status? (Probe for properties and definitions of each property such as:
 - a. Education;
 - b. Income and wealth;
 - c. Occupation; and
 - d. Social capital, such as resources, information or assistance obtained through ties with others)
3. Thinking about the different features or properties that you identified, how might those vary? (Probe for dimensions and variance of:
 - a. Education;
 - b. Income and wealth,
 - c. Occupation;
 - d. Social capital; and
 - e. Other properties previously identified)

Relationship between Socioeconomic Status and Health

4. Let’s talk about the concept of health. What does this mean to you? (Probe for:

- a. Definitions;
 - b. Properties, such as physical and emotional health;
 - c. Measurable health outcomes, such as life expectancy, mortality or low birth weight; and
 - d. Dimensions, such as low or high health status)
5. Think about the different ways in which socioeconomic status influences health in the United States. How would you describe this relationship? (Probe for explanatory pathways and mechanisms between:
- a. Education and health;
 - b. Income and wealth;
 - c. Occupation and health; and
 - d. Social capital and health)

Variation of Socioeconomic Status for Immigrants and Non-Immigrants

6. How do you think the actual socioeconomic status of immigrants might vary from that of non-immigrants? (Probe for variation in dimensions and properties of:
- a. Education;
 - b. Income and wealth;
 - c. Occupation;
 - d. Social capital; and
 - e. Other properties or dimensions mentioned)

Variation in the Relationship between Socioeconomic Status and Health for Immigrants and Non-Immigrants

7. Think about the ways in which socioeconomic status might vary for immigrants versus non-immigrants. What types of differences might you observe in the way that socioeconomic status influences the health of immigrants versus non-immigrants? (Probe for variation in the pathways and mechanisms between:
- a. Education and health;
 - b. Income and wealth;
 - c. Occupation and health;
 - d. Social capital and health; and
 - e. Other properties or dimensions mentioned)
8. Building on the previous question, how might the relationship between socioeconomic status and health vary for different immigrant groups? (Probe for variations related to:
- a. Gender;
 - b. Country of origin;
 - c. Race/ethnicity; and
 - d. Different sending and receiving community contexts)

Other Concepts

9. Sometimes new concepts or ideas emerge through interview conversations with different people. What are your thoughts about ____? (Probe for answer to research questions that emerged as a result of researcher’s constant comparative analysis.)

10. What other thoughts or ideas would you like to share?

Appendix B

**An Exploratory Study into Socioeconomic Status and its Role in Immigrant Health
Instrument Title: Key Informant Participant Characteristics (English)**

1. Please select any of the following areas in which you feel you have knowledge relevant to the goals of this study (Select all that apply):	<input type="checkbox"/> Immigrants/immigration <input type="checkbox"/> Health <input type="checkbox"/> Socioeconomic status (including its properties & dimensions) <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text.	6. How do you currently identify? (Select all that apply):	<input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Asian-American/Pacific Islander <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text.		
2. In considering the previous question, which part of your background do you feel is relevant? (Select all that apply):	<input type="checkbox"/> Scholarly/Academic <input type="checkbox"/> Professional <input type="checkbox"/> Personal (<i>skip to question 4 if this is only option selected</i>) <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text.	7. What is your current age range? (Select one):	<input type="checkbox"/> 18-24 <input type="checkbox"/> 24-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51-64 <input type="checkbox"/> 65 and up		
3. In what type of sector do you work? (Select one):	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> Primary Sector: <input type="checkbox"/> Health/health care <input type="checkbox"/> Research/academia <input type="checkbox"/> Social services <input type="checkbox"/> Government or public policy <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text. </td> <td style="width: 50%; border: none; vertical-align: top;"> Secondary Sector <input type="checkbox"/> Health/health care <input type="checkbox"/> Research/academia <input type="checkbox"/> Social services <input type="checkbox"/> Government or public policy <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text. <input type="checkbox"/> No secondary sector </td> </tr> </table>	Primary Sector: <input type="checkbox"/> Health/health care <input type="checkbox"/> Research/academia <input type="checkbox"/> Social services <input type="checkbox"/> Government or public policy <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text.	Secondary Sector <input type="checkbox"/> Health/health care <input type="checkbox"/> Research/academia <input type="checkbox"/> Social services <input type="checkbox"/> Government or public policy <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text. <input type="checkbox"/> No secondary sector	8. What is your highest education level? (Select one):	<input type="checkbox"/> Less than high school graduate or equivalent <input type="checkbox"/> High school graduate or equivalent <input type="checkbox"/> Some college or technical school <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Master’s degree <input type="checkbox"/> Doctorate degree
Primary Sector: <input type="checkbox"/> Health/health care <input type="checkbox"/> Research/academia <input type="checkbox"/> Social services <input type="checkbox"/> Government or public policy <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text.	Secondary Sector <input type="checkbox"/> Health/health care <input type="checkbox"/> Research/academia <input type="checkbox"/> Social services <input type="checkbox"/> Government or public policy <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text. <input type="checkbox"/> No secondary sector				
4. What is your gender? (Select one):	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transgender <input type="checkbox"/> Other (<i>Please specify</i>): Click or tap here to enter text.	9. What was your average household income before taxes during the past three years? (Select one):	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$100,000 to \$149,999 <input type="checkbox"/> \$150,000 or more		
5. What is your current occupation? List as many occupations that may apply.					
Click or tap here to enter text.		Click or tap here to enter text.			

UIN: _____

Date: ____ / ____ / ____

Dr. Nava used the table above prior to the start of her interviews.