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Factors Associated with Ethnic Minority Human Service Utilization:
A Community and Organizational Analysis

By

Catherine M. Vu

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Doctor of Philosophy

in

Social Welfare

in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

Professor Julian C. Chow, Chair

Professor Michael J. Austin

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Fall 2011

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A Community and Organizational Analysis

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By

Catherine M. Vu

Abstract

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Doctor of Philosophy in Social Welfare

University of California, Berkeley

Professor Julian C. Chow, Chair

Ethnic minority populations have been disproportionately affected by recent cuts to human services. The disparity in human service utilization between ethnic groups presents a problem that can be mitigated by nonprofit community-based organizations (CBOs). Often contracted by local governments to provide human services to low-income populations, CBOs are usually located in the communities they serve and are familiar with the needs of service users.

The purpose of this study is to explore the interaction between the contextual environment and organizational characteristics that influence access to human services by ethnic minorities living in low-income urban areas. Informed by community and organizational theories, this study uses cross-sectional data from the Los Angeles Nonprofit (LANP) Human Services Survey conducted by the School of Public Policy and Social Research at UCLA (Hasenfeld, Mosley, Katz, and Anheier, 2002) to answer the following research question: what are the contextual and organizational factors associated with the percentage of ethnic minority clients served?

Findings of the study suggest that varying community and organizational characteristics affect ethnic groups differently. For zip codes in which organizations in the study sample are located, GIS analysis of Los Angeles County indicates that areas with high ethnic minority concentrations are also areas where there are high poverty and unemployment rates, as well as high concentrations of residents with low English language capacity and educational attainment. The results of descriptive analyses reveal an overall trend of increasing percentages of African-American, white, Hispanic, and API board, staff, and clients served as the concentrations of the respective ethnic groups increase in zip codes. However, as the concentration of ethnic-specific population increases, the number of organizations per concentration category decreases across all groups, suggesting that organizations are likely to locate in diverse areas as opposed to areas where there are high concentrations of a particular ethnic group. Results from bi-variate analysis suggest that there are significant relationships between community characteristics and the percentage of ethnic minority clients served, but the findings of multi-variate analyses provides limited evidence of the contribution of these characteristics when controlling for different factors. While there are a number of significant organizational characteristics in the multi-level

model across ethnic groups, only three significant associations were found at the zip code level: 1) a positive relationship between zip codes with high poverty concentration and African-American clients served, 2) a negative relationship between zip codes with high African-American residents and white clients served, and 3) a positive relationship between zip codes with high concentrations of API residents and API clients served.

Although the findings of multi-variate analyses provides limited support for the influence of community characteristics on ethnic clients served, the conceptual framework of this study puts forth strong arguments for the positive relationship between community and organizational factors with ethnic minority client populations and underscores the need to further study service delivery and utilization in the context of communities and organizations. By advancing the knowledge of human service utilization of ethnic minority groups from different perspectives (community, organization, and service user), practitioners, policy makers, funders, and researchers may be better positioned to understand the comprehensive barriers and needs of service users and how best to address them through community-based organizations.

This dissertation is dedicated to the committed staff, administrators, and funders of CBOs for their influential role in positively shaping the communities and individuals they serve.

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CHAPTER 1

INTRODUCTION

The provision of human services in the United States is under attack. Due to the current economic recession, vital services to vulnerable populations around the country are being cut in order to reconcile budget deficits. While these cuts are detrimental to all recipients who utilize human services, they disproportionately affect ethnic minority populations including immigrants. Minority populations, many of whom live in poverty (Levin-Epstein and Lyons, 2006), are likely to be in greater need of human services when compared to non-Hispanic whites (Hough et al., 1987; Alvidrez, 1999). In California, where roughly 57 percent of the population identifies as an ethnic minority (U.S. Census Bureau, 2009), the need for human services by these populations is high due to the significant proportion who have low-levels of education and few resources to help them become self-sufficient. These patterns hold true for low income ethnic groups across states and are not unique to California. The current budget crisis and the charged political atmosphere around immigration have further exacerbated racial disparities in terms of utilization of human services as funding is significantly cut and policies on illegal immigration cause “chilling effects” whereby immigrants’ confusion, fear, or stigma of social services discourages them from seeking assistance (Tumlin and Zimmerman, 2003; Fix and Passel, 2003).

The difference in human service utilization rates between ethnic groups presents a problem that can be addressed by nonprofit community-based organizations (CBOs). CBOs are in an advantageous position to mitigate utilization disparities because: 1) they are usually contracted by local governments to provide human services, including those that assist welfare participants meet their requirements, 2) they are typically located in the communities they serve, thereby understanding the needs and barriers of local populations, and 3) they provide a range of opportunities and activities that foster a sense of group identity and social supports while reaching out to those who cannot or will not seek help or support, making service utilization more attractive to those who need them (Halpern, 1999; Holley, 2003; Lee and De Vita, 2008). As a result, CBOs are able to provide services to ethnic minority populations in a familiar and safe community environment.

Human service CBOs are particularly relevant to ethnic minorities in light of welfare reform. Initial research on welfare caseloads has shown that ethnic groups fare differently under welfare reform with non-Hispanic whites leaving welfare more rapidly and/or entering more slowly while the overall percentage of ethnic minority welfare cases has increased (Savner, 2000). In addition, welfare reform imposes a 60-month time limit which is especially detrimental to ethnic minorities as research suggests that these populations, particularly non-English speaking immigrants, reach the limit at a higher rate than English-speaking whites. For example, in a study of CalWORKs recipients close to reaching the 60-month time limit, London and Mauldon (2006) found that 30 percent were African-American, 29 percent were English speaking Latinos, 20 percent were non-English speaking immigrants (Latinos, Vietnamese, and other) compared to 21 percent English speaking whites. Welfare reform has also replaced cash aid as the primary means of assistance with human services so that welfare participants are now required to attend classes, meetings, or trainings to receive benefits (Allard, 2009b). These

services are typically delivered by human service CBOs. For welfare participants, particularly those coming from ethnic minority backgrounds, this means that human service CBOs are essential to the provision of services that will help them towards self-sufficiency.

Given that human service utilization disparities exist between ethnic groups and compounded with the transition of welfare benefits from being one of cash assistance to being a service-based system, it is critical to study the human service CBOs that deliver services to these populations. Human service CBOs must be examined to determine how to best reach out to ethnic minorities and to maximize their full potential in providing equal access to services for all users to offset the negative effects of economic and social inequality in times of financial and political uncertainty. The purpose of this study is to explore the interaction between the contextual environment (i.e. socio-demographic characteristics of zip codes where organizations are located) and organizational characteristics that influence utilization of human services by ethnic minorities living in low-income urban areas. Here, utilization is defined as the usage of services by different ethnic groups and is measured by ethnic composition of a service organization's clientele. Utilization is conceptualized as the next step beyond *access* although they are often used interchangeably. In this study, access refers to the service user's ability to receive services but does not necessarily mean utilization of services. Informed by community and organizational theories, this study focuses on zip code socio-economic indicators and organizational *characteristics*. This is to differentiate from organizational *strategies* which are administrative approaches to services that engage clients and are not the topic of this study.

This study builds on the existing research to examine factors that have been associated with ethnic minority human service utilization at the community and organizational levels. While some studies focus on how community characteristics influence organizational structure and service delivery, other studies suggest that services tailored to ethnic-specific groups have an influence on service outcomes. However, few empirical studies combine factors from the community context with factors from the organizational context to study client outcomes. The current study aims to fill this gap by exploring the factors associated with ethnic minority service utilization within the context of organizations and the communities in which they are located. Understanding the influence of these characteristics will: 1) assist CBOs in locating and structuring their organization, and 2) inform funders and policymakers of organizational characteristics that are successful at engaging ethnic minority groups to decrease utilization disparities.

The term "ethnic" is used to refer to people from a number of different racial, national, or cultural backgrounds. This includes African-Americans, immigrants to the U.S as well as their subsequent generations who are born in the United States. The descriptor "ethnic" is used instead of "minority" to describe ethnic populations as opposed to other minority groups classified by gender, sexual orientation, disabilities, or age. In addition, organizational characteristics in this study refer to structural and functional characteristics that are inherent or related to the organization such as diversity of board and staff, proportion of government funding, and degree of collaboration amongst organizations, which is to be differentiated from the programs which are provided by the organization.

The dissertation is divided into six chapters. Chapter 2 reviews the literature on ethnic minority human service utilization, the needs of these groups across human service sectors as suggested by the disparities in service use among ethnic groups, and the cultural competence framework used by CBOs as an intervention to engage minority clients. Chapter 3 lays out the theoretical foundation and conceptual framework on which this study is based by combining community and organizational theories. Chapter 4 describes the study's methodology and Chapter 5 presents the major findings and analysis. A discussion of implications for practice, policy, and future research are provided in Chapter 6.

CHAPTER 2

HUMAN SERVICES UTILIZATION: A LITERATURE REVIEW

The difference in human service utilization rates between ethnic groups is a complex issue that involves several factors. As such, it is important to understand the needs of ethnic minorities across service sectors, the disparities in service utilization across ethnic groups, the barriers that contribute to these disparities, and the interventions used by community-based organizations that help ethnic minorities overcome some of these barriers. This chapter has several objectives. First, it provides a brief overview of the limitations of the measurement of human service needs across ethnic groups. The next section provides a broader understanding of needs by presenting the ethnic disparities of service utilization across service sectors. The chapter concludes by reviewing the cultural competency framework used by CBOs as an intervention to reach out to ethnic minority groups with particular focus on organizational-level cultural competency that takes into consideration the contextual and organizational characteristics of clients to engage ethnic minority populations in utilizing human services.

The Problem with Measuring Human Service Needs among Ethnic Minority Groups

A major limitation of the literature on ethnic minority need is the different methods of operationalizing this concept across service sectors. The determination of human service needs among ethnic minority groups is complex due to the many different ways “need” could be measured or operationalized (i.e. prevalence of disease or diagnoses in the population, lack of economic, educational, or human resources, etc). For example, in a study of elderly African-Americans, Winston and colleagues (2005) cite the prevalence of heart disease and mortality rates resulting from heart disease amongst elderly African-Americans as evidence of need for palliative and hospice care for this population. Another study on intellectual disability (ID) of South Asian and white adults uses the relative incidence of ID as a proxy for need for psychiatric services (McGrother, Bhaumik, Thorp, Watson, and Taub, 2002). Studies on the uptake of programs and services also indicate need. For example an Urban Institute study on low-income Hispanic families argues that the broad use of food banks and food pantries demonstrates the unmet nutritional needs of poor families and advocates federal nutrition safety nets (Zedlewski and Martinez-Schiferl, 2010). While it may be appropriate for health and mental health services to use prevalence or incidence of illness as a measurement of need, using socio-economic indicators provides a more useful understanding of need for social service programs. Acknowledging that there is a lack of a standardized definition of need, the Surgeon General’s Report on mental health (U.S Department of Health and Human Services, 1999) suggests that a better way to understand needs is to examine a group’s utilization of services and compare the disparities across ethnic groups.

One thing to note is that the literature on ethnic minority utilization disparities seldom recognizes the differences between ethnic minorities who have lived in the United States for multiple generations and ethnic minorities who are born from immigrant parents (i.e. first generation ethnic minority). While the term “immigrant” is used to refer to foreign-born ethnic minority residents, studies generally do not specify the length of residency of subsequent

generations (i.e. second generation, third generation ethnic minority). With the exception of the mental health service sector, the literature on service utilization disparities among ethnic groups usually focuses on the service utilization of U.S. born ethnic minority groups, the service utilization of immigrant groups, or comparisons between the two groups. The lack of specificity on length of residency for subjects used in empirical studies prevents a more detailed analysis of ethnic variation in the utilization and need for services particularly because the length of residency can influence degree of acculturation which has been shown to affect utilization rates (Wells et al, 1989). Studies on service utilization disparities among ethnic minorities may compare prevalence or need for services among elderly minority groups (i.e. Jimenez et al, 2010) or center on service utilization by minority grandparents (i.e. Burnette, 1999), but these types of studies do not specify how long the subjects have lived in their host country other than to identify them as immigrants or U.S born.

Despite some of its limitations, the vast literature on ethnic minority human service needs and disparities of service utilization provides a rich source of knowledge that is informative to the present study. As such, the disparities literature is reviewed below to better understand the needs of ethnic minority populations across service sectors.

Disparities in Service Utilization between Ethnic Minority Groups

The literature on service use disparities between ethnic minorities and non-Hispanic whites varies depending on service sector. The literature across sectors suggests that ethnic minorities are over-represented in public social services that are administered by the state such as child welfare and cash assistance programs (which often also require participation in welfare-to-work programs as a condition of aid). For example, studies show that ethnic minority children are disproportionately represented in the child welfare system (White, Courtney & Fifield, 1998; Annie E. Casey Foundation, 2002). Minority children enter the foster care system at higher rates than non-Hispanic whites, even when family characteristics are comparable between ethnic groups. African-American and Native American children in particular are three times more likely to be in the child welfare system and remain there longer than non-Hispanic whites. A key feature of this “service” is that participation is almost always mandatory, not voluntary.

Disparities among ethnic groups also exist in welfare participation. African-Americans have been found to be over-represented in income-maintenance programs in comparison to other groups (United States Department of Health and Human Services, 2003). Of all families on participating in Temporary Assistance to Needy Families (TANF) in 2000, African-Americans made up 39 percent of TANF participants while 31 percent were whites, 25 percent were Hispanics, and 3 percent were API. Of the children receiving TANF benefits, 40 percent of children were African-American, 27 percent were white, 27 percent were Hispanic, and 3 percent were API. Ethnic disparities also exist in other means-tested welfare programs. Between 1994 and 1996, American Indians and Aleut Eskimos had the highest participation in the food stamp and Medicaid programs, followed by African-Americans, Hispanics, APIs, and whites, respectively. Participation in housing assistance programs for the same years was highest for African-Americans followed by American Indians and Aleut Eskimos, Hispanics, APIs, and whites, respectively (Moffit and Gottschalk, 2001).

The use of public welfare benefits by immigrants and non-citizens has been a topic of debate that influenced the changes regarding immigrant eligibility for public assistance in the 1996 welfare reform law (Borjas and Hilton, 1996; Fix, Passel, and Zimmermann, 1996). In general, the literature on immigrant welfare participation suggests that, nationally, immigrant households have higher participation rates than native households (Borjas, 2002; Capps, et al, 2002). One analysis showed that 20 percent of immigrant households received some type of welfare assistance compared to 13 percent of native households (Fix and Passel, 1999). However, specifically examining low-income populations reveals that low-income immigrants use assistance programs at lower rates than low-income native families. Although these studies do not differentiate how long ethnic minority groups have been living in the U.S (other than to specify between immigrants and non-immigrants), their findings suggest that disparities in welfare participation exist among ethnic groups.

Much of the utilization disparities literature focuses on the health and mental health service sectors. While welfare and child welfare public services show an over-representation of service use in government administered programs by ethnic minorities, the literature available on ethnic minority health and mental health service utilization suggest that there is generally an under-representation of ethnic minorities in health and mental health care services depending on whether they are emergency, outpatient, or inpatient services. For example, Hu, Snowden, Jerrel, and Nguyen (1991) found that African-Americans use more emergency health care services and less outpatient services than whites, while APIs and Hispanics use less emergency and inpatient but more outpatient care than whites. Another study (Dunlop, Manheim, Song, and Chang, 2002) found that ethnic minority men used less outpatient surgery than older non-Hispanic white men. While these studies are somewhat inconsistent, they suggest that there are disparities in health care utilization based on the service choice (i.e. emergency, outpatient, or inpatient). In terms of healthcare access, Barnes, Adams, and Powell-Griner (2008) found that 27 percent of Hispanic adults did not have a consistent source of health care compared to 16 percent of APIs, 14 percent of African-Americans, and 13 percent of whites. Among the API population, 25 percent of Korean adults, 12 percent of Japanese and Filipino adults, and 16 percent of Chinese and Vietnamese adults did not have a consistent source of health care. These studies suggest that there is a high need for adequate and consistent health care across ethnic minority groups.

Like Barnes and colleagues (2008), the differentiation between ethnic sub-groups' utilization rates has been noted by many health disparities scholars. Wolinsky and colleagues (1989) warn against making generalized utilization assumptions for Hispanic sub-populations because of the diversity that exists within Hispanic cultures. Indeed, in an examination of elderly Puerto Rican, Cuban-American, and Mexican physician utilization, Burnette and Mui (1999) found that Puerto Ricans were 2.6 times more likely and Cuban-Americans were 2.3 times more likely than Mexican-Americans to visit a doctor. While these particular studies focus on Hispanic sub-populations who use health services, recognition of cultural differences should be applied to other sub-populations (i.e. APIs and Africans) and service utilization in other sectors as well.

Studies that focus on immigrant utilization of health services find that utilization rates differ among immigrant groups. For example, in their qualitative study of elderly Soviet

immigrants, Aroian, Khatutsky, Tran, and Balsam (2001) found that the respondents interviewed perceived extensive use of health and social services. Replicating the study with elderly Chinese respondents (Aroian, Wu, and Tran, 2005), the researchers found that health and social service utilization was perceived to be under-utilized by study participants. The contradictory perception of service use by these immigrant groups highlights the differences between ethnic groups despite their common immigrant status and supports the need for more refined research with different immigrant populations.

Related to health services are mental health services where similar utilization disparities are observed among ethnic groups. The majority of studies report that ethnic minority groups are under-represented in mental health service utilization (e.g. Sue, 1977; Barrera, 1978; Sue and Morishima, 1982; Vernon and Roberts, 1982; Harris, Edlund, and Larson, 2005), although some studies suggest that mental health utilization in terms of rate and length of treatment among ethnic minorities has risen (Bui and Takeuchi, 1992; Cheung and Snowden, 1990; O'Sullivan, Peterson, Cox, and Kirkeby, 1989). Some evidence suggests, however, that mental health utilization among ethnic minorities may depend on the type and location of the services provided. For example, Cooper-Patrick and colleagues (1999) found in their comparison of African-American and white mental health service utilization that while African-Americans were more likely to discuss mental health problems in general medical settings (i.e. with a doctor who was not a psychiatrist or emergency room personnel), they were less likely to utilize services from specialty mental health providers (i.e. mental health specialist, mental health center, psychiatric outpatient clinic, drug or alcohol clinic). Similarly, Mexican-Americans diagnosed with a mental disorder were found to be less likely than whites who were diagnosed to use professional mental health care providers (Hough et al, 1987).

Unlike the literature on other service sectors that generally do not report on findings of immigrant service utilization and that of their subsequent generations, empirical studies have been conducted to examine the mental health service utilization rates of immigrants compared to their children and grandchildren. In general, evidence on immigrant mental health service utilization indicates that they utilize services less than the general population (United States Department of Health and Human Services, 2001). However, studies examining the utilization rates of U.S-born children and grandchildren of immigrants use mental health services at higher rates compared to their immigrant parents and grandparents (Takeuchi, Allegria, Jackson, and Williams, 2007). Differences in mental health service use were also observed among generations of the same ethnic group. For example, in addition to finding that Asian-Americans used mental health services less than the general population, Abe-Kim and colleagues (2007) observed that grandchildren of Asian immigrants (i.e. third generation) used mental health services at higher rates than their immigrant grandparents and had utilization patterns more similar to the general population. Children of Asian immigrants who were born in the U.S. (i.e. second generation) appeared to have utilization patterns more similar to immigrants than to third generation Asian mental health service users.

Overall, evidence from the mental health service literature suggests that there are disparities among ethnic utilization rates. While studies suggest that these disparities may depend on the type or location of services provided and how long minorities and their families have lived in the U.S., the Surgeon General's Report on mental health (2001) concludes that

ethnic minorities continue to receive less mental health services and poorer quality of care overall when compared to non-Hispanic whites.

Although the literature on service use indicates that ethnic disparities vary depending on service sector, the literature across sectors suggests that ethnic minorities are over-represented in mandated public services such as child welfare and welfare-to-work programs and under-represented in voluntary services such as health and mental health. These findings suggest that ethnic minorities are more likely to engage in services when mandated as opposed to when needed. The next section describes the barriers that may contribute to access disparities between ethnic groups.

Barriers to Access of Human Services

Low income ethnic minorities face a number of barriers that may deter them from receiving human services. These include cultural and language barriers, organizational and structural barriers, as well as transportation and child care barriers.

Cultural barriers can prevent ethnic minority clients from utilizing services because of group-specific attitudes, norms, and stigma related to help-seeking. For example, because many ethnic groups associate mental illness with evil, craziness, or genetic inheritance (Flaskerud, 1986), individuals suffering from poor mental health or families with individuals dealing with mental health problems need additional outreach to overcome the stigma that is attached to receiving services. Asians and Pacific Islanders (API) have been widely cited as underutilizing mental health services due to these cultural perceptions to help-seeking (Leong and Lau, 2001). In addition, language barriers may discourage immigrant service users from seeking public services because of their inability to express their needs or understand service providers. A number of studies in health services have shown a negative correlation between presence of language barriers and the number of health care visits (Derose & Baker, 2000; Jacobs et al., 2001; Feinberg et al., 2002). A systematic literature review by Yeo (2004) suggests that consequences of language barriers can range from miscommunication to inefficient use of services. As a result of cultural and language barriers, ethnic minorities may be deterred from using services or the services they do utilize may be ineffective.

Organizational and structural barriers also exist for ethnic minority groups. The actual human services system itself can be an overwhelming barrier as uninformed ethnic minorities or new immigrants learn about the variety of services available to them. The laws and procedures surrounding the receipt of services may be complicated and obscure leading to difficulty understanding and navigating the human services system which can cause miscommunication between the organization and the client population it seeks to reach. For example, welfare reform created a large number of confusing eligibility requirements and policies that participants are required to follow in order to receive benefits. The complexity of these policies may deter ethnic minorities, particularly non-English speakers, from receiving services. In a report surveying CBOs about their services to welfare participants (Asian Pacific American Legal Center of Southern California, 2001), one study found that most clients of these CBOs (from all ethnic backgrounds) did not have a good understanding of the CalWORKs program. The report also noted work-first policies were “bureaucratic and difficult to negotiate,” causing clients to

feel stressed, confused, and intimidated by the system. At the same time, there are not enough efforts to disseminate information about the services for which ethnic minorities are eligible. In a study in Santa Clara county of Vietnamese immigrant women on TANF, for example, only 62 percent had received information on work requirements and five year limits (Ng, 2004). Other structural barriers for low-income ethnic groups are high fees that may prevent clients from seeking services. Frank and McGuire (1986) found that costs for ambulatory mental health care reduced the likelihood of low-income minority groups using the services. While the cost of services may create a disincentive for all low-income groups, this may disproportionately affect ethnic minorities who have higher poverty rates than whites (Levin-Epstein and Lyons, 2006). Although most of the barriers described above are explained in terms of specific service sectors or populations, they can be generalized to service use in other service sectors across different minority populations.

In addition to these barriers that are specific to ethnic minorities, childcare and transportation are consistent barriers that low-income populations face when seeking human services, particularly in welfare-to-work programs (Freedman, et al., 2000; Hamilton and Scrivener, 1999; Kauff, et al., 2004). Child care assistance has been a highly influential factor in program participation. For example, in the National Evaluation of Welfare-to-Work Strategies (NEWWS) study of different providers of human services, welfare participants reported that they did not participate in programs or services because they did not have access to adequate childcare or any childcare at all (Hamilton, 1995). Similarly, Allard (2009a) found that about 30 to 40 percent of providers stated child care as a common barrier clients face when trying to attend treatment sessions or appointments. Transportation has also been a limiting factor to service access, particularly due to the lack of public transportation in many high poverty areas and low rates of automobile ownership among low-income households (Allard, 2009a). Transportation has been found to be particularly difficult for welfare participants especially since welfare reform does not require states and counties to provide transportation assistance. As a result, participants have found it difficult to commute to program or service agencies due to the geographic locations where recipients live and where services are available (Ong and Blumenberg, 1994; Hamilton and Scrivener, 1999; Kissane, 2010). While organizational and structural and child care and transportation barriers can contribute to barriers to service utilization for all groups, ethnic minority groups may also face cultural and language barriers that deter ethnic minorities from access, thereby increasing the disparities of service utilization among ethnic groups.

In order to assist low-income minority groups to overcome barriers and gain access to services, a large body of literature has been developed on issues of cultural competence to help CBOs and service providers engage ethnic minority clients (Betancourt, Green, Carillo, and Ananeh-Firemong, 2003; Brach and Fraser, 2000).

Cultural Competence in Community-Based Organizations

Cultural competence has been defined as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency or amongst professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations” (Cross,

Bazron, Dennis, and Isaacs, 1989, p. iv). There are two types of cultural competence models: 1) cultural competence at the individual level, and 2) cultural competence at the organization level.

Cultural competence at the individual level focuses primarily on the interaction between the clinician and patient. Models centered on the clinician-patient relationship tend to come from researchers in the fields of health and mental health. In this model, practitioners are expected to be knowledgeable about clients' cultural beliefs, behaviors, and expectations in order to help overcome misunderstandings and facilitate better treatment outcomes (Kleinman, Eisenberg, and Good, 1978; Tervalon and Murray-Garcia, 1994). Empirical studies using the clinician-patient model primarily focus on ethnically sensitive practice during treatment. For example, in a study of perceptions of style and trust, Doescher, Saver, Franks, and Fiscella (2000) find that ethnic minorities report less positive perceptions of physicians than whites. Similarly, Cooper-Patrick et al (1999) find that patients who are ethnically matched with physicians rate their interactions as more participatory than patients who are not ethnically matched. Empirical studies have also been conducted to evaluate education and training programs for clinicians and practitioners seeking to provide culturally competent services (e.g. D'Andrea, Daniels, and Heck, 1991; Culhane-Pena, Reif, Egli, Baker, and Kassekert, 1997).

Cultural competence at the organizational level expands the scope of the clinician-patient relationship to include the organization and the community. These types of cultural competence models recognize the role of social factors as barriers to utilization and therefore try to overcome them by institutionalizing practices across systems levels, making this model more applicable to the present study than the individual model. Hernandez and colleagues (2009) argue that organizational cultural competence is achieved when four multi-dimensional domains are compatibly working together: 1) community context; 2) contextual characteristics of local populations; 3) organizational infrastructure; and 4) direct service support. While the authors present their study from the perspective of mental health services organizations, their framework has applicability across human service sectors.

The community context provides general background for understanding the needs and barriers of service users. Organizations are situated in systems that include larger communities, city, county, state, and federal environments that may influence their service provision to users. Likewise, service users are also nested in a number of systems and the interaction between the service user and the systems that surround them may affect their response to service needs and utilization. The disparities between ethnic groups in service utilization across sectors suggests that the way in which ethnic groups connect with human services may be shaped by "family choices, cultural factors, and by the interaction between contextual and organizational factors, including service availability and the availability of social networks that provide referrals to services" (Hernandez, et al, 2009, p. 1047).

According to this model, the contextual characteristics of local populations also have an influence on the service utilization of clients. Differences in cultural interpretations of problems and interventions may lead to the perpetuation of service use disparities evidenced by misdiagnosis and inappropriate treatments (Balsa and McGuire, 2003). Other contextual characteristics such as socioeconomic status (SES) and the availability of social capital of

community members should also be taken into account. Individuals and families with lower SES and social capital are likely to face more access barriers to services.

Culturally competent organizational infrastructure includes interconnected components (Hernandez et al, 2009). The cultural competence *values* conveyed by an organization are important because it indicates to clients that the organization is dedicated to providing culturally responsive services. *Communication* within and between organizations and communities facilitate learning and interaction for a better understanding of the cultural needs and challenges experienced by other organizations as well as by service users. *Community participation* is characterized by the degree to which an organization seeks input from the community in which it serves. Culturally competent organizations prioritize this component to ensure that services are being provided in a way that is culturally acceptable and appropriate. Related to community participation is *planning and evaluation*. Including community members in the planning and evaluation of programs helps an organization better understand the relationship between the services provided and how they are perceived by the community they aim to assist.

Governance is another component in a culturally competent organization and refers to the manner in which the organization institutionalizes rules and guidelines that direct culturally competent service provision. The *human resources* of an organization can also be a reflection of the commitment of an organization to providing culturally competent services. This can include hiring managers and staff that reflect the diversity of the organization's clientele, providing trainings and opportunities for employees to expand their cultural knowledge of others, and prioritizing culturally competent practices through performance incentives, evaluations, and through retention and promotion policies. Culturally competent organizations are also responsive to socio-demographic changes in communities and are able to adapt to their *service array* by expanding the languages in which services are provided or adding more culturally competent staff members to accommodate new service users. Collaboration with other organizations or community members can also increase accessibility to services. Finally, *technical support* (i.e. financial support, staff recruitment, collaboration, and technology) is needed for organizations to carry out culturally competent services.

The final domain in this culturally competent organization model is direct service. Within this domain are three components: availability, accessibility, and utilization. *Availability* refers to the variety and capacity of services available to meet the needs of diverse populations. *Accessibility* entails assisting service users to successfully begin and complete services and includes: 1) locating in areas and operating during hours that are convenient for community members; 2) providing services in languages that are commonly spoken by service users; and 3) integrating cultural customs and practices in service provision. *Utilization* in culturally competent organizations is characterized not only by the increase of service use, but also the strategies that lead to that increase, such as providing courtesy reminders about appointments, providing transportation to the organization, and keeping track of length of client service use, retention, and dropout rates.

While community context, contextual characteristics of local populations, organizational infrastructure, and direct service support are factors that all organizations must consider when providing services culturally diverse populations, Hernandez et al. emphasize the importance of

compatibility between the contextual domains (i.e. community context and contextual characteristics of local populations) with the organizational domains (i.e. organizational infrastructure and direct service support) to differentiate organizations that are successful in engaging ethnic minority populations as opposed to those that are not. The authors argue that the degree to which organizations are able to integrate the contextual and organizational domains of their cultural competence model will influence their ability to effectively serve ethnic minority groups. They cite a meta-analysis of 76 studies that evaluated culturally responsive interventions in mental health services and found a moderately strong benefit to service users: interventions that were tailored to specific cultural groups were four times more effective for those groups than interventions used for general populations (Griner and Smith, 2006).

Additional organizational level cultural competence models have been conceptualized to highlight the importance of institutional cultural competence to help ethnic minorities successfully engage in services (see Brach and Fraser, 2000; Tripp-Reimer, Choi, Kelley, & Enslin, 2001; Betancourt, Green, Carillo, and Ananeh-Firempong, 2003). Although all these models acknowledge the role of social factors in influencing service utilization for ethnic minorities, the model proposed by Hernandez and colleagues is the only one that emphasizes the importance of the degree of *compatibility* between contextual and organizational factors necessary to achieve successful engagement.

Studies using the individual level cultural competence model suggest that focusing on this relationship leads to positive outcomes (i.e. Flaskerud and Liu, 1991), although questions remain about whether these results can solely be attributed to the emphasis on cultural competency (Brach and Fraser, 2000). With respect to the organizational level cultural competence model, there is a limited empirical knowledge on the client outcomes of using this model. Moreover, no known studies have been conducted combining contextual characteristics with organizational characteristics as suggested by Hernandez and colleagues to examine the influence of these characteristics on client outcomes. The current cultural competence literature mainly focuses on either the interaction between the clinician and patient or on institutional cultural competence when serving ethnic minority groups, often overlooking the importance of socio-demographic context of communities in which organizations are located. Chapter 3 builds on the organizational cultural competence model by providing a theoretical foundation for the consideration of both contextual and organizational factors of service utilization by ethnic minority groups.

CHAPTER 3

CONCEPTUAL FRAMEWORK

A study of CBOs necessarily includes a discussion about the communities in which they are located and the role that organizations play within these communities. This chapter examines the relevant community and organizational theories that inform the present study. The chapter is divided into four sections. The first section provides theories that explain ethnic residential patterns and provides background information on the contextual characteristics of the communities in which organizations are located. The next section describes the role of CBOs in the community context. This section is followed by theories of organizational behavior explaining the characteristics of organizations that may influence service utilization by ethnic groups. The chapter ends by presenting the research questions for study and a conceptual map of the proposed relationship between contextual and organizational variables with ethnic minority human service utilization.

Community Theories

Ethnic Minority Residential Patterns

The literature on ethnic minority residential patterns describes, and seeks to explain, the degree of ethnic concentration and residential segregation experienced by different ethnic groups at different times. Three broad frameworks have been proposed to characterize and define the areas where ethnic minorities live: 1) immigrant enclaves; 2) minority ghettos; and 3) ethnic communities (Logan, Alba, and Zhang, 2002).

Immigrant enclaves are areas where large numbers of newly arrived immigrants live together due to the economic, housing, social, cultural, and language resources and supports available in these neighborhoods. Usually in large metropolitan areas, immigrant enclaves can be recognized by their physical undesirability (e.g. overcrowded, dated, or dilapidated housing stock) and the ethnic businesses that cater to particular immigrant groups. Minority ghettos are similar to immigrant enclaves in that their locations are often in inner cities that have dense populations who live in congested housing units, high rates of poverty, and other low socioeconomic community indicators. Minority ghettos are often associated with African-American residents due to their history of residential segregation (Massey and Denton, 1993). They have also been connected with other ethnic groups who have faced significant racial prejudice such as Jewish communities in the early 20th century (Wirth, 1928).

Whereas immigrant enclaves are formed somewhat voluntarily by immigrants seeking to maximize their limited resources, minority ghettos often reflect the forced segregation of ethnic groups from more attractive locations regardless of personal resources or preferences (Logan, Alba, and Zhang, 2002). Immigrant enclaves are typically starting points of residence for immigrants where the goal is to transition into more affluent neighborhoods once resources allow. Residents in minority ghettos, however, are often generationally “trapped” in their impoverished neighborhoods, as has often been described of African-American residents (Logan

and Molotch, 1987). For immigrants, enclaves are usually a starting point of residence where the goal is to transition into more affluent neighborhoods. For many African-Americans, minority ghettos are often their home for generations.

The formation of immigrant enclaves and minority ghettos has been explained by the spatial assimilation model (Logan, Alba, and Zhang, 2002) and the place stratification model (Alba and Logan, 1991), respectively. Spatial assimilation occurs when immigrants gain enough economic and social capital to move out of immigrant enclaves and into higher quality and more affluent neighborhoods, usually characterized by a higher percent of white residents, higher SES, suburban location, and less linguistic isolation (Wen, Lauderdale, and Kandula, 2009). The main tenet of spatial assimilation is that residents of immigrant enclaves transition out of the central cities and move to middle-class suburban areas as they become acculturated with mainstream society and acquire the financial and social resources necessary to do so (Logan, Alba, and Zhang, 2002).

The main critique of this model, however, is that the linear assumptions of spatial assimilation do not apply to minorities who have been systematically segregated into residential areas due to prejudice and racism. African-Americans, for example, experience less residential mobility despite the fact that they have lived in urban cities for generations longer than most immigrant groups (Massey and Denton, 1993; Wilson, 1987). As a counterpart and complement to the spatial assimilation model for immigrants, the place stratification model attempts to explain the formation of minority ghettos by African-Americans. Place stratification theorists argue that, due to active discriminatory policies that foster residential segregation, barriers resulting from continued prejudice have prevented African-Americans from moving away from ghetto areas into more affluent suburban neighborhoods (Alba and Logan, 1991). The assumption of both the spatial assimilation and place stratification models is that ethnic minorities share a desire to live in middle-class suburban neighborhoods (Burgers and van der Lugt, 2006).

Different from immigrant enclaves and minority ghettos, Logan et al.'s category of "ethnic communities" are areas established by middle-class ethnic minorities and are often distinguished from the other two categories by the higher human and financial capital of residents which often translates into living in more affluent locations. The formation of ethnic communities presents yet another alternative explanation to the spatial assimilation model. Based on the settlement patterns of Europeans in the early 20th century, the spatial assimilation model assumes that immigrants arrive in their host countries with low human, social, and financial resources and must therefore reside in areas where they can obtain such capital. Contemporary immigrants, on the other hand, are more likely to migrate from Asia and South America, often bringing with them higher levels of socioeconomic positions and acculturation. Logan, Alba, and Zhang (2002) provide evidence that these immigrants are able to form and locate in ethnic communities based on their preference to live in culturally familiar environments rather than on the need for economic resources. Indeed, an increasing trend in "ethnoburbs" has been recently documented by scholars (Wen, Lauderdale, and Kandula, 2009; Li, 1998).

The present study focuses on the characteristics of immigrant enclaves and minority ghettos as described by Logan et al.'s typology as the contexts within which many CBOs

operate. In particular, the study focuses on low-income ethnic minorities who are likely to need human services. Because the literature suggests that groups are likely to live in immigrant enclaves and minority ghettos, the spatial assimilation and place segregation models are used to identify the demographic variables used in this study.

The Role of CBOs in a Community Context

While low-income ethnic minority residential patterns are informed by the spatial assimilation and place segregation models, the study of organizations in the community context has been framed by the ecological model. Primarily developed by sociologists from the University of Chicago (e.g. Robert Park and Ernest Burgess) in the early half of the twentieth century, the ecological model asserts that communities require social integration and social order. With a focus on individuals, the Chicago School of Sociology noted that communities form when individuals are integrated together in a social space to create an orderly environment where interpersonal relations would be based on collective norms. Park (1915, 1936) maintained that two interconnected social processes work together to form communities; namely, biotic order and moral order. According to Park, biotic order occurs when ‘natural areas’ segregate residents by either the physical attributes of the city (i.e. parks, train tracks, bodies of water) or by differentiating characteristics of residents (i.e. culture, language, ethnic background). After residents are segregated into these ‘natural areas’ or communities, the process of creating ‘moral order’ would begin. Moral order develops as residents hold their neighbors accountable for behavior that is consistent with the shared norms and values of the community. When successful, the result of these processes is a civil and cohesive society.

The role of CBOs, then, is to engage individuals, who may not be known to each other, in organizational activities to foster participation that is agreeable to collective expectations. In other words, community organizations can link residents together to form a sense of community through their shared interests and goals while instilling and perpetuating moral order to uphold the norms and values among community residents. By doing so, CBOs can contribute to the community’s social order. In addition, participation in community organizations can offer residents a network of social support, skills, and advocacy, particularly in the form of political activities (Putnam, 1993, 2000). The ability of CBOs to cultivate a shared sense of belonging is particularly important for marginalized ethnic minorities who seek acculturation and acceptance into mainstream society.

Related to the ecological model are the ideas of social capital and collective efficacy. Social capital has been linked to the ecological model due to its emphasis on interpersonal social relationships. Social capital is defined as the resources resulting from social networks and relationships that are built on trust, shared norms, and mutually beneficial exchange that would not have otherwise been available (Bourdieu, 1985; Coleman, 1988; Putnam, 2000). Similarly, collective efficacy refers to the shared trust, expectations, and values of residents combined with their willingness to act on behalf of the common good (Sampson, Raudenbush, and Earls, 1997). Collective efficacy has been described as an important indicator of social capital (Curley, 2009).

Community organizations play a role in creating social capital and collective efficacy because they provide a venue for relationships to form, linking residents who have common

interests (by virtue of their participation in the community organization) to engage in shared activities while building social cohesion and community identity. These organizations can bring residents together to foster “bonding” social capital (i.e. for people who already know each other) or “bridging” social capital (i.e. for people who do not know each other) (Putnam, 2000). Bridging social capital can lead to “weak ties” (Granovetter, 1973) which can connect and expose residents to additional resources outside of their usual social circle. Echoing the ecological model, participation in community organizations reinforces norms and values that disseminate the moral order of the community to promote mechanisms of informal social control.

While the ecological, social capital, and collective efficacy perspectives on CBOs focus on the relationships between individuals as the unit of analysis within the community context, some sociologists emphasize that organizations themselves play an important role in influencing outcomes in urban communities. Marwell (2007) argues that CBOs are “field” level actors that can shape community outcomes in a way that individuals alone cannot. Marwell defines “fields” as a group of associated organizations that work towards a specific type of goal or action, such as poverty reduction or political advocacy.

Viewed from this perspective, CBOs are not simply undifferentiated shells within which individuals meet to build social networks and interpersonal trust within the neighborhood. Rather, they are contenders within systems of economic and political decision making, and their efforts to strike better bargains within these fields can sometimes lead to improved opportunities for individuals on the ground. It is in this sense that CBOs and other neighborhood organizations can contribute to improved social integration and social order in the city and beyond” (Marwell, p. 24).

Marwell’s conceptualization of the function of CBOs as change agents in the community differs from previous views emanating from the Chicago School Sociologists where organizations were seen as simply physical structures where individuals convene to observe and disseminate shared values and norms. In contrast, Marwell focuses on the capacity of organizations as primary change agents to produce social integration and social order within a community.

Implicit in Marwell’s argument is that CBOs are located and serve local communities. While there are nonprofit organizations with mission statements that have a focus on state or federal issues, community-based organizations by their inherent nature are mainly concerned with and serve local constituencies. CBOs are more likely to understand the needs and barriers of local populations because of their constant interaction with local communities. Clients are likely to utilize services that are closest to their homes to reduce travel time, commuting and child care costs, and other barriers to utilization (Allard, 2009a; Kissane, 2010).

The present study focuses on human service CBOs as a vehicle to engage ethnic minority groups in service utilization. Scholars have made it clear that CBOs have a role in the communities in which they locate, either by providing venues for ethnic minorities to form social relationships or by being active players in influencing individual and field level outcomes to decrease disparities for ethnic minority groups. Indeed, case studies show that CBOs have the capacity to do both (Vu, Schwartz, and Austin, 2011a; Vu, Schwartz, and Austin, 2011b). CBOs

provide physical space for ethnic minorities to participate in activities or events revolving around their shared histories, values, and experiences as well as receive services to meet their needs. These opportunities allow for the formation of relationships that can build social capital and collective efficacy amongst individuals from the same ethnic minority groups as well as with other minority groups. Consistent with Park's ecological model, organizations can also be community structures where social norms and values are observed and disseminated, thereby contributing to the creation of 'moral order' within a community as residents become socially integrated. In terms of outcomes, the work of CBOs can improve the lives of individuals as well as make an impact on the fields of activity in which they live.

The literature on CBOs suggests that these organizations can play a significant role in building social order and integration in addition to working towards positive outcomes at the individual and community levels. The role of CBOs can be particularly important to ethnic minorities because CBOs can be instrumental in decreasing utilization disparities. As such, the participation of ethnic minorities in CBOs is critical, making it important to examine the characteristics that could make an organization more attractive to ethnic minority clients. The literature on organizational behavior can provide useful guidance here.

Organizational Theories

Institutional Theory

In addition to theories based on community frameworks, institutional theory and resource dependency theories also inform the present study. Institutional theory posits that organizations must obtain and maintain legitimacy in order to survive in uncertain environments (Scott, 1987). To do so, organizations undergo processes (or isomorphism) in which they adopt existing approved values, rules, norms, and routines to conform to their environment, even if the adoptions are symbolic in nature and reduce the organization's efficiency (Meyer and Rowan, 1977; DiMaggio and Powell, 1983). These processes are: 1) mimetic; 2) normative; or 3) coercive (Zucker, 1987). Mimetic processes help organizations copy successful elements of other organizations, particularly in times of uncertainty. Normative processes are the practices, attitudes, and norms shared by people in organizations that informally regulate how those people behave. Finally, coercive processes come from sources such as legal institutions, or accrediting bodies, or other sources on which the organization is dependent. An example of a coercive process is when an organization follows certain guidelines set by the stipulations of their funding sources. As these processes are replicated by institutions seeking legitimacy, an institutional environment is created in which legitimacy is further reinforced by organizations and structures that have already conformed. Organizations in the institutional environment are thus not only seeking legitimacy from it but are also actively shaping the sources of legitimacy (Hasenfeld, 1992).

Institutional theory has been widely used to explain how nonprofits survive as their environments change by suggesting that successful nonprofits are able to conform to the changing environment. Since nonprofits do not focus on financial measures to demonstrate efficiency or effectiveness, they rely on the institutional environment to provide structure (Barman, 2002).

Institutional theory is relevant to this study for several reasons. First, institutional theory places emphasis on the uncertain environment in which organizations operate and seeks to answer the question: how do organizations change with their environment? This study explores the organizational characteristics of human service nonprofit organizations that help them respond to the changing demographics of communities and clientele. Institutional theory can help a researcher understand how organizations maintain legitimacy as they respond to changes in their environments.

Second, institutional theory predicts that organizations which do not successfully adapt to the changes in their environment will lose legitimacy. Nonprofits that do not conform to the changing institutional environment can be perceived as losing legitimacy (DiMaggio and Powell, 1983; Barman, 2002). A loss of legitimacy might lead to sanctioning by government entities, loss of clients and customers, difficulty recruiting board members and staff, and loss of access to funding sources (Powell and Friedkin, 1987). As it pertains to the present study, nonprofit human service organizations that are not able to obtain and maintain legitimacy will likely lose credibility with stakeholders which in turn affects their ability to engage ethnic minority clients.

Resource Dependence Theory

Legitimacy is important because it allows organizations to obtain resources. Indeed, new institutionalists acknowledge that all organizations must seek both legitimacy and resources in order to survive (Scott, 1987). The new institutionalism framework views resources as one of the constraining factors that contribute to the changing uncertain environment. In this respect, the new institutionalism mirrors the main argument of resource dependence theory, that organizations respond to the external forces that control resources in order to survive (Pheffer and Salancik, 1978). There are three central tenets to resource dependence theory: 1) the social context in which the organization is situated matters because it is from there that the organization draws its resources; 2) organizations develop plans and approaches to increase their self-sufficiency and pursue their interests; and 3) power relationships are critical to understanding the internal and external actions of organizations (Davis and Cobb, 2010). The theory hypothesizes that organizations are not internally self-sufficient, but need resources from the environment for supplementation. As a result, the organizations become dependent on the groups or elements that hold what they need, subjecting the organizations to the demands of the sources on which they are dependent, and thereby giving these sources power. In order to moderate the power imbalance, organizations must “respond to environmental demands and constraints and attempt to mitigate these influences” (Powell and Friedkin, 1987, p. 183). In other words, while organizations establish relationships in order to obtain resources, they must also alter their dependence relationships by either minimizing their own dependence or increasing the dependence of other organizations on them (Pheffer and Salancik, 1978). These activities ultimately create a set of interdependent relationships among organizations with a particular institutional environment.

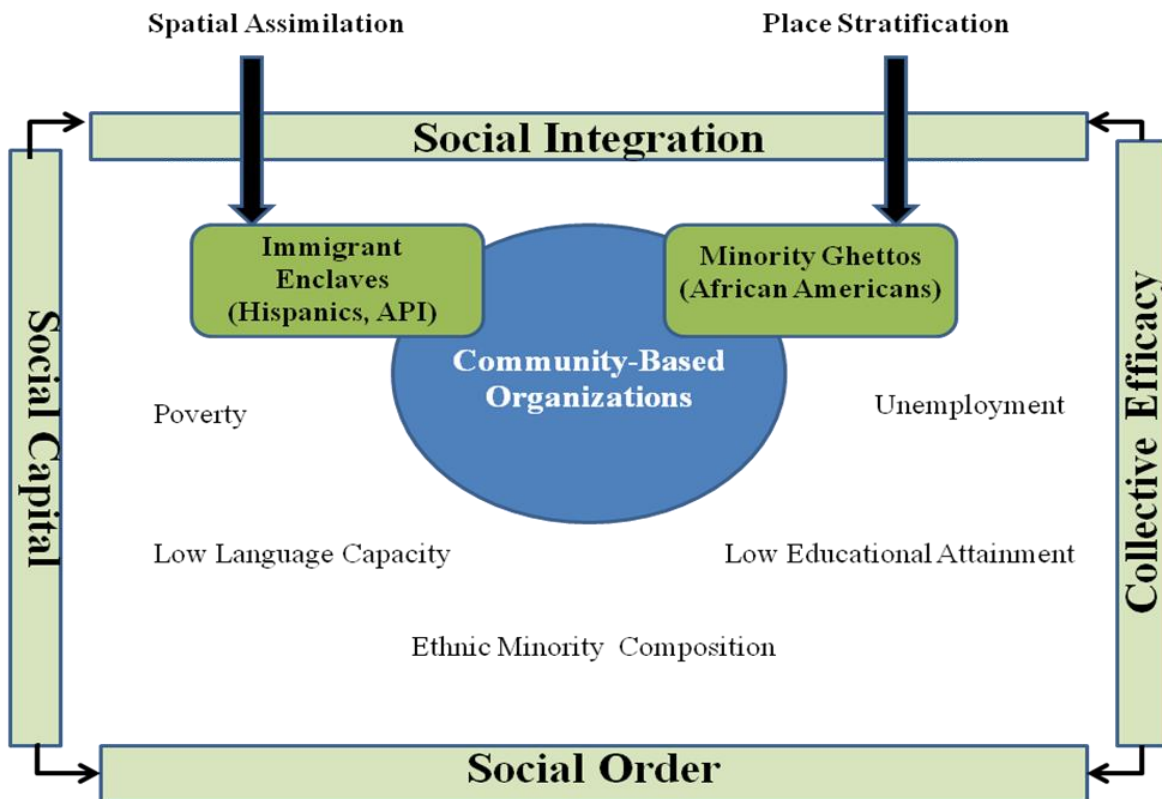
Both institutional and resource dependence theories are applicable to the study of utilization disparities in human service nonprofit organizations for several reasons. Both theories seek to explain how and why organizations change and rest on the assumption that organizations change in response to their environments in order to survive. With respect to the study, both

theories provide insight on the organizational characteristics to explain how and why nonprofit human service organizations should respond to the changing needs of ethnic minority clients.

In addition, resource dependence theory defines resources broadly, allowing for direct and indirect organizational characteristics to be conceptualized as resources including financial and human resources (Callen, Klein, and Tinkelman, 2009). As suggested by institutional theory and informed by the cultural competency literature, board and staff (direct) as well as location and degree of collaboration (indirect) can be viewed as resources in resource dependency theory. These organizational characteristics are important to examine when studying factors that can affect utilization disparities between ethnic groups.

The previous sections regarding ethnic minority residential patterns, the role of CBOs within ethnic minority communities, organizational theories, and the concepts associated with them, lay the foundation for the theoretical framework of the proposed study. This framework is depicted in Figure 1 which can be viewed from a systems perspective when considering macro-(societal), mezzo-(community), and micro-(organizational) levels relevant to the study.

Figure 1. Conceptual Map of Theoretical Framework for Proposed Study



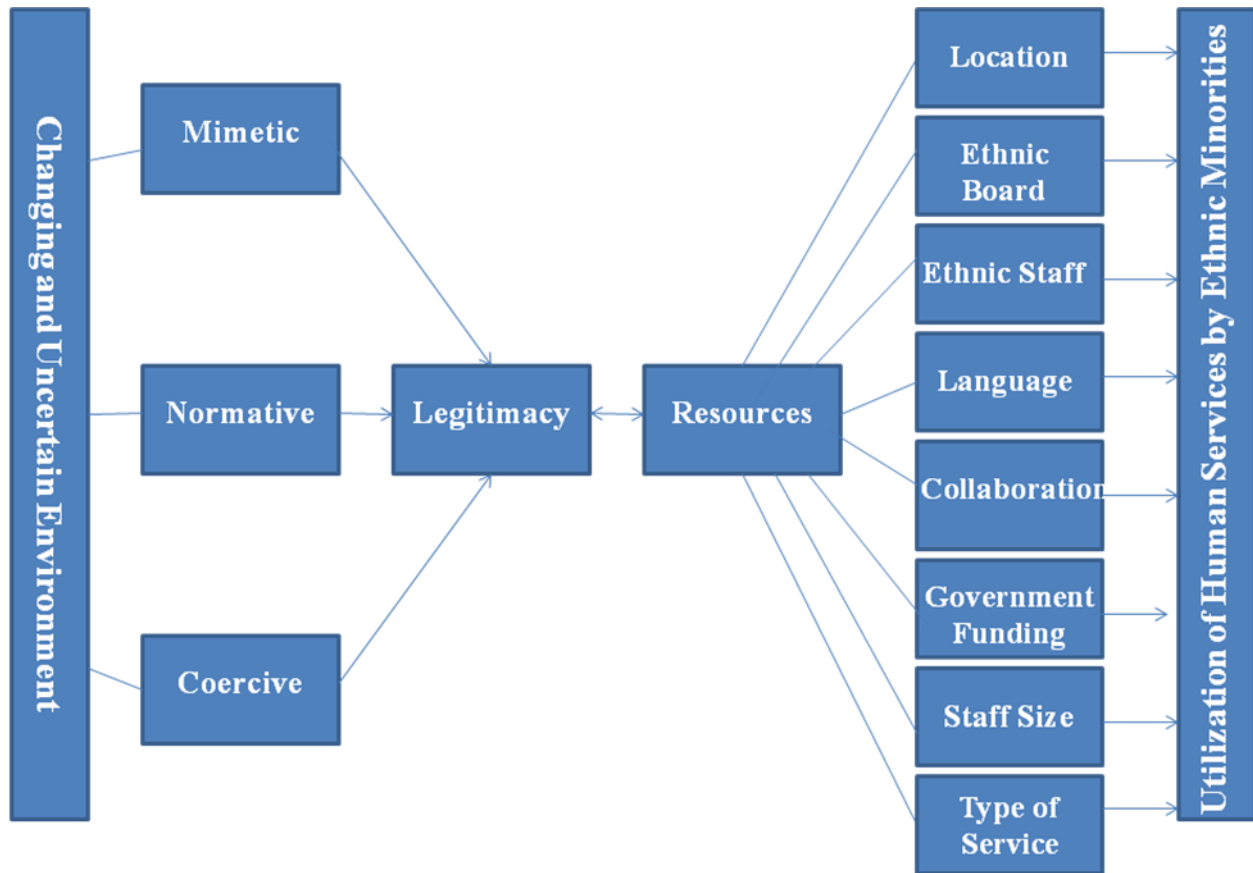
Spatial assimilation and place stratification can be viewed as concepts that operate within general society. These are broader theories that can be generalized across urban metropolitan areas to explain the residential patterns of the ethnic minority groups (i.e. African-Americans, Hispanics, and API) included in the present study. The figurative boundaries in the figure created by social capital and collective efficacy, which both contribute to social integration and

social order according to the ecological model, delineate areas that constitute the mezzo-level. Within these areas are immigrant enclaves and minority ghettos where clients in need of human services are likely to be drawn. Ethnic communities, as defined by Logan and colleagues (2002), are not included in this schema because their residents typically form out of a minority group's preference for cultural familiarity rather than through processes of race/ethnic discrimination or economic stratification. As a result, residents of ethnic communities are assumed to be generally unlikely to need human services, and whether relevant CBOs are located in these neighborhoods is not a matter of policy concern.

The arrows pointing from spatial assimilation and place stratification to immigrant enclaves and minority ghettos, respectively, represent the processes that are theorized to form these types of areas. By definition, immigrant enclaves and minority ghettos are neighborhoods that are characterized by the following social indicators (in no particular order: ethnic minority composition, poverty, low language capacity, unemployment, and low educational attainment). Despite having common socio-demographic characteristics, however, the difference between the two types of spatial locations is that immigrant enclaves are viewed as transitional neighborhoods that immigrants are able to exit once they have acquired enough financial, human, and social assets whereas minority ghettos are places where residents find themselves trapped by discrimination and institutional racism. These social indicators are included because they are among common markers used to identify characteristics of disadvantaged populations, particularly those living in segregated spatial locations (Peterson and Krivo, 2009). These social indicators are important to take into consideration because they provide contextual socio-demographic information about the communities in which CBOs are located, which in turn may influence their organizational characteristics. Finally, CBOs are placed between and overlapping immigrant enclaves and minority ghettos in the conceptual map to represent their role in both types of communities.

In addition to expanding the knowledge of communities in which CBOs are located, this study also includes the analysis of organizational characteristics that can contribute to service utilization by ethnic minority groups. As such, CBOs can be viewed as the micro-level of the framework of this study because they are the lowest level of analysis. A detailed examination of the relationship between institutional and resource dependency theories as they relate to the proposed study is provided in Figure 2.

Figure 2. Conceptual Map of Organizational Theories Related to the Proposed Study



The left side of the map shows the concepts from institutional theory that inform the study. The changing and uncertain environments described in institutional theory represent the unstable environment in which nonprofit human service organizations operate which include financial, political, and social uncertainty that may impact the organization’s ability to engage ethnic minority clients. Organizations must adapt in response to these changing constraints. Depending on their stance, organizations can change by going through mimetic, normative, or coercive processes (or a combination of processes) in order to gain legitimacy.

The double-sided arrow between legitimacy and resources indicates that legitimacy leads to resources and the acquisition of resources signify legitimacy in the community. Based on the institutional, resource dependency, and cultural competency literature, this study examines eight organizational characteristics (location, ethnicity of board and staff, capacity to provide services in different languages, degree of collaboration, proportion of government funding, staff size, and type of service) and their relationship with the utilization of human services by ethnic minority service users.

Location. Bielefeld and Murdoch (2004) cluster nonprofit organizations along the domains of needs and resources. Using these domains, research on where organizations choose to locate has provided a number of contradictory empirical findings. While some studies show that human service organizations locate in areas of high need (as measured by class and income

levels) (e.g. Bielefeld, Murdoch, and Waddell, 1997; Peck, 2008), others find that human service CBOs locate in areas of high resources (as measured by financial, human, and social resources) (e.g. Wolch and Geiger, 1983; Jossart-Marcelli and Wolch, 2003). The literature is also contradictory in terms of the location of nonprofits in ethnic minority neighborhoods. For example, Weisbrod (1988) found that nonprofit organizations will locate in ethnically diverse communities to provide ethnic specific services, but Allard (2009a) found that communities with high percentages of ethnic minorities have less access to human service providers than do communities that have a low percentage of ethnic minority residents. In addition, Jossart-Marcelli and Wolch (2003) found that immigrant communities have fewer nonprofit organizations and resources than non-immigrant communities.

Based on the literature cited above, the factors that predict where human service CBOs locate remain unclear. While the research provides empirical findings, the authors do not include a theoretical framework to provide a basis for their studies. The study seeks to reconcile this gap in the literature by combining current evidence on the location of human service CBOs with a theoretical foundation to explain the differences in ethnic clients served as a function of CBO and community characteristics.

Organizational studies emphasize the influence of location on the characteristics of organizations. Bielefeld, Murdoch, and Waddell (1997) found that the location of nonprofits in Dallas County Texas was strongly influenced by the demographic characteristics of the local residents, including racial heterogeneity and percentage of minority population within block groups. Organizational theorists have argued that the location of an organization affects symbolic and substantive outcomes (Pheffer, 1982). Symbolically, the location of an organization can represent the commitment of the organization to the community, thereby increasing its legitimacy to funders and clients. Substantively, location can impact the organization's access to raw materials, board and staff, service users, and the services of other organizations. Studies have demonstrated a relationship between location and organizational capacity to obtain resources. For example, McPherson (1983) points out that geography is critical to nonprofits because they locate themselves where people with targeted demographics can be recruited. This is particularly relevant to the current study which focuses on community-based organizations that primarily provide services to local communities and their residents. Using Bielefeld and Murdoch's schema of nonprofit needs and resources (2004), location can be seen as a source of local resources in terms of board, staff, and clients. While McPherson's study indicates that location can influence the recruitment of board members and staff living in or near the community, Bielefeld and Murdoch suggest that the location of the organization can attract clients who are in need of services. As such, the literature on the location of organizations suggests that organizations that are located in areas with high concentrations of ethnic minority residents will likely attract a high proportion of ethnic minority board, staff, and service users with respect to their residential concentrations.

Boards. The board of directors in nonprofit organizations plays a critical role in their survival. Both institutional and resource dependence theories assert that organizations need to adapt to their changing external environments to survive. One way of doing so is to select board members who have access and are able to influence governments, foundations, and their personal and professional networks in order to benefit the organization (Callen, Klein, and Tinkelman,

2009). Zald (1969) suggests that the capacity of board members to perform boundary spanning functions (i.e. fundraising, collaborating with government and other organizations, improving the organization's image, representing the organization to external constituencies) is a function of their individual characteristics and background.

For organizations aiming to engage ethnic minority clients, then, having board members who are of the same ethnic background is important to obtaining legitimacy and resources as a way of demonstrating cultural competence. Diverse board members who reflect their clientele can influence service utilization by representing the interests and concerns of different ethnic groups at the administrative level of the decision-making process. For example, ethnically representative board members can draw on their own cultural perspectives to provide input about programs and services that are most appropriate or relevant to the populations they serve. Although the literature in organizational behavior studies that focus on characteristics of board members primarily discusses age, gender, occupation, number of board appointments, and tenure in terms of their ability to fundraise (Siciliano, 1996; O'Regan and Oster, 2005), the importance of ethnically diverse board members has been highlighted in non-organizational studies (e.g. De Vita, Roeger, and Niedzwiecki, 2009). Although not grounded in organizational theory, research suggests that organizations have been using the diversity of board members to engage ethnic minority clients. A study on nonprofit governance in the United States found that nonprofits serving a high percentage of ethnic minorities are more likely to have board members who reflect the ethnic groups of their clients (Ostrower, 2007). Since they are part of both the organization and its environment (Pheffer and Salancik, 1978), board members who reflect the ethnic diversity of the community are able to recognize the cultural and linguistic obstacles that ethnic minority clients face and convey them to executives and staff in their service delivery activities (Herman and Renz, 2004). The perceived capacity of ethnic minority board members to influence organizations in engaging ethnic minority clients further legitimizes the position of the organization to funders, clients, and the community.

Staff and language. While the organizational literature does not specifically mention the ethnicity of staff as having an influence on performance, the cultural competence literature suggests that employing ethnic staff who reflect the diversity of cultures in the community is important in engaging ethnic minority clients. Evidence suggests that ethnic minorities who are served by staff of similar ethnic background are more likely to engage in services. For example, Blank, Mahmood, Fox, and Guterbock (2002) describe the difficulties experienced by white mental health providers with helping African-American clients due to their lack of understanding of black culture, history, and the experiences of African-Americans in a dominant middle-class white society. Another study on cultural issues affecting domestic violence service utilization reports that immigrant domestic violence victims emphasize the importance of receiving services from providers who have similar ethnic and language backgrounds because it enhances the trust, understanding, and comfort level of victims (Senturia, Sullivan, Cixke, and Shiu-Thorton, 2000).

Having ethnically diverse staff members who are also able to provide services in different languages increases not only the likelihood of engagement, but also the likelihood of positive treatment outcomes for ethnic minority clients. The ability to provide services in languages that clients understand has been linked to higher engagement of ethnic minority clients (Solis, Marks,

Garcia, and Shelton, 1990; Gordon, 1995). Flaskerud (1986) found that both language and ethnic/racial matching of clinicians and clients are among the most significant predictors of reducing dropout rates for clients seeking mental health services. In addition, Chun and Akutsu (2002) found that employing ethnically diverse staff who speak the same language as clients was related to shorter lengths of treatment for Asian- and Mexican- Americans, and in particular for non-English speaking immigrants from those groups.

If viewed as a resource, staff members who are ethnically diverse and linguistically trained fit into the resource dependency framework because they have the capacity to provide culturally and linguistically appropriate services to clients that others who do not share their backgrounds cannot, thereby making them a scarce resource. While language is not considered an organizational characteristic, it is explored as one of the variables in the proposed study because it acts as a proxy for the capacity of the organization to hire people with language capabilities as opposed to just diverse ethnicity. This study views both ethnic staff and services provided in languages other than English as resources that can affect the engagement of ethnic minority clients as suggested by the organizational and cultural competence literature.

Combined with the literature in organizational research, the cultural competence framework suggests that organizations that locate in ethnic communities are more likely to attract ethnic board, staff, and clients who live within the communities they serve. Ethnically diverse board and staff members who represent the diversity and languages spoken of their clients are better able to engage them by facilitating convenient access, promoting clear communication and understanding, as well as fostering trust and rapport in relationships. Because of their similar ethnic background, board and staff members are better able to relate to stakeholders and clients. A reciprocal sense of connectedness and familiarity is perceived by clients who may be more willing and comfortable seeking help from organizations where staff understand their culture and language. As a result, these organizations may be more likely to engage ethnic minority groups due to “the significance of the ethnic tie and the propensity to associate with others of like background” (Jenkins, 1988, p. 2).

Collaboration. The emphasis on relationships in resource dependence theory suggests that the degree of collaboration should be considered when studying utilization of human services. While resource dependence theory proposes that organizations should establish relationships to increase their access to resources while simultaneously increasing the dependence of other organizations on them, the literature on nonprofit organizations suggests that this is not and should not be the case. Under competition, for-profit organizations will try to differentiate themselves in order to create a niche to gain resources (Barman, 2002). In contrast, human service nonprofit organizations are less likely to operate under competition and more likely to collaborate with other organizations to achieve their mission of serving disenfranchised populations, therefore making them likely to collaborate rather than compete (Baum and Oliver, 1996). Because minority clients, particularly immigrants, often need more than one service to address their social, economic, legal, and medical needs (Flaskerud, 1986), collaboration with organizations providing different services may make it easier and more convenient for clients to access services, thereby increasing the likelihood of utilization. In addition, collaboration also enhances community-building which can cultivate positive relationships between individuals, groups, organizations, and their surrounding geographical areas (Weil, 1996). This is especially

important for engaging ethnic minority groups who have been oppressed or alienated from mainstream society (often associated with recent immigration, poverty, crime, and/or racism). Finally, collaboration may demonstrate to funders and clients the ability of the organization to utilize non-monetary resources to provide services (Bartczak, 2005). The ability to perform these activities increases the organization's legitimacy in the community.

Government funding and staff size. Funding is related to organizational capacity to manage programs, provide services, and engage in the day-to-day activities that keep the organization running. Funding allows organizations to hire staff to do these jobs. According to institutional and resource dependency theories, funding not only enables organizations to perform organizational functions, but also demonstrates the legitimacy of the organization to community stakeholders. Funding is also important because it enables organizations to creatively and flexibly design and implement innovative programs and services. Powell and Friedkin (1987) suggest that organizations with few sources of funding lose their ability to maneuver and control program content.

Government funding for human services has increased significantly since the mid-1970s (Salamon, 2002). Research suggests that human service CBOs have become particularly reliant on government money and contracts as a primary source of funding (Allard, 2009a). For example, Jossart-Marcelli and Wolch (2003) find that nonprofit organizations are unlikely to be able to provide poverty-related services to populations in need without government generosity. As it pertains to engaging ethnic minority populations, government funding has been shown to be related to the ethnic diversity of the board and staff of human service CBOs. This correlation may arise because government funding often supports means-tested programs that assist poor populations, many of whom come from ethnic minority groups. Indeed, Stone, Hager and Griffin (2001) found that racial diversity measures are positive indicators of government funding.

Government funding is also related to staff size. Researchers have argued that larger nonprofit organizations are more likely to receive government funding because they have the capacity to fully develop more advanced systems and programs as well as increase the scope of their services, both in terms of additional programs or satellite locations (Smith and Lipsky, 1993; Rosenthal, 1996). Stone, Hager and Griffin (2001) provide empirical evidence to support these arguments.

Government funding and staff size are examined in the present study because research indicates that there is a relationship between service utilization by ethnic groups and organizational capacity. For example, faith-based organizations (FBOs), which tend to be smaller than non-religious human service organizations (Salling, 2007), have been widely cited as important human service providers for minority communities (Chaves and Higgins, 1992; Vidal, 2001). Undocumented immigrants may also prefer to utilize services in smaller organizations where they may perceive more trust and intimacy, thereby reducing the likelihood of the organization exposing their immigration status.

Type of service. Finally, service type is included as a variable because it is believed that service utilization by ethnic groups is related to the need for the type of service by the

population. The literature describes a number of different human services that serve ethnic minority populations. In a study of African-American help-seeking behaviors, Neighbors and Taylor (1985) asked respondents to identify the types of professional services they utilized. Responses included hospital emergency room, social services, mental health care center, private mental health therapist, doctor's office, minister, lawyer, police, school, and employment agency.

Hung's (2007) categorization of service types for foreign-born Hispanic and API clients also includes social services that help immigrants towards economic self-sufficiency (i.e. ESL classes, health services, youth programs, senior housing) and professional and civic organizations and foundations that foster political advocacy for API groups. While different ethnic groups may utilize specific services more than others, overall, the literature suggests that the types of services available to and used by ethnic minority groups can be categorized by income maintenance programs, youth services, health and mental health services, legal aid and advocacy programs, and other general human services. Type of service is included as an organizational characteristic in the analysis to examine the relationship between the type of service and ethnic minority service utilization.

Research Question

Based on the literature reviewed in Chapter 2 and the on the conceptual framework presented in this chapter, the present study aims to answer the research question: what are the contextual and organizational factors associated with the percentage of ethnic minority clients served? It is believed that the community characteristics influence organizational characteristics and together both are positively associated with higher percentages of ethnic minority service utilization. Figure 3 presents a conceptual map of the hypothesized relationship between the contextual and organizational variables with the percentage of clients served. The next chapter describes the methodology and analytic strategy used to examine these relationships.

Figure 3. Community Characteristics, Organizational Characteristics, and Ethnic Minority Service Utilization

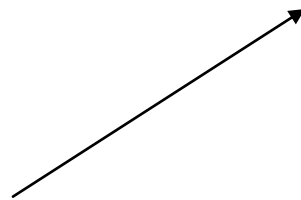
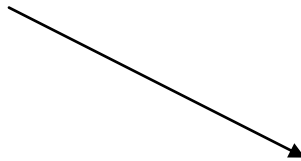
Community Characteristics

- ethnic composition
- poverty
- unemployment
- language capacity
- educational attainment



Organizational Characteristics

- ethnicity of board
- ethnicity of staff
- languages provided
- degree of collaboration
- proportion of government funding
- staff size
- type of service



Increased Clients Served

- % African-American served
- % White served
- % Hispanic served
- % API served

CHAPTER 4

METHODOLOGY

The study utilizes cross-sectional data from the Los Angeles Nonprofit Human Services Survey conducted by the School of Public Policy and Social Research at UCLA (Hasenfeld, Mosley, Katz, and Anheier, 2002) and Los Angeles County data from the 2000 Census. The unique economic, political, and demographic characteristics of L.A. County and its diverse network of human service organizations provide a rich social laboratory for studying organizational characteristics of CBOs that contribute to successful engagement of ethnic minority groups in a changing environment. This study uses descriptive, bi-variate, and spatial analyses along with hierarchical linear modeling to explore the relationship between community socio-demographics, organizational characteristics, and utilization of human services by ethnic minority groups.

Los Angeles Nonprofit Human Services Survey

The Los Angeles Nonprofit Human Services Survey (LANP) was conducted in the summer of 2002 to better understand nonprofit human service organizations in Los Angeles County. The first representative sample survey of nonprofit human service organizations in Los Angeles, the specific aims of the LANP were to: 1) understand the nature, range, and types of services provided by nonprofits with respect to the demographic, social, and cultural context of L.A. County; 2) evaluate the finances and resource capacities of human service nonprofits; 3) gain more knowledge on their internal structures; 4) identify collaborative and competitive patterns between and amongst for-profit and nonprofit organizations; 5) assess the responsiveness of nonprofits to socio-demographic shifts in the region; and 6) identify key challenges facing these organizations (Mosley, Katz, Hasenfeld, Anheier, 2003).

The LANP defined nonprofit human service organizations as those with 501(c)(3) status that provided services to advance individual, social, and psychological well-being. Based on the National Taxonomy of Exempt Entities (NTEE) classification system that was developed by the National Center for Charitable Statistics (NCCS), human service organizations were placed in the categories as shown in Figure 4:

Figure 4. Nonprofit Human Service Organizations as Defined by the LANP

Student Services Programs
Health Support Programs
Mental Health and Substance Abuse Programs
Crime and Legal Programs
Employment Programs
Food and Nutrition Programs
Housing
Youth Development
General Human Services
Civil Rights and Advocacy Programs

Organizations included in the study population were gathered from a number of databases including the IRS list of registered organizations, the California Secretary of State registry, and the databases used by Infoline LA, The Rainbow Directory and the California Office of Statewide Health Planning and Development. Data from these databases were cleaned so that only human service organizations within Los Angeles County were included and were merged using federal and state ID numbers. These databases yielded 5,300 organizations that belonged to one of the following categories: 1) 501(c)(3) nonprofit organizations; 2) awaiting approval for 501(c)(3) status; or 3) funded through a registered 501(c)(3) nonprofit organization.

A random sample of N=3,009 organizations was stratified by organizational income and location to ensure representation of different organizational sizes and geographic locations of Los Angeles County. Due to errors in the original datasets from which the organizations were drawn, a significant percentage of organizations were not eligible for inclusion because one or more of the following reasons: 1) they had moved outside of Los Angeles County; 2) they did not have 501(c)(3) status; 3) they were not an independent organization but a program of another 501(c)(3); 4) they were a private foundation; 5) they were a religious organization; or 6) they could not be categorized as a human service organization.

One hour telephone interviews using a structured survey were then conducted with the CEOs of the organizations. After accounting for ineligible organizations and organizations that no longer existed, a total of 707 interviews were completed with a response rate of 53 percent (Mosley, Katz, Hasenfeld, Anheier, 2003).

Census Data

Data from the *Census 2000 Summary File 3 (SF 3)* (U.S. Census Bureau, 2002) is also used in this study. Based on questions from the Census 2000 long-form questionnaire, SF3 contains demographic, social, and economic data on approximately one in six households in the U.S.¹

The SF3 variables are drawn from the Census 2000 Summary File 3 US Summary disk product accessed through the Data Lab at UC Berkeley. SF3 contains information at the zip code level and is used in this study to examine the contextual characteristics of the location of organizations. The use of zip codes in this study is based on data availability as well as the appropriateness for analysis. Because of the empirical focus on the contextual characteristics that influence ethnic minority human service utilization, zip code level data can adequately be used to examine the ways in which service utilization can vary across zip codes depending on socio-demographic characteristics. In addition, previous studies exploring contextual influences have found zip code level data to be acceptable geographical units of analyses (Chow, Jaffee, Snowden, 2003; Small and McDermott, 2006; Fox and Rodriguez, 2010).

¹ For further details on the implications of using SF3 (i.e. sampling and nonsampling errors), please refer to the Technical Documentation: 2000 Census of Population and Housing (U.S. Census Bureau, 2002).

Combining Data Sources and Procedures

Data from the LANP are merged with Census 2000 data to examine the relationship between zip code level characteristics and ethnic minority human service utilization. Zip codes are used to match organizational data from the LANP with Census data using Stata Statistical Software Release 11 (StataCorp, 2009). Organizations with zip codes not located within Los Angeles County are removed along with organizations located in zip codes where Census data are not available. This resulted in a sample size of 541 organizations.

The driving hypotheses of this dissertation are that important determinants of the ethnicities of a CBO's clientele include 1) the organizational characteristics of the CBO itself, and 2) the characteristics of its surrounding zip code. These hypotheses are tested using a regression model run with four different dependent variables: the percentage of the CBO's clientele that is African-American, white, Hispanic, and API.

Variables Used in Analysis

Dependent Variables

There are four dependent variables in this analysis: the percentage of a CBO's clientele that is African-American, white, Hispanic, and API as reported by organizations in the LANP.

Independent Variables

The independent variables include both zip code and organizational-level characteristics. They are described below and are summarized in Table 1.

Organizational Level Independent Variables (Level 1)

Ethnic composition of board. This is captured in four variables. The LANP asked respondent organizations to report the percentage of board members who were African-American, white, Hispanic, and API.

Ethnic composition of staff. Similar to the ethnic composition of board, this variable is captured in four variables. The LANP asked respondent organizations to report the percentage of staff who were African-American, white, Hispanic, and API.

Bi- or multi-lingual services offered. This categorical variable (yes/no) is scored based on the question asked in the LANP about whether or not services are provided in languages other than English.

Degree of collaboration. LANP respondents are asked questions about their degree of collaboration on funding, developing programs or services, coordinating services, and advocating on behalf of clients. Responses are based on a 4-point Likert Scale ranging from "never" (=1) to "very often" (=4)

Percent government funding. This variable is measured by the proportion of funding received by an organization coming from government grants, contracts, or reimbursements.

Missing government funding. To minimize the loss of organizations due to incomplete data, this 0-1 indicator variable is included in regression analyses to denote organizations that have information on government funding (0) and those that do not (1).

Staff size. Organizations reported actual numbers of staff, which ranged from 1 staff member to 3500 members. Due to the range of staff size within organizations, staff size is divided into quintiles (less than 20 percent, 21-40 percent, 41-60 percent, 61-80 percent, 81-100 percent) and coded using 0-1 indicator variables. Using five indicator variables, rather than a single continuous variable, will reveal any non-linear or u-shaped relationships between the number of staff and client composition.

Service type. Service type is analyzed using categorical variables based on the mission statement provided by organizations. The responses are assigned a service type based on the categories shown in Figure 4. Organizations are then put into five broader categories based on their mission statements: 1) income maintenance programs and services; 2) youth programs and services; 3) health and mental health services; 4) legal aid and advocacy programs and services; and 5) general human services and programs. Appendix A provides a list of service types that are classified as “general human services and programs.”

Zip Code Level Variables (Level 2)

The following variables are calculated based on Census 2000 SF3 data to represent zip code socio-demographic information. Each of the variables reflects the data with respect to the zip code where one or more human service organizations from the LANP are located.

Percent African-American. The percent African-American represents the proportion of individuals in the total population who identified as being African-American.

Percent Hispanic. The percent Hispanic represents the proportion of individuals in the total population who identified as being Hispanic.

Percent API. The percent API represents the proportion of individuals in the total population who identified as being API.²

Percent poverty. The percent poverty represents the proportion of individuals from all ethnic groups with income in 1999 below the poverty level. The U.S Census poverty calculations take into consideration total family income, and family size.

Percent unemployment. Zip code unemployment is the proportion of civilians aged 16 and over who are categorized as unemployed by the Census.

² Percent white in zip code is not included in the analysis because it is used as the reference category.

Language capacity. Language capacity is measured as the proportion of individuals within a zip code who reported speaking English “not well” or “not well at all.”

Educational attainment. Zip code educational attainment is measured as the proportion of individuals aged 25 and over who did not obtain a high school diploma or equivalent.

Table 1. Variables Used for Analysis from LANP Dataset and U.S Census

Organization Variables (Level 1)	ETH_CLIENT	Approximately what percent of clients who used your services were: African-American; White; Latino/Hispanic; Asian; Other
	ETH_BOARD	About what percentage of your board members were: African-American; White; Latino/Hispanic; Asian; Other
	ETH_STAFF	About what percentage of your employees were: African-American; White; Latino/Hispanic; Asian; Other
	LANG_SERVE	Does your organization provide services in languages other than English?
	COL_...	Do you collaborate with other organizations on -obtaining funding for your programs -developing programs or services -coordinating services for your clients -advocating on behalf of your clients (1=never; 2=occasionally; 3=often; 4=very often)
	GOV_FUND	During your last fiscal year, did you receive funding from -government grants and contracts (how much)? -government reimbursement arrangements (how much)?
	MISS_GOVFUND	Organizations without data on government funding (Missing=1, Not Missing=0)
	STAFF_SIZE_...	During your last fiscal year, how many paid staff worked full and part time?
	STYPE_...	How would you categorize the services provided by your organization?
Zip Code Variables (Level 2)	AA_ZIP	Percent of composition that is African-American
	HISP_ZIP	Percent of composition that is Hispanic
	API_ZIP	Percent of composition that is API
	POVERTY	Percent individuals living below poverty line
	UNEMPLOY	Percent civilians age 16 and up classified as unemployed
	LANG_CAP	Percent households speaking English “not well” or “not at all”
	EDUC_ATT	Percent of individuals age 25 and up who do not have a high school diploma nor equivalent

Study Sample

After merging the LANP data with the Los Angeles County Census data, 541 organizations are included in the initial sample. A final sample is generated using the organizations that have complete information reported for the variables included in the regression model and consists of 360 organizations.

Analytic Strategy

Sample Characteristics

Descriptive uni-variate analyses are conducted to examine the distribution of zip code and organizational characteristics among the study sample. Mean and standard deviations are reported for continuous variables while numbers and percentages are reported for categorical variables.

Geographic Information Systems

Geographic Information Systems (GIS) is used to provide descriptive data about the location of human service organizations in L.A. County with respect to the socio-demographic characteristics of neighborhoods in which they are located. GIS has been defined as “a computer-based system to aid in the collection, maintenance, storage, analysis, output, and distribution of spatial data and information” (Bolstad, 2005, p. 1).

Shapefiles of Los Angeles County zip codes and boundaries were obtained from Census 2000 TIGER/Line[®] Shapefiles provided by ESRI. Using ArcGIS 9.3.1, level 2 data from the 2000 Census of zip codes are merged with zip code shapefiles to produce maps of organizations in the LANP with respect to the minority ethnic composition, poverty and unemployment levels, language capacity, and educational attainment. Since the actual addresses of organizations were not available for analysis, centroids are created to denote the location of one or more organizations in a zip code. All maps are projected in GCS North American 1983. Correlations are used to examine the relationship between level 2 variables with one another based on the descriptive findings of GIS analyses.

Descriptive Analysis of Ethnic-Specific Variables

Using the organizational-level cultural competence framework, descriptive analysis is used to gain a better understanding between ethnic-specific variables (ethnic board, staff, and clients) and their relationship to the spatial locations in which organizations are located.

Bi-variate Analyses

Bi-variate analyses are conducted between the four dependent variables (the percentage of a CBO's clientele that is African-American, white, Hispanic, and API) with respect to level 1 and level 2 characteristics to examine the association between the dependent and independent variables. Correlations are used for continuous variables and the Pearson's r estimate is

reported. One-way analysis of variance (ANOVA) is used for categorical independent variables to examine their association with the dependent variables. The Wald F-statistic and significance levels are reported for all categorical variables across ethnic groups.

Multi-variate Regression Analyses

Model building is guided by the literature review on community and organizational factors that may influence human service utilization. Due to the exploratory nature of this study, an initial model that includes only organizational characteristics is analyzed using ordinary least squares (OLS) regression. Variables are reviewed for missing data to minimize the loss of organizations included in regression. Upon inspection of the data, it was found that the government funding variable had a large number of incomplete responses, thereby reducing the number of organizations that could be included in regression analyses. In order to include as many organizations in regression analyses as possible, a dummy variable is created for organizations that do not have information on government funding (MISS_GOVFUND=1). The mean value of government funding for all cases with reported values (36.45 percent) is then imputed into all organizations where information on government funding was previously missing. Using this method of single imputation assumes that, on average, the organizations that are missing data on government funding are the same or very similar to organizations that are not missing data on government funding. Model 1 includes the following variables:

Model 1: Model with Organizational Characteristics

$$y = \beta_0 + \beta_1 \text{ETH_BOARD} + \beta_2 \text{ETH_STAFF} + \beta_3 \text{LANG_SERVE} + \beta_4 \text{COLLAB_FUND} + \beta_5 \text{COLLAB_SERV_DEV} + \beta_6 \text{COLLAB_COORD} + \beta_7 \text{COLLAB_ADVOC} + \beta_8 \text{GOV_FUND} + \beta_9 \text{MISS_GOVFUND} + \beta_{10} \text{STAFF_SIZE_1} + \beta_{11} \text{STAFF_SIZE_2} + \beta_{12} \text{STAFF_SIZE_3} + \beta_{13} \text{STAFF_SIZE_4} + \beta_{14} \text{STYPE_INC} + \beta_{15} \text{STYPE_YOUTH} + \beta_{16} \text{STYPE_HMH} + \beta_{17} \text{STYPE_LEGALAD} + \varepsilon$$

where y is the percentage of a CBO's clientele that is African-American, white, Hispanic, and API (four different dependent variables), β_0 is the predicted value of the dependent variable when all of the independent variables are zero, and ε is the error residual.

In addition, hierarchical linear modeling (HLM) technique is used to analyze the association between organizational and zip code characteristics and ethnic minority service utilization. As explained by Raudenbush and Bryk (2002), HLM is appropriate for this type of data analysis for several reasons. First, HLM is able to fit a regression equation at the organizational level while allowing the intercept of the regression equation to vary by zip code. Second, although HLM is based on multiple regression, it is more powerful at producing accurate predictive models due to its less restrictive assumptions, thereby making it effective to use when building models. In addition, HLM allows for testing of main effect and interactions within and between levels (Rabe-Hesketh and Skrondal, 2008). Overall, HLM is an appropriate statistical method for examination of the dynamic relationship between organizational characteristics and demographic information of zip codes to provide a multilevel understanding

of the interactions within and between these factors. All statistical analyses in this study are conducted using Stata 11.

A random intercept model is used because it is believed that the mean proportion of ethnic clients served in organizations varies by zip code, specifically due to zip code ethnic minority composition, poverty and unemployment levels, language capacity, and educational attainment. A random intercept model without covariates (null model) decomposes the total variance into between-zip code and within-zip code variance components and takes the following form:

$$y_{ij} = \beta_0 + \zeta_j + \varepsilon_{ij}, \quad \zeta_j \sim N(0, \psi), \quad \varepsilon_{ij} \sim N(0, \theta)$$

where y_{ij} is the percentage of a CBO's clientele that is African-American, white, Hispanic, and API (four different dependent variables) at organization i in zip code j ; β_0 is the mean percentage of CBO's clientele that is African-American, white, Hispanic, and API for a randomly selected organization in a randomly selected zip code; ζ_j is the random intercept for level 2 zip code residuals (i.e. the zip code-specific error component which remains constant across organizations within that zip code); and ε_{ij} is the organization-specific error component which varies across organizations and zip codes. ζ_j is assumed to be normally distributed with mean 0 and variance ψ (between zip code variance) and is independent over zip codes j . Similarly, ε_{ij} is assumed to be normally distributed with mean 0 and variance θ (within zip code variance) and is independent over zip codes j and organizations i .

A random intercept model without covariates decomposes the total variance into between-zip code and within-zip code variance components. The total variance is the sum of these variance components,

$$\text{Var}(y_{ij}) = \text{Var}(\zeta_j + \varepsilon_{ij}) = \psi + \theta,$$

where ψ is the variance in ethnic-specific service utilization between zip codes and θ is the within-zip code variance.

The proportion of the total variance that is between zip codes is

$$\rho = \text{Var}(\zeta_j) / \text{Var}(y_{ij}) = \psi / \psi + \theta$$

Also called the intra-class correlation (ICC), ρ is the share of the total variance that is explained by the zip code as well as the within-zip code correlation, directly measuring the similarities of organizations in the same zip code relative to the similarities of organizations in different zip codes (Rabe-Hesketh, Skrondal, 2005). When ρ is 0, the variance explained by the zip code is 0 which suggests that the estimates from the hierarchical linear model are no different from the estimates of an OLS linear regression model.

While the organizational variables from the LANP are included as originally measured, community variables measuring the same domain are considered and eliminated from the model in an iterative process. For example, the Census categorizes language capacity as speaking English “very well,” “well,” “not well,” and “not at all.” The decision to measure low language capacity as those who speak English “not well” and “not at all” is based on sensitivity analyses in which there was less than 10 percent difference between the coefficients of the different measures (i.e. combining “well,” “not well,” and “not at all” vs. “not well” and “not at all”). Similar sensitivity analyses are conducted for measures of poverty, unemployment, and educational attainment. The final random intercept model with organizational and community characteristics includes the following variables:

Model 2: Random Intercept Model with Organizational and Community Characteristics

$$y_{ij} = (\beta_0 + \zeta_j) + \beta_1 \text{ETH_BOARD}_{ij} + \beta_2 \text{ETH_STAFF}_{ij} + \beta_3 \text{LANG_SERVE}_{ij} + \beta_4 \text{COLLAB_FUND}_{ij} + \beta_5 \text{COLLAB_SERV_DEV}_{ij} + \beta_6 \text{COLLAB_COORD}_{ij} + \beta_7 \text{COLLAB_ADVOC}_{ij} + \beta_8 \text{GOV_FUND}_{ij} + \beta_9 \text{MISS_GOVFUND}_{ij} + \beta_{10} \text{STAFF_SIZE_1}_{ij} + \beta_{11} \text{STAFF_SIZE_2}_{ij} + \beta_{12} \text{STAFF_SIZE_3}_{ij} + \beta_{13} \text{STAFF_SIZE_4}_{ij} + \beta_{14} \text{STYPE_INC}_{ij} + \beta_{15} \text{STYPE_YOUTH}_{ij} + \beta_{16} \text{STYPE_HMH}_{ij} + \beta_{17} \text{STYPE_LEGALAD}_{ij} + \beta_{18} \text{AA_ZIP}_j + \beta_{19} \text{HISP_ZIP}_j + \beta_{20} \text{API_ZIP}_j + \beta_{21} \text{POVERTY}_j + \beta_{22} \text{UNEMPLOY}_j + \beta_{23} \text{LANG_CAP}_j + \beta_{24} \text{EDUC_ATT}_{ij} + \varepsilon_{ij}$$

where $\zeta_j | x_{ij} \sim N(0, \psi)$, $\varepsilon_{ij} | x_{ij}, \zeta_j \sim N(0, \theta)$; ζ_j and ε_{ij} independent of x_{ij} and of each other. y_{ij} is the percentage of ethnic-specific clients served by organizations and the independent variables include both organizational and zip code level variables (please see Table 1 for the descriptions of variables). The residual terms represent the component that is uncorrelated with the included covariates that characterize the zip codes. β_0 , ζ_j , and ε_{ij} and their properties remain the same as in the null model. Assumptions of random intercept models are checked by performing the empirical Bayes methods on level 1 and level 2 residuals (Rabe-Hesketh and Skrondal, 2005). Results indicate that residuals are normally distributed suggesting that the normality assumptions of the random intercept models are met.

CHAPTER 5

FINDINGS

Sample Characteristics

Sample characteristics are presented using descriptive statistics to describe the average mean, median, standard deviation, and number of observations for continuous dependent and independent variables. Level 1 independent variables include some categorical variables which are presented as frequencies and percentages.

Descriptive Statistics

Level 1 organizational characteristics. Table 2 provides information on ethnic-specific variables for the full sample (i.e. including organizations with missing data) and for the final regression sample (i.e. organizations that have complete data for all variables used in regression). The average mean, medians, and standard deviations are roughly similar for both the full and final regression samples. The descriptive statistics indicate that organizations serve a varying percentage of ethnic clients and employ varying percentages of board and staff members.

Table 2. Proportions of Each Ethnic Group among Clients, Board, and Staff Averaged across Sample Organizations

Variables (Level 1)	Full Sample				Final Regression Sample ³			
	Mean	Median	St Dev.	N	Mean	Median	St Dev	N
Percent AA Clients	25.05	20.00	25.84	452	24.21	19.50	24.49	360
Percent AA Board	19.68	7.25	29.51	498	18.80	7.14	28.47	360
Percent AA Staff	20.92	10.00	26.72	434	22.01	11.06	26.99	360
Percent White Clients	29.43	20.00	28.16	452	30.12	21.50	27.74	360
Percent White Board	58.01	66.67	34.41	498	58.68	69.52	33.41	360
Percent White Staff	37.49	32.50	31.81	434	35.57	30.00	30.09	360
Percent Hisp Clients	34.43	30.00	27.14	452	35.48	30.00	27.18	360
Percent Hisp Board	13.64	6.67	20.97	498	14.73	8.00	20.95	360
Percent Hisp Staff	29.67	25.00	27.64	434	31.04	25.00	27.42	360
Percent API Clients	7.59	2.00	18.09	452	6.72	2.00	16.11	360
Percent API Board	6.78	0.00	19.33	498	6.15	0.00	18.00	360
Percent API Staff	6.70	0.00	16.47	434	6.93	0.00	16.83	360

In both the full and final regression sample, the largest fraction of clientele on average is Hispanic followed by white, African-Americans, and API. Whites make up the largest fraction of both board and staff members in both samples. While there are more African-American board members than Hispanic board members, there are less African-American staff members than

³ The Final Regression Sample consists of the organizations included in the models reported in Tables 15 and 16.

there are Hispanic staff members in both samples. API board, staff, and clients served make up the smallest ethnic group in both samples.

Descriptive statistics of the remaining Level 1 organizational characteristics are presented in Table 3. The majority of organizations (in both samples) provide services in languages other than English. The degree of collaboration among organizations ranges roughly between “occasionally” and “often” across activities. On average, the organizations in both study samples receive more than one third of their funding from government sources. However, about 23 percent of organizations in the full sample had missing data on government funding while about 15 percent in the final regression sample had missing data. To increase the number of organizations included in regression analyses, single imputation of the average mean of government funding (36.45 percent) among those organizations did report information replaced data for organizations missing this information.

Table 3. Organizational Characteristics Averaged across Sample Organizations

Variables (Level 1)	Full Sample				Final Regression Sample			
	Mean	Median	St Dev.	N	Mean	Median	St Dev.	N
Multi-Lingual Services ⁴	73.93	-	-	541	77.78	-	-	360
Collab on Funding ⁵	1.93	2.00	.96	539	2.08	2.00	.99	360
Collab on Prog/Serv	2.08	2.00	.91	539	2.14	2.00	.90	360
Collab on Coord.	2.40	2.00	.99	538	2.58	3.00	.96	360
Collab on Advocacy	2.29	2.00	1.02	536	2.43	2.00	.98	360
Percent Funds from Govt	36.45	36.45	34.76	541	41.20	36.45	36.42	360
Missing Govt Fund Data	22.74	-	-	541	14.72	-	-	360
Staff Size								
-Staff Quint 0	19.79			453	17.50			360
-Staff Quint 1	20.31	-	-	453	20.28	-	-	360
-Staff Quint 2	19.88	-	-	453	20.56	-	-	360
-Staff Quint 3	20.01	-	-	453	22.22	-	-	360
-Staff Quint 4	20.01	-	-	453	19.44	-	-	360
Service Type								
-Income Maintenance	16.45	-	-	541	15.83	-	-	360
-Youth Services	9.43	-	-	541	9.17	-	-	360
-Health/Mental Health	20.52	-	-	541	22.50	-	-	360
-Legal Aid/Advocacy	13.68	-	-	541	11.11	-	-	360
-General Human Serv.	39.92	-	-	541	41.39	-	-	360

⁴ The means reported for the variables “Bi/Multi-lingual Services,” “Missing Government Funding Data,” “Staff Size,” and “Service Type” are the percentages of organizations that fall within each category.

⁵ Collaboration variables were measured using a Likert scale ranging from 1 to 4 (1=never, 4=very often).

Table 4 contains information on staff size that supplements the descriptive data presented in Table 3. Roughly half of the organizations in the study sample have staff sizes below the median of 18, suggesting that these organizations are relatively small compared to national samples where the average staff size of small organizations is 29 (Nonprofit HR Solutions, 2011). The table indicates that organizations with the lowest 20 percent of staff sizes range from 1 to 5, the next lowest range from 6 to 11 staff members, the middle segment ranges from 11 to 28 members, and the second highest segment ranges from 29 to 84.⁶ Organizations with the highest 20 percent of staff sizes range from 84 to 3500 staff members. However, some of these organizations are found to be outliers. To assess the association between staff size and outliers and to prevent the few very large values from being influential points, the variable staff size are re-coded into quintiles and 0-1 indicator variables are used in the model.

Table 4. Percentiles for Staff Size

Quintile	Range
1 st Quintile	1-5
2 nd Quintile	6-10
3 rd Quintile	10-28
4 th Quintile	29-83
5 th Quintile	83-3500

The variable “Service Type” is categorized according to the mission statement of each organization. A large percentage of organizations in both study samples are categorized as general human services (please see Appendix A for description), followed by organizations categorized as providing health and mental health services, organizations categorized as providing income maintenance services, organizations categorized as providing legal aid and advocacy services, and organizations providing youth services.

Level 2 zip code characteristics. Descriptive statistics for zip code characteristics are presented in Table 5. These characteristics are not included in regression models; rather, they provide information about organizations in relation to their zip codes in the study sample. In the full sample, there are 541 organizations nested in 198 zip codes, with an average of about 3 organizations per zip code. The final regression sample includes 360 organizations nested in 167 zip codes with an average about 2 organizations per zip code. The difference in the number of organizations and zip codes between the full sample and the final regression sample is a result of organizations with data missing.

⁶ Some quintiles have overlapping ranges.

Table 5. Zip Code Characteristics

	Full Sample (N=541)	Final Regression Sample (N=360)
Number of Zip Codes in Sample	198	167
Average Number of Orgs per Zip Code	2.73	2.16
Percent of Zip Codes with 1 Organization	33.84%	43.12%
Percent of Zip Codes with 2 or 3 Organizations	40.41%	41.32%
Percent of Zip Codes with 3 or more Organizations	25.76%	15.57%

Table 6 describes the socio-demographic characteristics of zip codes. These characteristics are included as level 2 variables in regression models and are all measured as continuous variables. The descriptive data show that the mean, median, and standard deviation values of level two variables in the full sample (N=541) and the final regression sample (N=360) are very similar to each other suggesting that both samples are virtually identical despite the lower number of organizations in the final regression sample.

Table 6. Socio-demographic Characteristics of Zip Codes

Variables (Level 2)	Full Sample				Final Regression Sample			
	Mean	Median	St Dev.	N	Mean	Median	St Dev.	N
Percent AA Residents	11.59	4.62	16.21	541	11.08	4.36	15.76	360
Percent Hispanic Residents	40.20	38.55	24.67	541	41.85	39.14	25.87	360
Percent API Residents	11.94	7.99	11.32	541	11.35	7.90	10.93	360
Percent Poverty	20.62	19.09	12.33	541	21.35	19.74	12.67	360
Percent Unemployment	9.28	8.07	6.18	541	9.50	8.34	6.39	360
Percent Low Lang. Cap.	15.57	14.07	11.42	541	16.36	14.00	12.25	360
Percent Low Educ. Attain.	18.05	18.53	4.54	541	17.86	18.04	4.51	360

Table 7 presents the average percent and standard deviation of level two variables found for Los Angeles County based on this investigator's calculations using Census 2000 Summary File 3 (U.S. Census Bureau, 2002). Comparison between Tables 6 and 7 shows that the averages for level 2 variables in both the full and final regression sample are somewhat different from the averages for Los Angeles County when accounting for sampling variation. In general, most of the averages for level 2 variables in the full and final sample are higher than their corresponding averages for all zip codes in Los Angeles County with the exception of low educational attainment where the average in the full sample and final regression sample (about 18 percent) are lower than the percentage of residents with low educational attainment for the County (27 percent).

Table 7. Average Mean and Standard Deviation of Level 2 Zip Code Variables for Los Angeles County

Variable	Average Percent for L.A County	St. Dev.
Percent African-American	8.76	14.29
Percent Hispanic	36.41	25.71
Percent API	12.10	12.19
Poverty	16.57	10.81
Unemployment	8.03	4.80
Low Language Capacity	13.30	10.46
Low Educational Attainment	26.82	19.05

Summary

Descriptive statistics for both the full and final regression study sample suggest that, on average, the largest fraction of clientele is Hispanic, while the largest fraction of board members and staff is white. The majority of organizations in both samples provide services in languages other than English and collaboration among organizations range between “occasionally” and “often” on all four service domains. Although the number of organizations reporting information on government funding differs between the full sample and the final regression sample, on average, organizations from both samples receive over one-third of their funding from government sources. Staff size in organizations in both study samples is relatively small and organizations are likely to provide general human services.

In terms of level 2 characteristics, organizations in the full and final regression sample have very similar means, medians, and standard deviations across all variables. However, when compared to averages for Los Angeles County, organizations in both the full and final regression sample have generally higher percentages of African-American and Hispanic populations, percent poverty, unemployment, and low language capacity when taking into consideration sampling variation. The percent API is about the same as the average percent API found in the county, while the percentage of low educational attainment is higher in all Los Angeles County zip codes than in zip codes of the full and final regression sample taking into account sampling variation.

GIS: Socio-demographic Characteristics of Ethnic Minority Communities

GIS is used to map the location of organizations onto zip code level characteristics to show the organizations’ location with respect to the socio-demographic context in which they are located. The data included in these maps represent the zip codes in which one or more organizations from the LANP are located. Due to the limited data access ability, centroids are created to denote the presence of these organizations within a zip code. In GIS, centroids are the center of an area of a polygon, which in this study is a zip code. They are derived mathematically and are weighted as the approximate center of the zip code (Bolstad, 2005)

Figure 4 depicts concentrations of ethnic minority populations living in zip codes with one or more human service organizations. It should be noted that Figure 4 illustrates the

combined concentrations of ethnic minorities (i.e. African-Americans, Hispanics, and API) and are different from analysis involving individual ethnic groups. Combining ethnic minority groups into one category was done to simplify the presentation of the maps. Zip codes with the highest concentration of ethnic minorities are located in central and south central Los Angeles, with some zip codes in the eastern and northwestern part of the county. Zip codes with the highest concentration of ethnic minority groups range from 89 percent to over 99 percent, indicating that some zip codes in central and south central L.A are entirely made up of ethnic minority residents.

Figure 4. Ethnic Minority Concentrations in Select L.A County Zip Codes

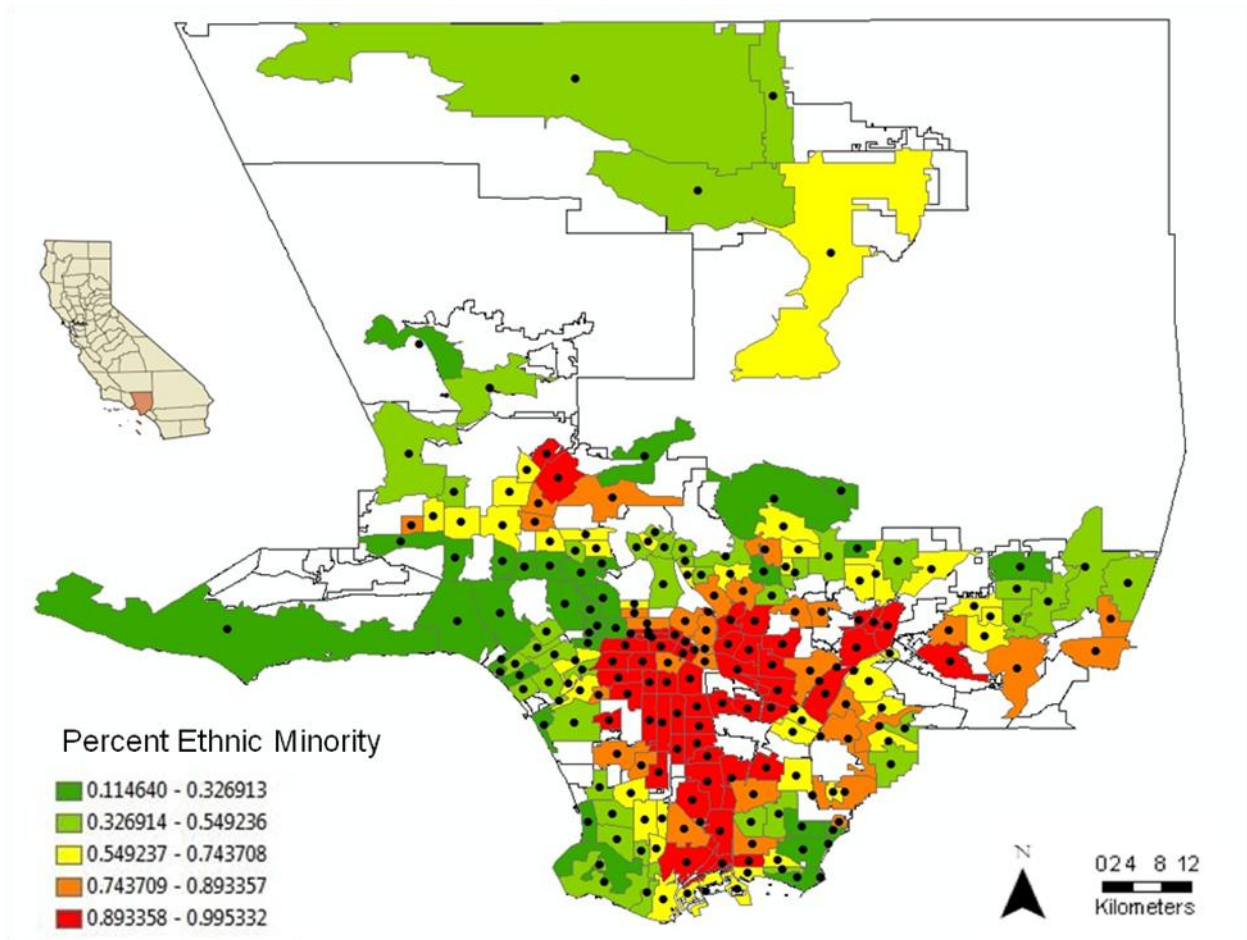


Figure 5 shows that many of the zip codes with higher poverty concentrations are located in central and south central L.A. According to Jargowsky (1997), areas where 20 percent or more of individuals live in poverty are considered poverty neighborhoods and areas where 40 percent or more of individuals live in poverty are considered concentrated poverty neighborhoods. Comparisons between Figure 4 and this map suggest that many of the zip codes with high concentrations of ethnic minorities are also those that would be considered poverty zip codes or concentrated poverty codes, particularly in central L.A.

Figure 5. Poverty Concentrations in Select L.A County Zip Codes

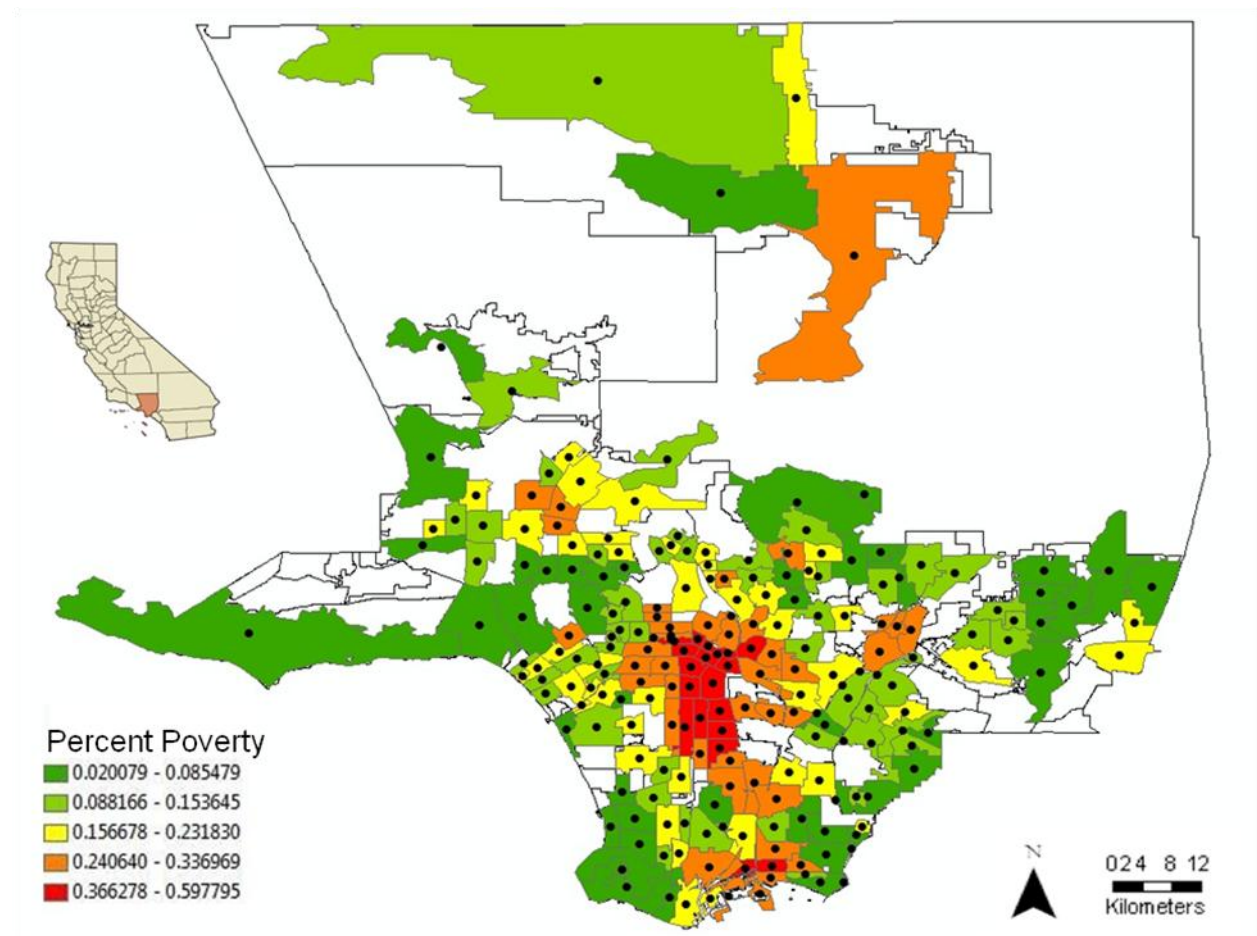


Figure 6 illustrates the concentration of unemployed individuals aged 16 and over per zip code. Zip codes with highest unemployment concentration are located primarily in central L.A where zip codes range between 13 and 50 percent of the working age residents who are unemployed, well above the county average of about 8 percent unemployment. The wide range and high concentration of unemployed residents may be due to the fact that students (high school and college) are taken into account when calculating unemployment rates. Examination of poverty and unemployment patterns reveal that while zip codes in central L.A have lower unemployment concentrations, there is still a high concentration of poverty, suggesting that many residents in central L.A are working poor.

Figure 6. Percent Unemployment Concentrations in Select L.A County Zip Codes

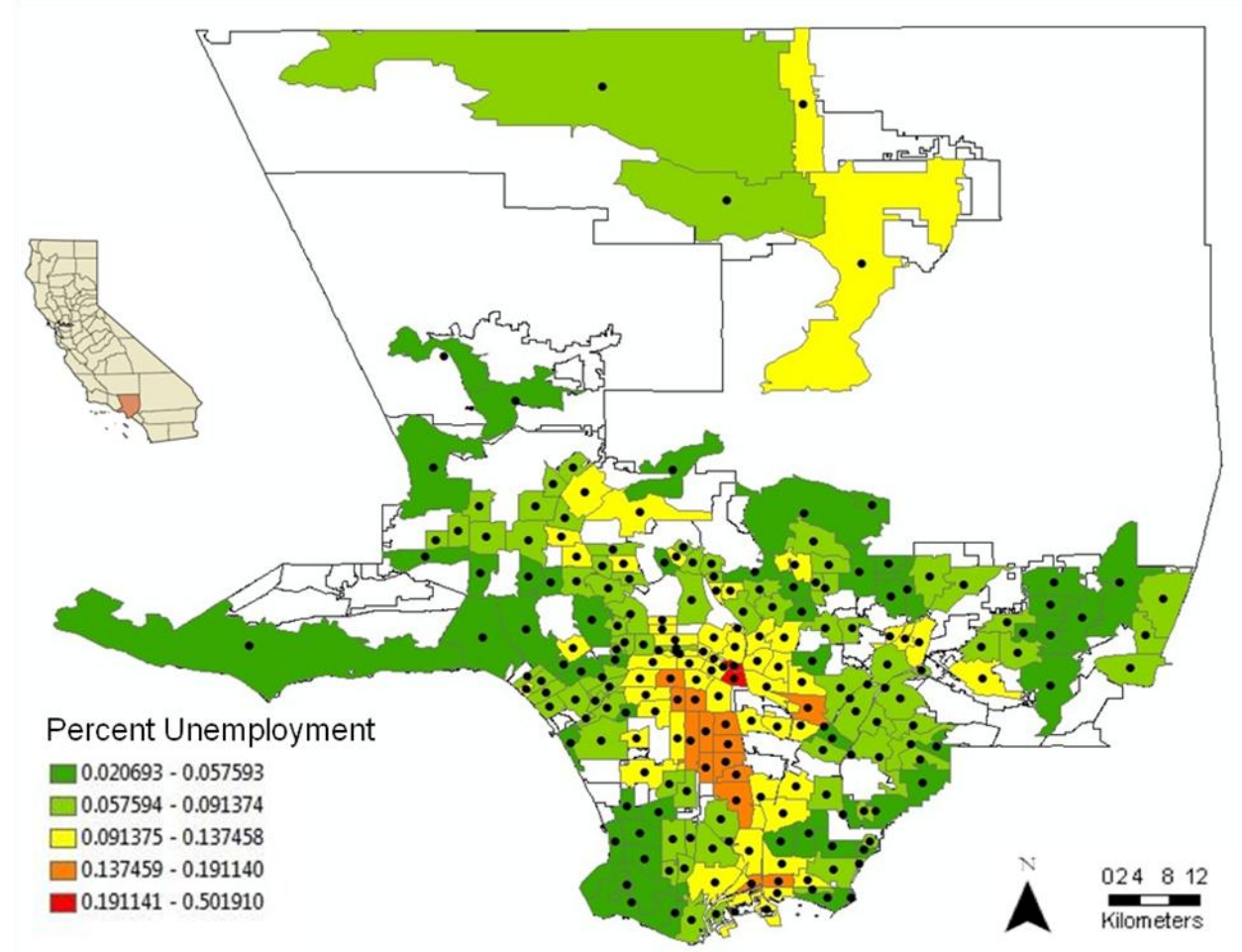
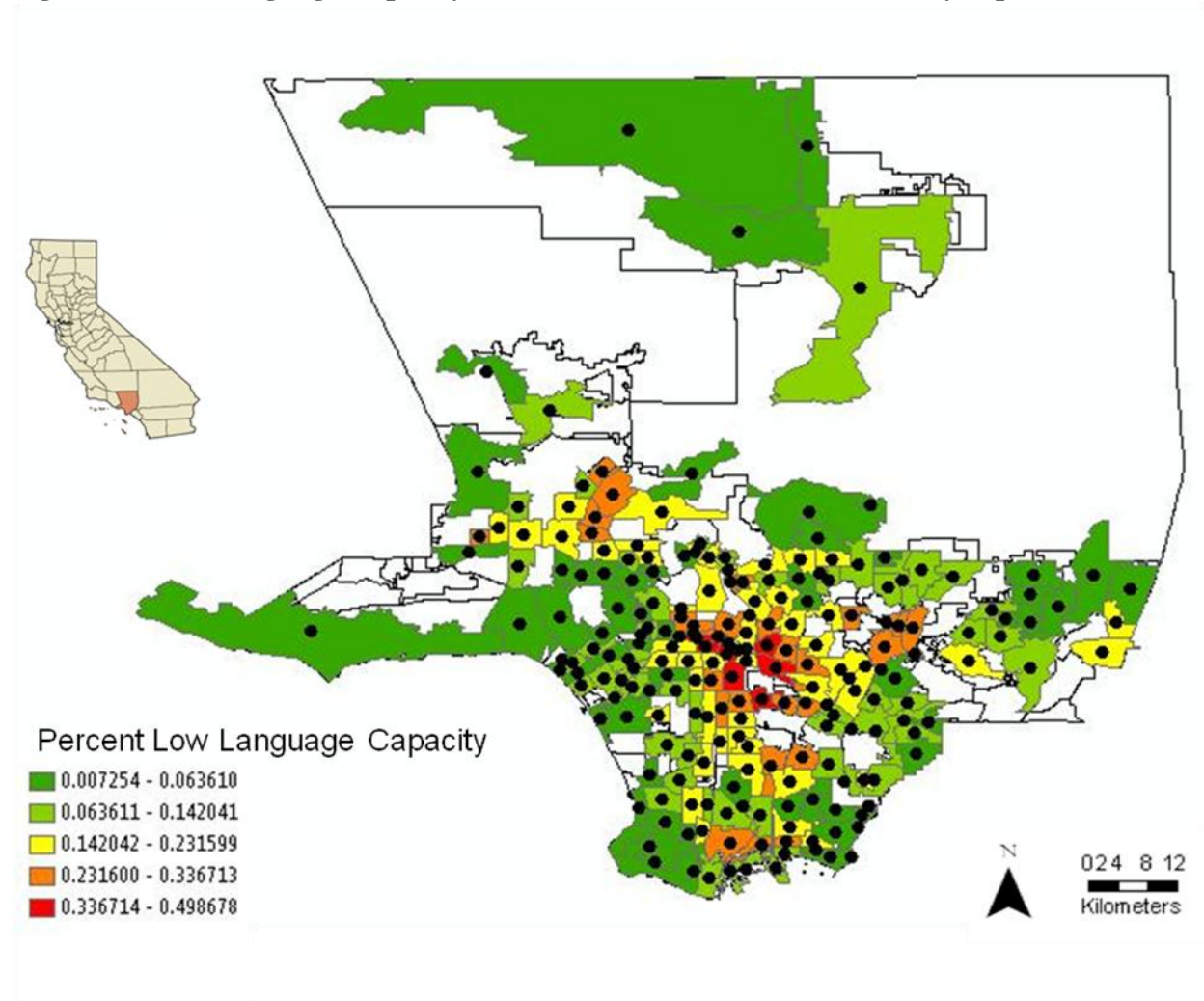


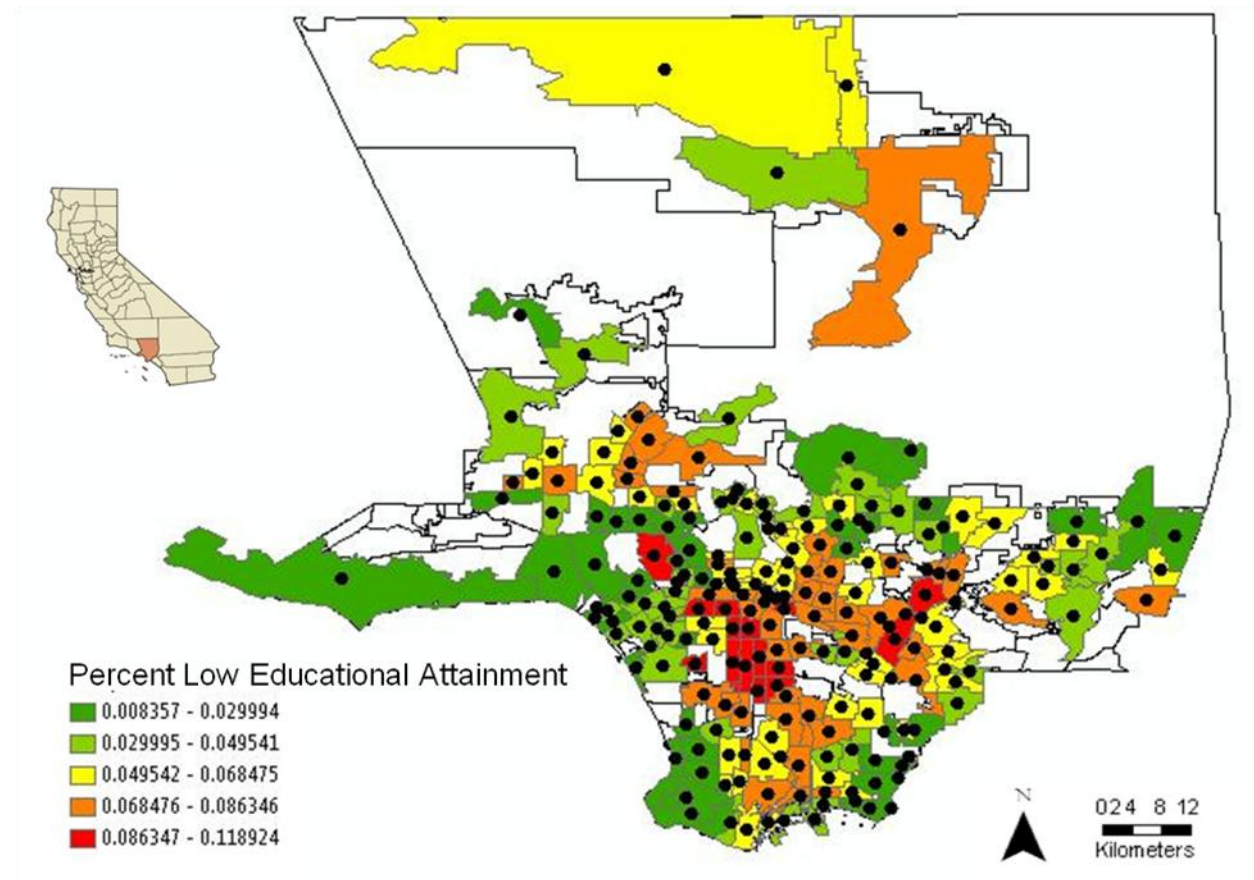
Figure 7 shows that concentrations of residents with low language capacity appear to be scattered in zip codes across the county, but particularly in the central L.A area. The small number of zip codes that have high concentrations of residents who do not speak English “well” or “at all” indicates that the majority of residents in L.A are able to speak and/or understand English relatively well. The average mean is about 16 percent of the residents living in zip codes that have low English language capacity.

Figure 7. Low Language Capacity Concentrations in Select L.A County Zip Codes



Similar to the other socio-demographic indicators in the study, Figure 8 shows that zip codes with the highest concentration of residents aged 25 and older without a high school diploma or equivalent are primarily located in central and south central L.A. The higher concentrations of residents without a high school degree range between 7 percent and 12 percent.

Figure 8. Concentration of Residents with Low Educational Attainment in Select L.A County Zip Codes



Summary

Overall, the GIS maps suggest that the areas with the highest concentrations of ethnic minorities, poverty, unemployment, residents with low language capacity, and residents without a high school diploma are located in central Los Angeles. South central L.A also has zip codes that have high concentrations of ethnic minorities, poverty, and residents without a high school diploma. Correlation analysis reveals that the zip code level characteristics are indeed correlated, as shown in Table 8. The table indicates that there are positive correlations between all the zip code level factors, and with the exception of low language capacity and unemployment ($r = .286, p < .01$), all correlations are relatively strong.

Table 8. Correlation Matrix for Level 2 Zip Code Characteristics

	Poverty	Unemployment	Low Language Capacity	No High School Diploma
Ethnic Minority Composition	.69** (CI: .65-.73)	.46** (CI: .39-.52)	.71** (CI: .67-.75)	.81** (CI: .78-.84)
Poverty	-----	.76** (CI: .72-.79)	.75** (CI: .70-.78)	.66** (CI: .61-.71)
Unemployment	-----	-----	.29** (CI: .21-.36)	.58** (CI: .52-.63)
Low Language Capacity	-----	-----	-----	.55** (CI: .49-.61)

** $p < .01$

Descriptive Analyses: Examining Ethnic-Specific Variables

As the conceptual framework described in Chapter 3 suggests, the location of organizations can influence the resources they accumulate, which, in this case, can be viewed as the organizational characteristics of ethnic board, staff, and clients. To explore this relationship, the proportion of ethnic groups residing in zip codes in the full sample are divided into five categories (0-20 percent, 21-40 percent, 41-60 percent, 61-80 percent, and 81-100) representing the concentration of ethnic-specific residents for each ethnic group. The number of organizations within categories is then tallied. In other words, zip codes are stratified by ethnic group and further stratified by concentrations of each ethnic group to examine the distribution of zip codes and organizations with respect to ethnic-specific concentrations and the ethnic-specific board, staff, and clients of those organizations. The assumption here is that people are more likely to participate, work, and/or utilize services that are located closest to their residence. Because this part of the analysis is for descriptive purposes, the full sample with its larger number of organizations (instead of the final regression sample) is used to gain a better understanding of the distribution of organizations with respect to zip codes. Tables 9 to 12 present the results.

Table 9 shows the distribution of organizations within zip codes by African-Americans in the full sample population. The majority of zip codes in the study sample have 20 percent or less African-American residents (n=172). Similarly, the majority of organizations in the study sample (n=455) are located in zip codes that have 0 to 20 percent African-American residents with an average of 2.65 organizations per zip code. Of these organizations, African-Americans make up about 11 percent of board members, 15 percent of staff members, and 18 percent of clients served. As the concentration of African-American residents increases, the average number of organizations per zip code and African-American board, staff, and clients also increases. However, the average number of organizations per zip code and the average percentage of African-American staff and clients begin to decrease in zip codes where there are 61-80 percent African-American residents. The table shows that there are no organizations in the study sample located in zip codes that have the highest concentrations of African-Americans, and therefore no African-American board, staff, or clients served.

Table 9. Distribution of Organizations within Zip Codes by African-Americans in Full Sample Population (N=541)

Percent African-American Residents in Zip Code	Number of Zip Codes	Number of Organizations	Average Number of Organizations per Zip Code	Average Percent African-Americans Board Members	Average Percent of African-American Staff	Average Percent of African-American Clients Served by Organizations
81-100%	0	-----	-----	-----	-----	-----
61-80%	5	17	3.40	83.74	70.00	56.63
41-60%	7	25	3.57	81.68	76.04	75.39
21-40%	14	44	3.14	41.11	44.56	48.38
0-20%	172	455	2.65	11.40	15.33	18.29

Table 10 presents the distribution of organizations within zip codes for whites in the study sample. As the concentration of white residents increases in the zip codes, the average number of organizations per zip code fluctuates with no particular pattern. The number of zip codes with the respective concentration decreases except in zip codes with 61-80 percent concentration white where there is a slight increase and then decrease again. The number of organizations also decreases except between zip codes with concentrations of 21-40 percent and 41-60 percent where there is a slight increase. The percentage of white board, staff, and clients served within the organizations, however, increases as the concentration of white residents increase, a pattern that differs slightly from African-Americans.

Table 10. Distribution of Organizations within Zip Codes by Whites in Full Sample Population (N=541)

Percent White Residents in Zip Code	Number of Zip Codes	Number of Organizations	Average Number of Organizations per Zip Code	Average Percent White Board Members	Average Percent of White Staff	Average Percent of White Clients Served by Organizations
81-100%	11	28	2.55	83.04	64.88	49.52
61-80%	42	76	1.81	77.59	64.25	48.23
41-60%	33	113	3.42	72.64	50.60	40.31
21-40%	42	109	2.60	66.32	37.20	36.28
0-20%	70	215	3.07	36.61	21.03	12.73

The next table shows the distribution of organizations by Hispanic concentration within zip codes. The number of zip codes within each concentration level as well as the number of organizations decreases as the concentration of Hispanic residents increases. The average number of organizations per zip code, however, shows fluctuating patterns. The percentage of Hispanic board members shows a general increasing trend as the concentration of Hispanic residents increases. A similar pattern is seen for the average percent of Hispanic clients served. For average percent Hispanic staff, there is a slight increasing trend as the concentration of

Hispanic residents increase until the concentration reaches 61-80 percent where the average percentage of Hispanic staff more than doubles from 26 to 55 percent. Organizations in zip codes with the highest concentration of Hispanic residents have an average of 52 percent Hispanic staff.

Table 11. Distribution of Organizations within Zip Codes by Hispanics in Full Sample Population (N=541)

Percent Hispanic Residents in Zip Code	Number of Zip Codes	Number of Organizations	Average Number of Organizations per Zip Code	Average Percent Hispanic Board Members	Average Percent of Hispanic Staff	Average Percent of Hispanic Clients Served by Organizations
81-100%	17	50	2.94	34.69	52.49	58.94
61-80%	28	71	2.54	21.22	55.06	46.72
41-60%	41	131	3.20	10.72	25.91	28.83
21-40%	50	144	2.88	11.22	24.74	31.26
0-20%	62	145	2.34	7.28	21.09	26.70

Table 12 shows that the majority of zip codes (n=170) and organizations (n=470) in the study sample are located in areas where there are the lowest concentrations of API residents (0-20 percent). As the concentration of API residents increases, the number of organizations decreases, but the average number of organizations per zip code increases. The average percentage of board, staff, and clients served also increases. There are no organizations in the study sample located in zip codes with 61 percent or more API residents and therefore no board, staff, or clients in these zip codes.

Table 12. Distribution of Organizations within Zip Codes by API in Full Sample Population (N=541)

Percent Hispanic Residents in Zip Code	Number of Zip Codes	Number of Organizations	Average Number of Organizations per Zip Code	Average Percent Hispanic Board Members	Average Percent of Hispanic Staff	Average Percent of Hispanic Clients Served by Organizations
81-100%	0	-----	-----	-----	-----	-----
61-80%	0	-----	-----	-----	-----	-----
41-60%	8	22	2.75	30.22	28.66	33.50
21-40%	20	49	2.45	11.10	10.99	13.76
0-20%	170	470	1.59	5.16	5.51	5.84

Summary

Zip codes with at least 60 percent African-Americans have substantially more African-American board, staff, and clients than zip codes with the lowest concentrations of African-

Americans. In zip codes with at least 40 percent African-Americans, there is little variation in African-American board and staff representation. The percent African-American among clients is somewhat similar in zip codes with 21-40 percent and 61-80 percent African-American concentration. However, organizations located in these concentrations serve a lower percentage of clients who are African-American than organizations located in zip codes with 41-60 percent African-American concentration. Organizations in zip codes with at least 80 percent whites have substantially more white board, staff, and clients compared to organizations in zip codes with the lowest concentration of white residents. Zip codes with at least 40 percent whites show relatively little variation in white staff and client representation. Organizations located in zip codes with the highest concentrations of Hispanic residents (81-100 percent) have substantially higher percentages of Hispanics among their board, staff, and clients compared to organizations located in zip codes with lower concentrations of Hispanic residents. A similar pattern is noted for organizations located in zip codes with higher concentrations of API residents: as concentration of API increases, the percentage of board, staff, and clients who are API also generally increases.

Table 13 presents a summary of the distribution of organizations within zip codes with respect to ethnic concentration and average percentage of ethnic board, staff, and clients served. The average percentage of board members across all ethnic groups increases overall as the ethnic concentration of groups increase. The average percentage of ethnic staff members across all ethnic groups also grows as the concentration of that ethnic group increases. A similar pattern across ethnic groups can be seen when analyzing the percentage of clients served. In general, as ethnic concentrations increase so do the percentage of ethnic clients served with the exception of African-Americans and Hispanics. For African-Americans, this trend is due to the fact that there are no organizations in the study sample that are located in zip codes with the highest concentrations of African-Americans. For Hispanics, the increasing trend of Hispanic clients served decreases in zip codes with where there are 41-60 percent of Hispanic residents, but increases again in zip codes where there are more than 61 percent Hispanic residents.

Table 13. Summary of Distribution of Organizations with Respect to Ethnic Concentration in Zip Codes and Ethnic Specific Board, Staff, and Clients

Ethnic Group	Ethnic Concentration	Percent Board	Percent Staff	Percent Clients Served
African- American	↑	↑	↑ ↓	↑ ↓
White	↑	↑	↑	↑
Hispanic	↑	↑ ↓ ↑	↑ ↓	↑ ↓ ↑
API	↑	↑	↑	↑

Bi-Variate Analyses: Association between Dependent and Independent Variables

Table 14 presents the results of bi-variate analysis between dependent and independent variables. Correlations between the dependent variables and continuous level 1 and level 2 independent variables are conducted to investigate the relationship between the percentage of ethnic-specific clients served and community and organizational factors. The Pearson's r estimate and significance levels are presented in the table. The association between the dependent variables and the remaining categorical independent variables in level 1 are calculated using ANOVA to test for equality of means across all categories. The Wald F-statistic is reported for all categorical variables across ethnic groups. For bi-variate analyses, the final regression sample is used for consistency with multi-variate analyses.

The moderate to strong positive correlations between ethnic board and staff members with the percentage of clients served is consistently significant across all ethnic groups suggesting that as the percentage of board and staff members who reflect the ethnic composition of the clients they serve increases, the percentage of ethnic-specific clients served also increases. In addition, the presence of multi-lingual services and the percentage of clients served is also significantly associated with white, Hispanic, and API clients served, but are particularly high for Hispanic and API clients as would be expected due to the multi-lingual needs of immigrant groups. Aside from these commonalities between ethnic groups, the findings are considerably different for the remaining variables.

For African-Americans, the correlations with board and staff are the only significant variables at level 1. At level 2, the percentage of African-Americans, poverty, unemployment, and low educational attainment are significantly and positively correlated with African-American service utilization, suggesting that as the percentage of these indicators increase, so does the percentage of African-American service utilization. Percentage of white and API composition is also significantly correlated with African-American clients served, however, in the negative direction, suggesting that organizations located in zip codes with high concentration of white and API residents serve a lower percentage of African-American clients.

In addition to the significant association between ethnic board and staff and presence of multi-lingual services, the degree of collaboration on funding, developing programs or services, and coordinating services for clients are found to be significant but weakly correlated with the percentage of white clients served in the negative direction. Government funding is also significantly but weakly correlated with white clients served in the negative direction. The significant association between staff size and white clients served suggests that there is an overall effect of staff size on white clients. Youth services, health and mental health services, and legal aid and advocacy services are all significantly associated with white clients served. For level 2 variables, African-American and Hispanic composition, poverty, unemployment, low language capacity, and low educational attainment are found to be significantly and negatively correlated with white human service utilization suggesting that these factors decrease the percentage of white clients served. Organizations located in zip codes with higher white concentrations are likely serve higher percentages of white clients as suggested by the significant and positive correlation between the two variables.

As previously mentioned, correlations for level 1 variables between the percentage of Hispanic clients served and ethnic board and staff are significant and moderately strong in the positive direction. Presence of multi-lingual services is also significantly associated with Hispanic service utilization. The degree of collaboration on funding, developing programs or services, and coordinating services for clients are all significant and positively correlated to Hispanic clients served, albeit weak in strength. Youth, health and mental health, and legal aid and advocacy services are also significantly associated with Hispanic clients served. While organizations located in zip codes with high African-American and white residents are significantly and negatively correlated with Hispanic clients served, organizations located in zip codes with high Hispanic concentration, low language capacity, and low educational attainment are significant and negatively correlated with Hispanic clients.

In addition to the correlations with ethnic board and staff, organizations providing multi-lingual services and general services are also significantly associated with API clients served. At level 2, the percentage of API clients served is significantly and positively correlated with API composition and low language capacity.

Summary

In general, the findings from these analyses suggest that the relationship between organizational and zip code factors influence the percentage of ethnic groups served differently. For level 1 organizational characteristics, the significant positive correlations between ethnic-specific board and staff with ethnic-specific clients served across all ethnic groups are consistent with the literature on ethnic matching (Flaskerud, 1986; Ziguras, Klimidis, Lewis, and Stuart, 2003; Field and Caetano, 2010). The significance of multi-lingual services in organizations serving whites, Hispanics, and APIs implies that these ethnic groups utilize services from organizations that serve both native-born (white) and foreign-born (Hispanic and API) groups. Assuming that white service users are English speakers, the findings suggest that whites utilize services from organizations that serve multi-ethnic groups, including those that serve immigrant non-English speakers as suggested by the higher association of Hispanic and API clients with organizations providing multi-lingual services. The non-significant association between multi-lingual services and African-American clients indicates that the two variables are not significantly correlated in bi-variate analysis, contrary to the assumption that English-speaking clients may also use services from organizations serving immigrant groups. Multi-variate analysis should be conducted to build on this bi-variate finding.

The degree of collaboration on three of the four domains: funding, developing services and programs, and service coordination for clients, are found to be significant in serving both white and Hispanic clients. However, the correlations are in opposite directions for each group: for whites, the higher the degree of collaboration on these three domains, the lower the percentage of clients served, while for Hispanics, the higher the degree of collaboration on these three domains, the higher the percentage of clients served. Government funding is only significantly associated with white clients served. The negative relationship between these variables suggests that organizations serving high percentages of white clients receive lower percentages of government funding. Staff size is only significantly associated with white clients served. Of the five types of services that organizations are categorized, youth, health and mental

health, and legal aid and advocacy services for white and Hispanic clients served are found to be significant, while general human services are significant for API clients served.

Bi-variate analysis at level 2 also suggests that different variables are significant for different groups. For African-Americans, African-American zip code composition, poverty, unemployment, and low educational attainment are all positively correlated with African-American clients served while white zip and API zip code concentration are negatively associated with African-American clients served. For white clients served, white zip code concentration is the only variable that has a positive association while African-American and Hispanic zip code concentration, along with poverty, unemployment, low language capacity, and low educational attainment are all negatively correlated with white clients served. These relationships are generally the opposite for whites as African-American and Hispanic composition, poverty, unemployment, low language capacity, and low educational attainment are all negative correlated with white clients served. Organizations located in zip codes with higher percentage of white residents are more likely to serve white clients as indicated by the significant and positive correlation between the two.

Variation of significant variables is also found for Hispanics and APIs. African-American and white composition are negatively associated with Hispanic clients served while Hispanic composition is positively correlated. Low language capacity and low educational attainment are also positively correlated with Hispanic clients served. Only API composition and low language capacity are significantly correlated with the percentage of API clients served.

It is important to note that while these findings provide an important first step in exploring the community and organizational characteristics that influence service utilization, the findings do not establish causality and only involve bi-variate analysis. The next section uses multi-variate regressions to 1) examine the linear relationship between ethnic clients served and organizational characteristics, and 2) examine the association between level 1 and 2 characteristics and human service utilization by ethnic minority groups.

Table 14. Bi-Variate Analyses: Organizational Factors and Ethnic Clients Served

	Percent of African-American Clients	Percent of White Clients	Percent of Hispanic Clients	Percent of API Clients
<i>Level 1 Organizational Characteristics</i>				
Ethnic Specific Board ⁷	.70**	.58**	.64**	.80**
Ethnic Specific Staff ⁸	.75**	.55**	.64**	.75**
Multi-lingual Services	F(1, 166)=2.76	F(1, 166)=7.51**	F(1, 166)=12.61**	F(1, 166)=11.49**
<i>Degree of Collaboration</i>				
Funding	-.02	-.20**	.17**	.04
Dev. Serv/Progs.	.01	-.23**	.16**	.00
Service Coord.	.02	-.17**	.15**	-.02
Advocacy	.02	-.10	.10	-.08
Government Funding	.09	-.21**	.07	.03
Miss. Gov. Funding	F(1, 184)=1.15	F(1, 184)=.08	F(1, 184)=1.02	F(1, 184)=.61
Staff Size	F(4, 163)=1.05	F(4, 163)=2.66*	F(4, 163)=.24	F(4, 163)=1.71
<i>Service Type</i>				
Income Maint.	F(1, 166)=.08	F(1, 166)=.03	F(1, 166)=.69	F(1, 166)=.06
Youth Services	F(1, 166)=.03	F(1, 166)=48.30**	F(1, 166)=19.24**	F(1, 166)=.01
Health/M.Health	F(1, 166)=1.59	F(1, 166)=9.71**	F(1, 166)=6.99**	F(1, 166)=.54
Legal Aid/Advoc.	F(1, 166)=.21	F(1, 166)=13.76**	F(1, 166)=3.95*	F(1, 166)=1.49
General Services	F(1, 166)=.70	F(1, 166)=1.66	F(1, 166)=2.64	F(1, 166)=4.21*
<i>Level 2 Zip Code Characteristics</i>				
AA Composition	.59**	-.30**	-.16**	-.06
White Composition	-.28**	.54**	-.26**	-.11
Hispanic Composition	.01	-.40**	.40**	-.01
API Composition	-.20**	.02	-.05	.39**
Poverty	.26**	-.36**	.09	.09
Unemployment	.32**	-.28**	.00	.01
Low Language Capacity	-.02	-.36**	.28**	.16**
Low Educational Attainment	.33**	-.45**	.16**	.03

** $p < .01$

* $p < .05$

⁷ “Ethnic-Specific” refers to the percentage of board members of the same ethnicity as the dependent variable.

⁸ “Ethnic-Specific” refers to the percentage of staff of the same ethnicity as the dependent variable.

Multi-variate Regression Analyses

OLS Regression Analysis

OLS regression is used to examine the association between organizational characteristics and ethnic clients served. The *regress* command in Stata is used to determine the estimates of level 1 variables in Model 1. Table 15 presents the results of linear regressions for African-American, white, Hispanic, and API clients served by organizations in the final regression sample.

Table 15. Regression Estimates of Model 1: Association between Organizational Characteristics and Ethnic Clients Served

	African-American (N=360)		White (N=360)		Hispanic (N=360)		API (N=360)	
	Est.	St. Err.	Est.	St. Err.	Est.	St. Err.	Est.	St. Err.
<i>Level 1 Organizational Characteristics</i>								
β_1 [ETH_BOARD]	.31**	.04	.29**	.05	.48**	.06	.47**	.04
β_2 [ETH_STAFF]	.47**	.05	.23**	.05	.37**	.05	.34**	.04
β_3 [LANG_SERVE]	4.91*	2.26	-7.20*	2.95	1.79	2.70	2.87*	1.26
β_4 [COL_FUND]	-.05	1.10	-2.37	1.49	2.25	1.34	1.02	.63
β_5 [COL_SERV_DEV]	-1.22	1.28	-1.89	1.73	1.49	1.55	-.66	.73
β_6 [COL_COORD]	1.04	1.32	-.70	1.80	1.73	1.61	-.62	.76
β_7 [COL_ADVOC]	.38	1.16	1.70	1.58	-3.42*	1.42	-.29	.67
β_8 [GOVT_FUND]	-.04	.03	-.06	.03	.05	.03	.00	.01
β_9 [MISS_GOVFUND]	-1.11	2.32	2.51	3.17	.33	2.82	-4.77**	1.34
B_{10} [STAFF_SIZE_1]	3.91	2.70	-3.74	3.68	-4.51	3.29	.88	1.56
β_{11} [STAFF_SIZE_2]	.12	2.79	2.57	3.80	-8.18*	3.40	2.11	1.61
β_{12} [STAFF_SIZE_3]	3.82	2.90	1.39	3.96	-8.47*	3.53	-.46	1.67
β_{13} [STAFF_SIZE_4]	4.10	3.02	5.48	4.10	-8.13*	3.62	-1.26	1.71
β_{14} [STYPE_INC]	-1.49	2.48	-3.46	3.36	3.82	3.03	2.13	1.42
β_{15} [STYPE_YOUTH]	-2.09	3.04	-16.37**	4.19	15.71**	3.74	.61	1.76
β_{16} [STYPE_HMH]	.54	2.21	.99	3.01	.49	2.70	..27	1.27
β_{17} [STYPE_LEGALAD]	.37	2.86	-8.71*	3.89	6.98*	3.48	.31	1.66

Similar to bi-variate analysis, results from OLS regression analysis suggests that different organizational variables are significantly associated with different ethnic clients, although some of the same variables are significant in both types of analyses. Representation of ethnic-specific board and staff members are significant for organizations serving all ethnic clients. For example, the presence of African-American board and staff members in organizations increases the percentage of African-American clients served. The same is true for the relationship between organizations with white, Hispanic, and API board and staff and their respective ethnic clients.

In addition to having African-American board and staff, providing services in languages other than English is also significantly associated with an organization's concentration on

African-American clients, a finding that differs from bi-variate analysis. The positive relationship between the presence of multi-lingual services in organizations and African-American clients suggests that African-American clients utilize services from organizations that also serve non-English speaking immigrants.

Similar to bi-variate findings, the percentage of white clients served is also positively associated with the presence of white board and staff members. The percentage of white clients served is also significantly associated with multi-lingual services, however in the negative direction. In addition to these organizational characteristics, the percentage of white clients served is also negatively associated with organizations that focus on youth, legal aid, and advocacy services, suggesting that white clients are less likely to use organizations whose mission statements include these activities.

The organizational characteristics significantly associated with Hispanic clients served include presence of Hispanic board and staff, collaboration on advocacy with other organizations, larger staff sizes, and focus on youth, legal aid, and advocacy services. Several variables are no longer significant in OLS regression analysis for Hispanics as they were in bi-variate analysis, most notably presence of multi-lingual services. Organizations that collaborate on advocacy with other agencies is negatively associated with Hispanic clients served suggesting that Hispanic clients are less likely to utilize services from organizations that collaborate on advocacy efforts. Similarly, results indicate that Hispanics are also less likely to utilize services from organizations with larger staff size (ranging between 6 and 3500) when compared to organizations that have between 1 to 5 staff members. In contrast to white clients, Hispanic clients are more likely to utilize services from organizations that focus on youth, legal aid, and advocacy services.

For API clients, the presence of API board and staff members along with multi-lingual services is positively associated with API clients served, suggesting that APIs are more likely to utilize services from organizations with these characteristics. The significance of these variables is consistent to what was found in bi-variate analysis. The negative estimate for the MISS_GOVFUND variable in the API regression indicates that there is a significant difference between organizations that reported government funding sources and those that did not.

Hierarchical Linear Modeling

HLM is used to test the hypothesis that specific community and organizational characteristics are positively associated with serving ethnic minority clients. Based on the conceptual framework presented for this study, the theory predicts that the combination of select community and organizational characteristics together will increase the proportion of service users across ethnic groups (please see Figure 3). The nested structure of the data (organizations in zip codes) makes HLM an ideal and appropriate statistical method to examine the relationship between level 1 and level 2 variables and their association with the percentage of ethnic clients served. Table 16 presents the results of HLM analysis across ethnic groups using the *xtreg* command in Stata.

Table 16. Regression Estimates of Model 2: Association between Community and Organizational Characteristics and Ethnic Clients Served

	African-American (N=360)		White (N=360)		Hispanic (N=360)		API (N=360)	
	Est.	St. Err.	Est.	St. Err.	Est.	St. Err.	Est.	St. Err.
Fixed Effects								
<i>Level 1 Organizational Characteristics</i>								
β_1 [ETH_BOARD]	.31**	.05	.22**	.05	.46**	.07	.44**	.04
β_2 [ETH_STAFF]	.41**	.05	.13**	.05	.33**	.05	.33**	.04
β_3 [LANG_SERVE]	4.07	2.26	-5.35	2.89	1.73	2.74	2.87*	1.25
β_4 [COL_FUND]	-.50	1.09	-2.18	1.44	2.28	1.35	1.08	.62
β_5 [COL_SERV_DEV]	-.98	1.26	-2.58	1.66	1.60	1.57	-.49	.72
β_6 [COL_COORD]	.78	1.31	.39	1.76	1.37	1.63	-.57	.75
β_7 [COL_ADVOC]	.49	1.14	.60	1.53	-2.95*	1.44	-.28	0.66
β_8 [GOVT_FUND]	-.03	.03	-.07*	.03	.04	.03	-.01	.01
β_9 [MISS_GOVFUND]	-.41	2.3	1.75	3.14	.00	2.85	-4.30**	1.31
β_{10} [STAFF_SIZE_1]	4.69	2.68	-2.99	3.53	-4.94	3.33	.24	1.53
β_{11} [STAFF_SIZE_2]	.16	2.77	3.19	3.63	-8.55*	3.44	1.39	1.58
β_{12} [STAFF_SIZE_3]	4.43	2.87	1.13	3.82	-8.50*	3.58	-1.37	1.64
β_{13} [STAFF_SIZE_4]	4.84	3.02	7.12	4.01	-8.53*	3.72	-2.45	1.70
β_{14} [STYPE_INC]	-1.89	2.48	-1.20	3.28	3.93	3.10	1.07	1.42
β_{15} [STYPE_YOUTH]	-2.09	3.02	-13.13**	4.10	15.39*	3.78	.40	1.73
β_{16} [STYPE_HMH]	.18	2.18	3.85	2.94	.15	2.73	-.69	1.25
β_{17} [STYPE_LEGALAD]	-.35	2.83	-7.19	3.72	6.52	3.52	.32	1.63
<i>Level 2 Zip Code Characteristics</i>								
β_{18} [AA_ZIP]	.10	-1.06	-.30*	.14	.04	.10	.02	.05
β_{19} [HISP_ZIP]	-.16	.08	-.18	.13	.16	.11	-.03	.05
β_{20} [API_ZIP]	-.18	.10	-.21	.15	.06	.12	.21**	.06
β_{21} [POVERTY]	.45*	.21	.24	.34	-.13	.27	-.12	.12
β_{22} [UNEMPLOY]	-.15	.28	-.65	.45	.12	.35	.13	.16
β_{23} [LANG_CAP]	-.19	.21	-.36	.34	.11	.26	.17	.12
β_{24} [EDUC_ATT]	1.23	.67	.56	1.03	-1.30	.84	.01	.39
Random Effects								
$\sqrt{\psi}$	0		8.87		0		0	
$\sqrt{\theta}$	15.77		18.56		18.69		9.26	
Derived Estimates								
ρ	0		.19		0		0	
R_2^2	.77		.60		.63		.73	
R_1^2	.41		.27		.46		.69	
R^2 Overall	.65		.51		.56		.74	

Fixed Effects

The estimated regression coefficients for the fixed part of the model include all level 1 and level 2 variables. According to the fitted model, the estimated coefficients for African-American board and staff with African-American clients as the dependent variable are significant and positive, suggesting that an increase in African-American board and staff members will increase the provision of services to African-American clients. At level 2, poverty is significantly associated with African-American clients served in the multi-level model indicating that organizations located in high poverty areas are likely to serve African-American clients.

Board and staff variables are both significant for the proportion of white clients served, suggesting that organizations with a higher percentages of white board and staff members will increase the likelihood of serving white clients. Findings indicate that as the percentage of government funding increases, the percentage of white service users decreases. This negative relationship is also observed for organizations that focus on youth services and legal aid and advocacy: that is, whites are less likely to be served in youth, legal aid and advocacy services compared to general services. At level 2, organizations located in zip codes with high African-American concentration are less likely to serve white clients.

The coefficients for Hispanic board and staff are significant and positive, again suggesting that organizations that have Hispanic representation on their board and staff serve a higher proportion of Hispanic clients than those without. The regression findings also show that the percentage of Hispanic clients decreases in organizations that collaborate on advocacy on behalf of their clients. Organizations that have 10 staff members or more serve a lower proportion of Hispanic clients compared to organizations that are very small with less than 5 staff members or less. In addition, the positive coefficient for youth services indicates that Hispanics are more likely to be served by organizations that focus on these types of services when compared to general human services. There are no significant factors at level 2 that are associated with Hispanic service utilization.

Similar to the other ethnic groups, the coefficients for board and staff are positive and significant for API clients served indicating that an increase in the percentage of API board and staff members in organizations increases the percentage of API clients served. The presence of multi-lingual services is also positively associated with API clients served suggesting that API clients are more likely to utilize services from organizations that provide services in languages other than English. For API clients, organizations that did not provide information on government funding are statistically different from those that did provide such information. At level 2, organizations located in zip codes with higher percentages of API residents are more likely to serve API clients.

Random Effects

The estimate of the random intercept standard deviation for level 2 is given as $\sqrt{\psi}$. For African-Americans, Hispanics, and APIs, the estimate is 0, while for whites the estimate is 8.87. The 0 value for the non-white groups suggests that there is no heterogeneity in the percentage of ethnic minority clients served between zip codes.

The estimate for the level 1 standard deviation is given as $\sqrt{\theta}$. These estimates vary for African-Americans (15.78), whites (18.56), Hispanics (18.69), and API (9.26), indicating that variability for serving ethnic-specific clients exists within zip codes.

Derived Estimates

The derived estimates in Table 16 include ρ , the overall R^2 , and R^2 values for level 1 and 2. As described in Chapter 4, ρ can be interpreted as the intra-class correlation which is the proportion of the total variance that is due to the differences in zip codes. A 0 value for ρ suggests that the estimates from the HLM model would be the same as the estimates of an OLS regression model. In other words, the nested structure of the data has no influence on the coefficients. A positive value for ρ would indicate that the multilevel structure of the models more accurately describes the effects of level 2 data compared to an OLS model.

The findings show that ρ is 0 for African-American, Hispanic, and API clients served. These findings reveal that the multilevel models for the non-white groups are not necessary and would have the same coefficients as an OLS model.

The ρ estimate for white is .19. The positive estimate indicates that organizations within the same zip code are correlated even when controlling for other covariates.

R^2 is the proportional reduction in prediction error variance comparing the null model with the full model (Rabe-Hesketh and Skrondal, 2005). R^2 is calculated as

$$R^2 = \frac{\psi_0 + \theta_0 - (\psi_1 + \theta_1)}{\psi_0 + \theta_0}$$

where ψ_0 and θ_0 are the estimates⁹ for the null model and ψ_1 and θ_1 are estimates for the full model. The high overall R^2 for African-Americans (.65), white (.51), Hispanics (.56), and API (.74) suggests that a significant proportion of the variance is explained by the variables in the model.

Taking the suggestion of Raudenbush and Bryk (2002), the R^2 values in these models are also calculated separately in each of the variance components to determine the proportional reduction of variance explained by level 1 and level 2 individually. The proportion of level-2 variance explained by the variables is

$$R_2^2 = \frac{\psi_0 - \psi_1}{\psi_0}$$

The R_2^2 for African-Americans (.77), white (.60), Hispanics (.63), and API (.73) suggests that a large proportion of the variance is explained by the level 2 variables in the model.

⁹ Note that ψ_0 and θ_0 are estimates and should have a ^ over each symbol.

The proportion of level 1 variance explained by the variables is calculated as

$$R_1^2 = \frac{\psi_0 - \psi_1}{\psi_0}$$

The overall R_1^2 for African-Americans (.41), white (.27), Hispanics (.46), and API (.69) suggests that a significant proportion of the variance is also explained by the level 1 variables in the model.

Summary

The findings from descriptive, bi- and multi-variate analyses are generally consistent with the community and organizational literature presented in Chapters 2 and 3 and corroborate with the findings of previous studies:

1. GIS and correlation analysis suggests that the areas in which ethnic minorities locate are those that also have higher concentrated poverty and unemployment and residents who have low English language capacity and low educational attainment levels.
2. The socio-demographic characteristics of zip codes in which an organization is located has an influence on organizational characteristics. This finding is demonstrated by the descriptive analyses that show that overall, as ethnic-specific concentration increases in zip codes, the average percentage of ethnic-specific board, staff, and clients generally increase, suggesting that organizations may draw these resources from their surrounding location.
3. Although it is hypothesized that all level 1 and 2 characteristics would be positively associated with ethnic minority clients served, the significance of level 1 and level 2 characteristics varied across ethnic groups and only a number of organizational level characteristics are found to be significant for different ethnic groups. Only three zip code level characteristics are found to be significant: organizations located in poverty zip codes are positively associated with serving African-American clients, organizations located in zip codes with high African-American residents are negatively associated with serving white clients, and organizations located in zip codes with low language capacity are positively associated with serving API clients.

The final chapter discusses the interpretation of findings in further detail and presents the limitations of the study and the implications for practice, policy, and future research.

CHAPTER 6

DISCUSSION

Major Findings

The overall findings from descriptive and multi-variate analyses suggest that different community and organizational factors have varying impact on serving ethnic clients. Below is a discussion of findings for each ethnic group.

African-American Clients Served

The percentage of African-American clients served appears to respond uniquely to different community and organizational characteristics. As the ethnic concentration of African-Americans increase in zip codes, the number of organizations in the respective zip code concentration categories decreases, as is consistent with other findings on African-American concentration and neighborhood organizational resources (Small and McDermott, 2006). However, the *average* number of organizations per zip code generally increases along with African-American concentration, an important finding that suggests the need to consider averages as part of their analysis to gain a better understanding of the distribution of organizations within zip codes. In contrast, as the ethnic concentration of African-Americans increase, the average percent of African-American board increases. The average percent of African-American staff and clients served also increases as concentration increases until the 61-80 percent concentration category where the average percent of African-American staff and clients served begin to decrease.

Bi-variate analyses for the percentage of African-American clients served shows that the correlations between ethnic-specific board and staff are significant and positive. Level 2 bi-variate analysis shows that the proportion of African-American clients served is positively correlated with organizations located in zip codes with high percentages of African-American residents but negatively correlated with organizations located in zip codes with high percentages of white and API composition. The percentage of African-American clients served is also positively correlated with poverty and unemployment levels and low levels of educational attainment.

Multi-variate analyses for the percentage of African-American clients reveals that while presence of African-American board, staff, and multi-lingual services are significant in Model 1, presence of multi-lingual services is no longer significant in Model 2. While the significance of ethnic-specific variables are well supported by the literature as previously mentioned, the interpretation of the significance of multi-lingual services for African-American clients is more nuanced especially when assuming that African-Americans are native English speakers. Descriptive analyses of the study sample show that majority of organizations serving some percentage of African-Americans are located in zip codes where there are low concentrations of African-Americans (See Table 9; n=455). These organizations may be located in areas where there are higher concentrations of other ethnic groups, particularly Hispanics where the number

of organizations is somewhat more evenly distributed across Hispanic concentration. It is likely, then, that African-Americans are being served by organizations that also serve non-English speaking populations as shown in the coefficient estimate for Model 1. The non-significance of multi-lingual services in Model 2 may be a result of including zip code characteristics and warrants further exploration based on the findings of the current study.

At level 2, poverty is significantly associated with African-American clients served, indicating that organizations located in high poverty areas, controlling for all other factors, are more likely to serve a higher proportion of African-American clients. Assuming that clients seek services from organizations closest to where they live, this finding is consistent with previous research that finds low-income African-Americans are more than twice as likely as high income African-Americans to use social services when controlling for gender, age, educational attainment, and problem type (Neighbors and Taylor, 1985).

The lack of significance of the remaining level 2 variables in multi-variate analysis raises questions because it is well-documented that these factors have an influence on service utilization (e.g. Small and McDermott, 2006; Scott, 2007). The random effects estimates of the model indicate that while there is some variation within zip codes in the study sample ($\sqrt{\theta} = 15.77$), there is no between-zip code level variance, which yields to a rho estimate of 0 ($\rho=0$). This means that there is no variability at the zip code level for interpretation. The small cell sizes of the data may contribute to these estimates and are further discussed as limitations later in this chapter.

White Clients Served

Factors influencing the percentage of white clients in study sample are somewhat different from that of African-American clients. Descriptive analyses indicate that as the concentration of white residents increases in zip codes, the average number of organizations per zip code fluctuates. The percentage of board, staff, and clients increase as the concentration of white residents increases, a pattern that is different from African-Americans who show a decrease in percent staff and clients served in zip codes where concentrations are above 61 percent. However, the high percentage of white clients served by organizations located in zip codes with the highest concentration of white clients suggests that white clients are less likely to utilize services from organizations located in diverse areas (see Table 10).

The percentage of white clients served is significantly positively correlated with ethnic-specific board and staff, and significantly associated with multilingual services in bi-variate level 1 analysis. This finding suggests that organizations are likely to serve both white and immigrant populations. Although the number of organizations are somewhat evenly distributed across zip codes, the majority of organizations in the study sample are located in zip codes where the concentration of white residents is 40 percent or less, suggesting that organizations may be located in diverse areas where there are more non-English speaking foreign-born residents.

The degree of collaboration on funding, developing services and programs and service coordination are all significantly negatively correlated with white clients served. This finding is surprising because intuitively collaboration with other organizations should increase service

provision as clients are more exposed to different types of resources available in the community. Although literature on nonprofit organizations suggests that human service nonprofits are more likely to collaborate with one another to achieve serve vulnerable populations (Baum and Oliver, 1996), resource dependence theory suggests organizations operating in for-profit environments will leverage their resources or compete with other organizations to survive. For organizations serving white clients, the negative correlation between the degree of collaboration may suggest that these organizations are behaving similarly to for-profit organizations and competing for resources from other organizations, perhaps organizations serving more diverse populations. The negative correlation between collaboration on funding as well as the negative relationship with government funding supports this argument.

In terms of service type, the percentage of white clients served is significantly associated with organizations focusing on youth, health and mental services, and legal aid and advocacy services. While studies have found that whites are generally more likely to utilize health and mental health services than any other ethnic group (United States Department of Health and Human Services, 2001; Smedley, Stith, and Nelson, 2003), less is known about how whites use youth and legal aid and advocacy services. Although these services may be reflective of the need in Los Angeles County, another explanation could be that youth and legal aid and advocacy services may be viewed as non-stigmatizing, thereby increasing the likelihood of use. The non-significance of other types of services does not imply the lack of prevalence or need among white clients, but simply that they are not significantly correlated with one another in bi-variate analysis.

At level 2, the percentage of white clients is negatively correlated to all zip code level factors except for the percentage of white residents in zip codes (where there is a positive association) and the percentage of API residents in zip codes (where there is no significant association). These findings suggest that white clients are less likely to utilize services in areas where there are higher percentages of ethnic minorities who have lower human capital compared to whites, highlighted again by the results from Table 10.

Results from multi-variate analysis reveal differences in significant characteristics associated with white clients served. While both the presence of white staff and board remain significant in Models 1 and 2, the significance of multi-lingual services drops out of Model 2 where HLM analysis is performed. Government funding also becomes significant in Model 2. Its negative association adds further evidence that organizations serving white clients may be competing with other organizations for government funding. Organizations focusing on youth services remain significant as it was in Model 1 and suggests that organizations whose mission statement center on youth services are less likely to serve white clients compared to organizations providing general human services when controlling for other factors. Legal aid and advocacy services are no longer significant for white clients served in Model 2. More meaningful interpretation of the relationship between these services and white clients served is prevented due to the limited information on what these services actually entail. Further research should be conducted on influence of the type of services provided by organizations and its relationship to ethnic client service utilization.

Derived estimates of the hierarchical linear model for white clients served show that there is random variation at both level 1 ($\sqrt{\theta}=18.56$) and level 2 ($\sqrt{\psi}=8.87$) suggesting that there is variability within and between zip codes. The rho estimate is .19 revealing that are organizations within the same zip code are correlated even when controlling for other covariates. This positive value for ρ indicates that the multilevel structure of the models more accurately describes the effects of level 2 data on serving white clients compared to an OLS model.

Hispanic Clients Served

Descriptive characteristics of organizations suggest that as the concentration of Hispanic residence in zip codes increase, the average number of organizations per zip code fluctuate with a general increasing trend. The average percent of Hispanic board, staff, and clients also generally show an increasing pattern, suggesting that organizations located in zip codes with higher concentrations of Hispanic residents attract, on average, more Hispanic resources in terms of board, staff, and clients.

Bi-variate analysis of level 1 variables indicates that Hispanic clients served is highly correlated with presence of Hispanic board and staff members ($r=.64$ for both board and staff). Presence of multi-lingual services is also significantly associated with Hispanic clients served. Significant correlations are also found between the degree of collaboration on funding, developing services and programs, and service coordination on behalf of clients and proportion of Hispanic clients served. These correlations for these variables are in the opposite direction for white clients served, implying that the manner in which organizations operate may influence service utilization different among ethnic groups. Although all weak, the correlations suggest that as the degree of collaboration increases, so too does the percentage of Hispanic clients served. Inter-organizational collaboration may raise awareness of other resources available for Hispanic clients and therefore increase their overall presence.

While the significance of organizations focusing on youth, health, mental health, and legal aid and advocacy services may be a reflection of need of Hispanics in Los Angeles County, it could also be a result of the perceptions related to such services in the Hispanic community. Youth services may be positively perceived because of the educational, enriching and/or empowering nature of these types of programs for youth, and have indeed been found to yield positive outcomes (Catalano, Berglund, Ryan, Lonczak, and Hawkins, 1998). In addition, youth services can also be viewed as non-stigmatizing because many are not means-tested and are directed towards youth, which may make these types of services more acceptable in the Hispanic community. The perception of the widely used community health worker, or *promotoras*, model may also play a role in the receptiveness of these types of services in the Hispanic community. Promotoras have been defined as “community members who work almost exclusively in community settings and who serve as connectors between health care consumers and providers to promote health among groups that have traditionally lacked access to adequate care” (Whitmer, Seifer, Finocchio, Leslie, and O’Neil, 1995). This model has been extensively used with the Hispanic population and has not only shown an increase in health services utilization for Hispanics (Capitman, Pacheco, Ramirez, and Gonzales, 2009), but also positive outcomes including increased compliance with screening exams (Hunter et al, 2004) and improved clinical and social health indicators (Ingram et al, 2007). The positive association between legal aid and

advocacy services and Hispanic clients served may suggest that Hispanics have a need for such services. Considering the immigrant status for many Hispanics in Los Angeles County, legal aid and advocacy services may be needed to navigate the citizenship process.

The lack of significant correlation with organizations focusing on income maintenance programs and other general human services may be due to a number of policies or perceptions of policies by Hispanic communities. For organizations focusing on income maintenance programs in particular, ineligibility of Hispanic service users for these programs as mandated by welfare reform may be one reason why these organizations are not correlated with Hispanic clients. Chilling effects, whereby the confusion, fear, or stigma of social services discourages immigrants from seeking assistance (Tumlin and Zimmerman, 2003; Fix and Passel, 2003), could also be another reason for the lack of significance for organizations focusing on this and other general human services.

Level 2 bi-variate analysis shows that Hispanic service utilization is influenced by organizations' location in zip codes where there are high concentrations of Hispanic residents, lending support to the argument that clients utilize services in organizations closest to them. However, a negative relationship exists between Hispanic clients served and organizations located in zip codes with high African-American and white residents. The bi-variate findings for Hispanic clients served by organizations in the present study are consistent with the conceptual framework presented in Chapter 3. Drawing from spatial assimilation theory, recent Hispanic immigrants tend to have low educational attainment (Fry, 2010) and live in immigrant enclaves where there is a high density of foreign-born populations from whom residents can draw mutual financial and social support. As they work to transition out of these immigrant enclaves, Hispanic service users may turn to nearby human service organizations (which would also be influenced by the same community factors) to assist them gain economic self-sufficiency.

Multi-variate analyses show that significant organizational factors are the same for Hispanic clients served in both Models 1 and 2 with the exception of organizations focusing on legal aid and advocacy services (significant only in Model 1). Hispanic board and staff members are significantly associated with Hispanic clients served in both models, strengthening earlier findings in bi-variate analysis. The degree of collaboration on advocacy is negative for Hispanic clients served in both models and may be due to chilling effects as Hispanic clients may want to limit the sharing of their personal information to as few organizations and draw as little attention to themselves as possible. The significance of staff size in both models may also be influenced by chilling effects. The proportion of Hispanic clients served decreases in larger organizations (with 10 or more staff) when compared to organizations with 5 staff members or less suggesting that, for Hispanic clients, smaller organizations fill an important gap in the service delivery system where larger organizations fail to provide. When controlling for other factors, health and mental health services are no longer significant as they were in bi-variate analysis. While legal aid and advocacy services is significant in Model 1, it loses significance in Model 2 where only youth services remains significantly associated with the percentage of Hispanic clients served. Again, the nature of these types of services may attract more Hispanic clients as youth services tend to be non-stigmatizing, not means-tested, and are focused on positive youth development. In addition, the reason for participation in youth services may be a practical one as they may also provide after school care or activity to enable parents to work.

The random effects of the model for Hispanic clients served indicate that there is within-zip code ($\sqrt{\theta}=18.69$) variation, but no between-zip code level variances ($\sqrt{\psi}=0$), thereby yielding a rho estimate of 0. In other words, there is no variability at the zip code level for meaningful interpretation.

API Clients Served

Descriptive analyses of organizations indicates that as the concentration of API residents increase, the average number of organizations per zip code increases and the percentage of API board, staff, and clients served also increase. Organizations serving APIs in the study sample appear to be dispersed in areas where there are low concentrations of APIs in Los Angeles county as evidenced by the majority of organizations located in zip codes where the concentration of APIs is 20 percent or less of the residents (n=470). Like organizations located in zip codes with low African-American residents, organizations serving API clients appear to be located in areas where there is higher diversity of ethnic groups.

The percentage of API clients served is significantly correlated with board and staff in bi-variate analysis at for level 1 characteristics. Similar to the white and Hispanic clients served, the presence of multi-lingual services is significantly associated with API service utilization. In addition, general human services is found to be positively associated with API service users. Level 1 findings suggest that organizations serve a higher percentage of API clients when there is a higher percentage of API board and staff members as well as the presence of multi-lingual services.

Significant correlations between the percentage of API clients and level 2 variables include API composition and low language capacity. The correlation estimates for level 2 characteristics suggest that API clients served in organizations increases as the levels of API concentration and low English capacity increases in zip codes where organizations are located. The level 2 bi-variate findings for API clients served are consistent with the conceptual framework of this study. Although foreign-born API immigrants generally have higher human capital than Hispanics (Wang, 2008), a significant proportion of API immigrants come to the United States not knowing English which can present obstacles when trying to build human capital. As spatial assimilation theory suggests, these low-income immigrants cluster together in immigrant enclaves as they work towards self-sufficiency. The findings suggest that organizations located in these immigrant enclaves or in areas with similar socio-demographic characteristics will see an increase in immigrant (Hispanic and API) clients

Multi-variate analyses for API clients performed on Models 1 and 2 re-confirm the significance of organizations with API board, staff, and presence of multi-lingual services. In both models, organizations with missing government funding is also significantly associated with API clients, indicating that there is a significant difference between organizations that reported government funding sources and those that did not. In Model 2, the only significant variable associated with API service users is location of the organization in zip codes with high concentrations of API residents.

Although the random effects estimates suggest that there is variability between zip codes ($\sqrt{\theta} = 9.26$), findings of this model for APIs reveal that there is no variability within zip codes ($\sqrt{\psi} = 0$), thereby contributing nothing to the total variation in the outcome of API clients served in this sample. This is reflected in the value of rho ($\rho=0$), suggesting that the estimates of the multi-level model are no different from the estimates of an OLS linear regression model. As a result, the findings demonstrate that contextual characteristics do not have a significant influence on API clients served.

The non-significant variables in level 1 and level 2 for bi- and multi-variate analyses may be due to the small sample of API clients served in the study sample, potentially leading to a lack of statistical power. The low distribution of organizations serving API clients across zip codes prevents detailed examination of outcomes associated with this ethnic group beyond the present analyses. As such, these findings should be interpreted as preliminary and not conclusive. Future studies with larger sample sizes for each other group will need to be conducted in order to more thoroughly assess the association between these variables.

Summary of Major Findings

This study set out to answer three research question: what are the contextual and organizational factors associated with the percentage of ethnic minority clients served?

To answer this research question, the study first examined the residential patterns of ethnic minority populations as postulated by spatial assimilation and place stratification theories. Spatial assimilation theory argues that immigrants initially cluster in densely populated urban areas in order to draw from the social and economic resources available in these neighborhoods. As they acculturate and accumulate human and social capital, immigrants are more likely to move out of these enclaves and into more suburban, middle-class neighborhoods where there is less linguistic isolation and a higher percentage of white residents (Wen, Lauderdale, and Kandula, 2009). The main concept of spatial assimilation theory is that immigrant enclaves serve as a temporary residence for immigrants until they are able to gather enough resources to transition to more affluent areas. The complementary explanation to immigrant residential patterns is place stratification theory for African-Americans. This theory posits that some minority groups, particularly African-Americans, are forced into neighborhoods due to systematic discrimination and racism. The residents of these areas are often forced to stay in their neighborhoods for generations and are unable to leave because of active residential segregation (Massey and Denton, 1993). Common to both theories are the socio-demographic indicators of immigrant enclaves and minority ghettos: both are characterized by high ethnic minority concentration, poverty, and unemployment, low language capacity, and low educational attainment.

For zip codes in which organizations in the study sample are located, GIS analysis of Los Angeles County indicated that areas with high ethnic minority concentrations are also areas where there are high poverty and unemployment rates, as well as high concentrations of residents with low English language capacity and educational attainment. These areas tended to be in Central and South Central Los Angeles. Correlation analyses confirmed the findings of GIS that these socio-demographic factors were highly correlated with one another. The findings of this

study demonstrate that the socio-demographic characteristics of ethnic minority communities include high ethnic minority concentration, poverty, and unemployment, and low language capacity and low educational attainment. While these findings do not preclude other socio-demographic characteristics of ethnic minority communities, they are an initial step in identifying the characteristics of the location of human service organizations serving ethnic minority populations.

In addition, the present study examined how contextual factors influence human service organizations through the lens of the organizational-level cultural competence framework to explore the relationship between the concentrations of each ethnic group and the percentage of ethnic-specific board, staff, and clients served. Hernandez and colleagues (2009) argue that effective organizational-level cultural competence is dependent on the degree of compatibility between four domains: 1) the community context; 2) contextual characteristics of local populations; 3) organizational infrastructure; and 4) direct service support. By underscoring the role of social and institutional factors in ethnic minority service utilization, the framework suggests that the contextual surroundings of an organization influence organizational infrastructure.

The results of descriptive analyses show an overall trend of increasing percentages of ethnic-specific board, staff, and clients served as ethnic-specific concentrations increase in zip codes. However, as the concentration of ethnic-specific population increase, the number of organizations per concentration category decreases across all groups. This finding suggests that organizations are likely to locate in diverse areas as opposed to areas where there are high concentrations of a particular ethnic group. This is particularly true for organizations serving African-American and API clients where the majority of organizations are located in zip codes with 0-20 percent concentrations of these ethnic groups (n=455 for African-Americans and n=470 for APIs).

The factors influencing human service utilization by ethnic groups was explored by combining community and organizational theories while applying the organizational-level cultural competence framework. Community theories explain ethnic minority residential patterns while providing the context for understanding the interaction of CBOs with community members. Organizational theories explain how organizations behave and respond to changing environments. The combination of these theories with the organizational-level cultural competence framework helps to guide the examination of the relationship between contextual and organizational factors with ethnic minority human service utilization.

Building on the results of descriptive and bi-variate analyses, findings from multi-variate analyses indicate that different level 1 and level 2 characteristics are significantly associated with ethnic-specific clients served. Consistent across all ethnic groups was the significant association of ethnic-specific board and staff members and clients served which strengthen the findings of bi-variate analysis in the study. Although there are a number of significant level 1 characteristics in the multi-level model across ethnic groups, only three significant associations were found at level 2: 1) a positive relationship between zip codes with high poverty concentration and African-American clients served, 2) a negative relationship between zip codes with high African-American residents and white clients served, and 3) a positive relationship between zip

codes with high concentrations of API residents and API clients served. While results from bivariate analysis indicates that there are significant relationships between level 2 characteristics and ethnic minority clients served, the findings of multi-variate analysis provides limited evidence of the contribution of these characteristics when controlling for different factors. Given that the conceptual framework of the study indicates such a relationship should exist, the divergence of these findings should be further explored with larger study samples that have more variability at the zip code level.

Limitations

There several of limitations that may have influenced the results of the current study. First, due to the restrictions of data access, the addresses of organizations, board, staff, and client information were not available for analysis. This prevented the determination of the actual zip codes of where board, staff, and clients live in relation to the location of the organizations in which they engage. As such, the major assumption of this study is that organizations draw board, staff, and clients from the areas closest to them. While previous literature suggests that this is likely the case for clients (Allard, 2007; Kissane, 2010), little is known about the commuter patterns of CBO board and staff members. The focus of CBOs on serving on their communities might appeal to local residents who may want to serve and work for such organizations in order to make positive contributions to their neighborhoods. However, the empirical evidence to support this assumption is limited. Future research on the relationship between socio-demographic characteristics and organizational infrastructure should involve study samples that include information on where board, staff, and clients live.

Despite being stratified and randomly selected, the small sample size of the LANP may have also contributed to the results of study. Although the response rate of 53 percent is above that which is found in other organizational studies (Baruch and Holtom, 2008), the low number of organizations in each zip code (average of 2.40) resulted in little or no variability across zip codes as indicated by random effects and derived estimates of the hierarchical linear models for African-Americans and APIs. Stratifying the study sample across ethnic groups for comparative purposes further reduced the number of organizations included in each model for analysis. Additional studies should use larger sample sizes to increase variability at the zip code level for more meaningful interpretation of the influence level 2 variables on ethnic minority human service utilization.

Finally, the study takes place in Los Angeles County, a large and diverse metropolitan area. As a result, the findings may only be generalizable to areas similar to L.A. Future research should replicate this study in other large urban areas to compare findings, but also in rural areas to gain a better understanding of the interaction between contextual and organizational factors on clients served.

Despite these limitations, the findings of the present study remain significant as the overall patterns found in this analysis are generally consistent with current literature. The findings presented here provide approximate answers to important questions that may lead to more focused studies in the future.

Implications for Practice, Policy, and Future Research

The findings of this study present implications for practice, policy, and future research. In terms of practice, the findings suggest that the location of an organization can play a significant role in the organization's capacity to access human (and financial) resources, particularly in terms of ethnic board, staff, and clients. The conceptual framework of this study suggests that organizations are influenced by the socio-demographic characteristics of the area in which they are located. Institutional and resource dependence theories posit that the organizations can draw resources from their surroundings, and by doing so, can increase the legitimacy of the organization in the eyes of its stakeholders. The descriptive analyses by ethnic group support these theories by demonstrating that, in general, as the ethnic-specific concentration of residents increase, so does the ethnic-specific board, staff, and clients of organizations located in those areas. Moreover, this suggests that organizations located in diverse areas will have more access to diverse populations, thereby increasing the chances of organizational involvement by multiple ethnic groups.

The present study builds on Chow and Austin's evolving definition of culturally responsive organizations (2008) to suggest that service delivery to different ethnic groups are influenced by both organizational and contextual factors that can be specific to each ethnic minority group. As suggested by other studies and reports on meeting the service needs of diverse populations (e.g. Brach and Fraser, 2000; Wilson-Stronks et al, 2008), the findings support the recommendation that when it comes to diverse ethnic groups, "one-size fits all" approaches are not supported by this study. African-Americans and Hispanics, both considered ethnic minority populations, have different organizational characteristics that influence service use. Likewise, Hispanics and API populations that consist primarily of foreign-born immigrants also have different factors associated with clients served. It is important for practitioners to keep the differences between native-born and immigrant ethnic minorities, as well as the differences among immigrant ethnic groups, in mind when aiming to serve these populations and considering effective culturally competent approaches to service delivery.

In addition, the findings suggest that it is important for practitioners to understand the needs of the community in which the organization is located. Although youth services were significantly associated with white clients served in this study sample, youth services was significant for Hispanic service users in the opposite direction while there was no significant association found for service type African-Americans and APIs. While this may simply be a reflection of the varying types of need in Los Angeles County across ethnic groups, this finding highlights the importance of understanding the different needs for different ethnic populations. The social and political context in which these needs exist should also be taken into consideration by organizations and service providers. For example, chilling effects, (i.e. confusion, fear, or stigma of social services) may prevent clients from engaging with or participating in specific types of programs or services. This was suggested by the negative association between organizations that collaborate on advocating for Hispanic clients. Clients may avoid services that share their personal information with others, therefore staying away from organizations that are involved in such activities. Organizations aiming to overcome chilling effects and other such negative perceptions should focus their efforts on increasing their outreach and education to assuage the concerns of vulnerable populations regarding service use.

The findings of this study are particularly relevant to policy makers and funders who must make decisions on their allocation of resources during the current period of budget cuts and financial uncertainty. As reviewed in Chapter 2, low-income ethnic minority groups are more likely to experience greater need for human services to help them become self-sufficient. Policy makers and funders, both of whom shape the institutional environment in which human service organizations operate, should use the findings of this study to focus their resources as appropriate to their service goals. Given the significant findings related to the ethnic representation of board and staff in CBOs, policy makers should consider providing financial incentives to train and recruit ethnic minority board and staff members to work in nonprofit human service organizations. While it is important to provide cultural competence trainings to all service providers, having a diverse board and staff that reflects the ethnicities and languages of clients served can optimize the service provider's ability to establish rapport with clients to make them more comfortable engaging in services. To foster such diversity in organizations, policy makers can provide financial assistance for educational and/or work incentives aimed at attracting minority populations to the human service sector so that they can obtain appropriate degrees or licenses.

The findings of this study have several implications for research. Expanding on the concept of clients served and service utilization, one implication for future research should incorporate the service utilization experiences of clients to inform organizations of how to better engage low-income ethnic minority clients in services. What are the lived experiences of this population and how can organizations best address their needs and barriers? Learning and listening to the utilization experiences from the client's voices can provide a more holistic understanding of how community and organizational factors can improve the manner in which they receive services.

In addition, the findings of this study suggest that comparisons between different types of organizations may be beneficial to improving service delivery for ethnic minority clients. The majority of organizations in the study sample are located in zip codes with diverse populations as evidenced by the decreasing numbers of organizations as the ethnic-specific concentrations increase. While locating in diverse communities can have an influence on recruiting ethnic board, staff, and clients, questions remain about the contextual influences of communities on *ethnic* organizations, or organizations whose mission is to serve specific ethnic groups, and how contextual influences shape organizational characteristics of these types of organizations. How are ethnic organizations different from mainstream organizations (i.e. organizations that serve the general population)? What are the community influences that affect ethnic organizations in their service provision to specific ethnic populations? Do these community influences shape organizational characteristics? Overall, how do ethnic organizations differ from mainstream organizations with respect to strategies to engage ethnic minority clients and the outcomes of their respective strategies? Building on the findings of the present study, these questions further explore the ways in which organizations can assist ethnic minority human service users.

Finally, researchers conducting organizational studies should take into consideration the context in which organizations are located. Although the only a few level 2 variables that are significant in the multi-variate analysis, the small sample size and data availability issues may have limited the present study from finding additional significant level 2 results across ethnic

groups. The conceptual framework presented in Chapter 3 on the relationship between ethnic minority service utilization, community characteristics, and organizational characteristics, however, points to their positive interaction with each other. Future studies with larger sample sizes and more robust data should investigate this relationship more thoroughly and apply the methods to study other geographic areas.

Conclusion

The present study makes several contributions to the current literature on human service organizations. First, the study provides a theoretical foundation to analyze the relationship between community characteristics, organizational characteristics, and service utilization by ethnic minority groups to build on the existing cultural competency framework. While previous literature using the organization-focused cultural competence framework has emphasized the potential influence of institutional cultural competence on client outcomes, the present study links the framework to community and organizational theories to demonstrate that the contextual factors of the location of organizations can influence how organizations are structured, which in turn affects ethnic minority clients served. Second, unlike previous empirical studies that focus on community outcomes (i.e. poverty reduction) or individual outcomes (i.e. impact of service use), this study operationalizes utilization, namely, percentage of clients served, as the dependent variable with the logic being that it is critical to understand how we can get clients through the door first before macro- and micro-level outcomes can be assessed. The use of multi-level modeling to examine the organizational and contextual characteristics is also a unique contribution, particularly in organizational studies that often focus on one aspect of the organization rather than in combination with other characteristics. Finally, this study examines multiple ethnic groups as opposed to just targeting a specific ethnic group and a comparison group.

The significant number of ethnic minorities and immigrants living in poverty is still alarming. The 2010 Census reveals that poverty rates among African-Americans (25 percent), Hispanics (23 percent), and APIs (12 percent) are higher than that of white Americans (11 percent) (United States Census Bureau, 2011). Human services are available to help these low-income individuals and families alleviate their economic hardships. However, many face barriers that make them unable to utilize these vital services, creating disparities and further exacerbating the socioeconomic divide between ethnic groups.

Findings of the study suggest that varying community and organizational characteristics affect ethnic groups differently. While much of the variation was due to level 1 organizational characteristics, poverty was found to be significant at level 2 characteristics for African-American clients served, location in zip codes with high concentrations of African-American residents was found to be significant for white clients served, and zip codes with high concentrations of API residents for API clients served. However, the lack of significance of other variables may have been a result of small sample cell size for other ethnic groups and limited data availability. The research presented in the literature review and conceptual framework of this study puts forth strong arguments for the positive relationship between community and organizational factors with ethnic minority client populations and underscores the need to further study service delivery and utilization in the context of organizations and

communities. By advancing the knowledge of human service utilization from different perspectives (community, organization, and service user), practitioners, policy makers, funders, and researchers may be better positioned to understand the comprehensive barriers and needs of service users and how best to address them through community-based organizations.

References

- Abe-Kim, J., Takeuchi, D.T., Hong, S., Zane, N., Sue, S., Spencer, M.S., et al. (2007). Use of mental health-related services among immigrant and U.S.-born Asian Americans: Results from the National Latino and Asian American Study. *American Journal of Public Health, 97*(1), 91-98.
- Alba, R.D., & Logan, J.R. (1991). Variations on two themes: Racial and ethnic patterns in the attainment of suburban residence. *Demography, 28*(3), 431-453.
- Allard, S.W. (2009a). Mismatches and unmet needs: Access to social services in urban and rural America. In J.P. Ziliak (Ed.), *Welfare reform and its long-term consequence for America's poor* (pp. 337-368). Cambridge, UK: Cambridge University Press.
- Allard, S.W. (2009b). *Out of reach: Place, poverty, and the new American welfare state*. New Haven: Yale University Press
- Alvidrez, J. (1999). Ethnic variations in mental health attitudes and service use among low-income African American, Latina, and European American young women. *Community Mental Health Journal, 35*, 515-530.
- Annie E. Casey Foundation. (2002). Unequal opportunity within the child welfare system. Retrieved March 27, 2008 from http://www.aecf.org/upload/publicationfiles/fact_sheet11.pdf.
- Aroian, K.J., Khatutsky, G., Tran, T.V., & Balsam, A.L. (2001). Health and social service utilization among elderly immigrants from the former Soviet Union. *Journal of Nursing and Scholarship, 33*(3), 265-271.
- Aroian, K., Wu, B., & Tran, T.V. (2005). Health Care and Social Service Use among Chinese Immigrant Elders. *Research in Nursing & Health, 28*(2), 95-105.
- Asian Pacific American Legal Center of Southern California. (2001). The impact of welfare reform on Asians and Pacific Islanders. Retrieved November 28, 2006 from http://www.apalc.org/pdffiles/Welfare_Reform_Impact.pdf
- Balsa, A.I., & McGuire, T.G. Prejudice, clinical uncertainty and stereotyping as sources of health disparities. *Journal of Health Economics, 22*, 89-116.
- Bartczak, L. (2005). *A funder's guide to organizational assessment: Tools, processes, and their use in building capacity*. St. Paul: Fieldstone Alliance.
- Barman, E.A. (2002). Asserting difference: The strategic response of nonprofit organizations to competition. Retrieved April 2, 2010 from http://muse.jhu.edu/journals/social_forces/v080/80.4barman.html

- Barnes, P.M. Adams, P.F., & Powell-Griner, E. (2008). Health characteristics of the Asian adult population in the United States, 2004-2006. Retrieved April 1, 2008 from <http://www.cdc.gov/nchs/data/ad/ad394.pdf>
- Barrera, M. (1978). Mexican-American mental health service utilization. *Community Mental Health Journal, 14*, 35-45.
- Baruch, Y., & Holtom, B.C. (2008). Survey response rate levels and trends in organizational research. *Human Relations, 61*(8), 1139-1160.
- Baum, J.A.C., & Oliver, C. (1996). Toward an institutional ecology of organizational founding. *Academy of Management Journal, 39*, 1378-1427.
- Betancourt, J., Green, A., Carillo, J., & Ananeh-Firempong, O. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports, 118*, 293-302.
- Bielefeld, W., & Murdoch, J.C. (2004). The locations of nonprofit organizations and their for-profit counterparts: An exploratory analysis. *Nonprofit and Voluntary Sector Quarterly, 33*(2), 221-246.
- Bielefeld, W., Murdoch, J.C., & Waddell, P. (1997). The influence of demographics and distance on nonprofit location. *Nonprofit and Voluntary Sector Quarterly, 26*(2), 207-225.
- Blank, M.B., Mahmood, M., Fox, J.C., & Guterbock, T. (2002). Alternative mental health services: The role of the black church in the south. *American Journal of Public Health, 92*(10), 1668-1672.
- Bolstad, P. (2005). *GIS Fundamentals: A first text on geographic information systems*. 2nd edition. White Bear Lake, MN: Eider Press.
- Borjas, G.J. (2002). Welfare reform and immigrant participation in welfare programs. *International Migration Review, 36*(4), 1093-1123.
- Brach, C., & Fraser, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research and Review, 57*(1), 181-217.
- Bui, K.T & Takeuchi, D. (1992). Ethnic minority adolescents and the use of community mental health care services. *American Journal of Community Psychology, 20*(4), 403-417.
- Burnette, D. (1999). Custodial grandparents in Latino families: Patterns of service use and predictors of unmet needs. *Social Work, 44*(1), 22-34.

- Burnette, D., & Mui, A.C. (1999). Physician utilization by Hispanic elderly persons national perspective. *Medical Care*, 37(4), 368-374.
- Burgers, J., van der Lugt, E.H. (2006). Spatial assimilation of minority groups: The case of suburbanizing Surinamese in the Rotterdam region. *Journal of Housing and the Built Environment*, 21, 127–139. DOI 10.1007/s10901-006-9038-5
- Callen, J.L., Klein, A., & Tinkelman, D. The contextual impact of nonprofit board composition and structure on organizational performance: Agency and resource dependence perspectives. *Voluntas*, 21, 101-125.
- Capitman, J.A., Pacheco, T.L., Ramirez, M., & Gonzalez, A. (2009). *Promotoras: Lessons learned on improving healthcare access to Latinos*. Retrieved June 19, 2011 from http://www.csufresno.edu/ccchhs/institutes_programs/CVHPI/publications/Excec_Summary_English_Final.pdf
- Capps, R., Ku, L., Fix, M., Furgieule, C., Passel, J, Ramchand, R., et al. (2002). How are immigrants faring after welfare reform? Preliminary evidence from Los Angeles and New York City. Retrieved August 10, 2011 from http://www.urban.org/UploadedPDF/410426_final_report.pdf
- Catalano, R.F., Berglund, M.L., Ryan, J.A.M, Lonczak, H.S., & Hawkins, J.D. (1998). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. Retrieved June 18, 2011 from <http://aspe.hhs.gov/hsp/positiveyouthdev99/index.htm#toc>
- Chaves, M. & Higgins, L. (1992). Comparing the community involvement of black and white congregations. *Journal for the Scientific Study of Religion*, 31(4), 425-440.
- Chow, J.C., & Austin, M.J. (2008). The culturally responsive social service agency: The application of an evolving definition to a case study. *Administration in Social Work*, 32(4), 39-64.
- Chow, J.C., Jaffee, K., & Snowden, L. (2003). Racial/ethnic disparities in the use of mental health services in poverty areas. *American Journal of Public Health*, 93(5), 792-797.
- Cheung, F.K. & Snowden, L.R. (1990). Community mental health and ethnic minority populations. *Community Mental Health Journal*, 26(3), 277-291.
- Chun, K.M., & Akutsu, P.D.(2002). Acculturation processes among Asian American and Latino families. In G. Marin, P. Balls Organista, & K.M. Chun (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 95-119). Washington, D.C: American Psychological Association.

- Cooper-Patrick, L., Gallo, J.J., Powe, N.R., Steinwachs, D.M., Eaton, W.W., & Ford, D.E. (1999). Mental health service utilization by African Americans and Whites: The Baltimore Epidemiologic Catchment Area follow-up. *Medical Care*, 37(10), 1034-1045.
- Cooper-Patrick, L., Gallo, J.J., Gonzales, J.J., Vu, H.T., Powe, N.R., Nelson, C., and Ford, D.E. (1999). Race, gender, and partnership in the patient-physician relationship. *Journal of the American Medical Association*, 282(6), 583-589.
- Cross, T. L., Bazron, B.J., Dennis, K.W., & Isaacs, M.R. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed*. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.
- Culhane-Pera, K. A., Reif, C., Egli, E., Baker, N.J., & Kassekert, R. (1997). A curriculum for multicultural education in family medicine. *Family Medicine*, 29(10), 719-723.
- Curley, A.M. (2010). Neighborhood institutions, facilities, and public space: A missing link for social capital? *Cityscape: Special issue on HOPE VI*, 12(1), 33-64.
- D' Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural counseling training. *Journal of Counseling and Development*, 70, 143-50.
- Davis, G.F., & Cobb, J.A. (2010). Resource dependence theory: Past and future. In C. B. Schoonhoven and F. Dobbin (Eds.), *Stanford's Organization Theory Renaissance, 1970–2000 (Research in the Sociology of Organizations, Volume 28)* (pp.21-42). Bingley, United Kingdom: Emerald Group Publishing Limited.
- Derose, K. P., & Baker, D. W. (2000). Limited English proficiency and Latinos' use of physician services. *Medical Care Research and Review*, 57(1), 76–91.
- De Vita, C. J., Roeger, K. L., & Niedzwiecki, M. (2009). *Measuring racial-ethnic diversity in California's nonprofit sector*. Washington, D.C.: The Urban Institute.
- DiMaggio, P.J., & Powell, W.W. (1983). The iron cage revisited: Isomorphism and collective rationality in organizational fields. *American Sociological Review*, 48(2), 147-160.
- Doescher, M., Saver, S., Franks, P., & Fiscella, F. (2000). Racial and ethnic disparities in perceptions of physician style and trust. *Archives of Family Medicine*, 9, 1156-1163.
- Dunlop, D.D., Manheim, L.M., Song, J., & Chang, R.W. (2002). Gender and ethnic/racial disparities in health care utilization among older adults. *The Journals of Gerontology, Psychological Sciences, and Social Sciences*, 57, 221-233.
- Feinberg, E., Swartz, K., Zaslavsky, A. M., Gardner, J., & Walker, D. K. (2002). Language proficiency and the enrollment of Medicaid-eligible children in publicly funded health insurance programs. *Maternal and Child Health Journal*, 6(1), 5–18.

- Field, C., & Caetano, R. (2010). The role of ethnic matching between patient and provider on the effectiveness of brief alcohol interventions with Hispanics. *Alcoholism: Clinical and Experimental Research*, 34(2), 262-271.
- Fix, M.E., & Passel, J.S. (1999). Trends in noncitizens' and citizens' use of public benefits following welfare reform. Retrieved August 10, 2011 from <http://www.urban.org/publications/408086.html>
- Fix, M.E., & Passel, J. (2003). The scope and impact of welfare reform's immigrant provisions." Retrieved January 23, 2007 at http://www.urban.org/UploadedPDF/410412_discussion02-03.pdf
- Flaskerud, J.H. (1986). The effects of culture-compatible intervention on the utilization of mental health services by minority clients. *Community Mental Health Journal*, 22(2), 127-141.
- Flaskerud, J.H., & Liu, P.Y. (1991). Effects of an Asian client-therapist language, ethnicity and gender match on utilization and outcome of therapy. *Community Mental Health Journal*, 27(1), 31-42.
- Fox, A.M., & Rodriguez, N. (2010). Using a criminally involved population to examine the relationship between race/ethnicity, structural disadvantage, and methamphetamine use. Retrieved May 18, 2011 from <http://cad.sagepub.com/content/early/2010/08/26/0011128710364825.full.pdf>
- Frank, R., & McGuire, T. (1986). A review of studies of the impact of insurance on the demand and utilization of specialty mental health services. *Health Services Research*, 21(2), 241-265.
- Freedman, S., Friedlander, D., Hamilton, G., Rock, J., Mitchell, M., Nudelman, J., Schweder, A., and Storto, S. (2000). Evaluating alternative welfare-to-work approaches: Two-year impacts for eleven programs. Retrieved February 19, 2007 from <http://aspe.hhs.gov/hsp/newws/11-prog-es00/index.htm>
- Fry, R. (2010). *Hispanics, high school dropouts, and the GED*. Retrieved June 19, 2011 from <http://pewhispanic.org/files/reports/122.pdf>
- Gordon, A.K. (1995). Deterrent to access and service for Blacks and Hispanics: The Medicare hospice benefit, healthcare utilization, and cultural barriers. In D.L. Infeld, A. K. Gordon, & B.C Harper (Eds), *Hospice Care and Cultural Diversity* (pp. 65-84). Binghamton, New York: Haworth Press.
- Granovetter, M.S. (1973). The strength of weak ties. *American Journal of Sociology*, 78(6), 1360-1380.
- Griner, D., & Smith, T.B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 531-548.

- Halpern, R. (1999). *Fragile families, fragile solutions: A history of supportive services for families in poverty*. New York: Columbia University Press.
- Hamilton, G. (1995). Monthly participation rates in three sites and factors affecting participation levels in Welfare-to-Work programs. Retrieved June 14, 2007 from <http://www.mdrc.org/publications/217/execsum.html>.
- Hamilton, G. & Scrivener, S. (1999). Promoting participation: How to increase involvement in welfare-to-work activities. Manpower Demonstration Research Corporation. Retrieved May 30, 2007 from <http://www.mdrc.org/publications/54/abstract.html>.
- Harris, K.M., Edlund, M.J., & Larson, S. (2005). Racial and ethnic differences in the mental health problems and use of mental health care. *Medical Care*, 43(8), 775-784
- Hasenfeld, Y. (1992). Theoretical approaches to human service organizations. In Y. Hasenfeld (Ed), *Human Services as Complex Organizations* (pp. 24-44). Newbury Park, CA: Sage Publications.
- Hasenfeld, Y, Mosley, J., Katz, H., & Anheier, H. (2002). *The human services nonprofit sector in Los Angeles*. Retrieved September 8, 2008 from <http://www.spa.ucla.edu/ccs/docs/summaryreport.pdf>
- Hernandez, M., Nesman, T., Mowery, D., Acevedo-Polackovich, I.D., Callejas, L.M. (2009). Cultural competence: A literature review and conceptual model for mental health services. *Psychiatric Services*, 60(8), 1046-1050.
- Herman, R.D., & Renz, D.O. (2004). More theses on nonprofit organizational effectiveness: Results and conclusions from a panel study. Retrieved April 2, 2010 from <http://www.istr.org/conferences/toronto/workingpapers/herman.robert.pdf>.
- Holley, L. (2003). Emerging ethnic agencies: Building capacity to build communities. *Journal of Community Practice*, 11(4), 39-57.
- Hough, R. L., Landsverk, J. A., Karno, M., Burnam, M. A., Timbers, D. M., Escobar, J. I., et al. (1987). Utilization of health and mental health services by Los Angeles Mexican Americans and non-Hispanic whites. *Archives of General Psychiatry*, 44, 702-709.
- Hu, T., Snowden, L.R., Jerrell, J.M., Nguyen, T.D. (1991). Ethnic populations in public mental health: Service choice and level of use. *American Journal of Public Health*, 81(11), 1429-1434
- Hung, C.R. (2008) Immigrant nonprofit organizations in U.S. metropolitan areas. *Nonprofit Voluntary Sector Quarterly*, 36(4), 707-729.

- Hunter, J.B., Guernsey de Zapien, J., Papenfuss, M., Fernandez, M.L., Meister, J., & Giuliano, A.R. (2004). The impact of a promotora on increasing routine chronic disease prevention among women aged 40 and older at the U.S-Mexican border. *Health Education & Behavior, 31*(4), 18S-28S.
- Ingram, M. Torres, E., Redondo, F., Bradford, G., Wang, C., & O'Toole, M.L. (2007). The impact of *promotoras* support on social support and glycemic control among members of a farmworker community on the US-Mexican border. *The Diabetes Educator, 33*(6), 172-178.
- Jacobs, E. A., Lauderdale, D. S., Meltzer, D., Shorey, J. M., Levinson, W., & Thisted, R. A. (2001). Impact of interpreter services on delivery of health care to limited-English-proficient patients. *Journal of General Internal Medicine, 16*, 468-474.
- Jargowsky, P.A. (1997). *Poverty and Place: Ghettos, barrios, and the American city*. New York: Russell Sage Foundation.
- Jenkins, S. (Ed.). (1988). *Ethnic associations and the welfare state: Services to immigrants in five countries*. New York: Columbia University Press.
- Jimenez, D.E., Alegria, M., Chen, C. Chan, D., & Laderman, M. (2010). Prevalence of psychiatric illnesses among ethnic minority elderly. *Journal of the American Geriatric Society, 58*(2), 256-264.
- Jossart-Marcelli, P., & Wolch, J.R. (2003). Intrametropolitan geography of poverty and the nonprofit sector in Southern California. *Nonprofit Voluntary Sector Quarterly, 32*(1), 70-96.
- Kauff, J., Derr, M.K, Pavetti, L. (2004). A study of work participation and full engagement strategies. *Mathematica Policy Research, Inc.* Retrieved March 19, 2007 from <http://aspe.hhs.gov/hsp/full-engagement04/report.pdf>
- Kissane, R.J. (2010). "We call it the badlands": How social-spatial geographies influence social service use. *Social Service Review, 84*(1), 3-28.
- Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine, 88*(2), 251-258.
- Lee, A., & De Vita, C.J. (2008). Community-based nonprofits serving ethnic populations in the Washington, D.C, metropolitan area. Retrieved June 20, 2008 from <http://www.urban.org/publications/411675.html>
- Leong, F.T.L., & Lau, A.S.L. (2001). Barriers to providing effective mental health services to Asian-Americans. *Mental Health Services Research, 3*(4), 201-214.

- Levin-Epstein, J. & Lyons, W. (2006). Targeting poverty: Aim at a bull's eye. Retrieved January 23, 2008 from http://www.clasp.org/publications/targetingpovertytakingaimatabullseye10_06.pdf
- Li, W. (1998). Anatomy of a new ethnic settlement: The Chinese ethnoburb in Los Angeles. *Urban Studies*, 35(2), 479-501.
- Logan, J.R., & Molotch, H.L. (1987). *Urban fortunes: The political economy of place*. Berkeley: University of California Press.
- Logan, J.R., Alba, R.D., & Zhang, W. (2002). Immigrant enclaves and ethnic communities in New York and Los Angeles. *American Sociological Review*, 67(2), 299-322.
- London, R.A., & Mauldon, J.G. (2006). Time running out: A portrait of California families reaching the CalWorks time limit in 2004. Retrieved November 16, 2006 from <http://wprp.ucop.edu/documents/PMRBPANOV2006.pdf>
- Marwell, N. P. (2007). *Bargaining for Brooklyn: Community organizations in the entrepreneurial city*. Chicago: University of Chicago Press.
- Massey, D.S., & Denton, N.A. (1993). *American apartheid: Segregation and the making of the underclass*. Cambridge: Harvard University Press.
- McGrother, C.W., Bhaumik, S., Thorp, C.F., Watson, J.M., & Taub, N.A. (2002). Prevalence, morbidity and service need among South Asian and white adults with intellectual disability in Leicestershire, UK. *Journal of Intellectual Disability Research*, 46(4), 299-309.
- McPherson, J.M. (1983). An ecology of affiliation. *American Sociological Review*, 48, 519-532.
- Meyer, J.W., & Rowan, B. (1977). Institutionalized organizations: Formal structures as myth and ceremony. *American Journal of Sociology*, 109(1), 1-49.
- Moffit, R.A., & Gottschalk, P.T. (2001). Ethnic and racial differences in welfare receipt in the United States. In N. Smelser, W.J. Wilson, and F. Mitchell (Eds.), *America Becoming: Racial Trends and Their Consequences* (pp. 152-173). Washington, D.C: National Academies Press.
- Mosley, J. E., Katz, H., Hasenfeld, Y., & Anheier, H. K. (2003). *The challenge of meeting social needs in Los Angeles: Nonprofit human service organizations in a diverse community*. Los Angeles: UCLA School of Public Policy and Social Research.
- Neighbors, H.W., & Taylor, R.J. (1985). The use of social service agencies by black Americans. *Social Service Review*, 59(2), 258-268.

- Ng, D. (2004). Welfare reform in Santa Clara County: The experiences of Mexican and Vietnamese immigrant women. In P. Kretsedemas and A. Aparicio (Eds.), *Immigrants, Welfare Reform, and the Poverty of Policy* (pp. 159-185). Westport: Greenwood Publishing.
- Nonprofit HR Solutions. (2011). *Nonprofit Employment Trends Survey*. Retrieved June 3, 2011 from http://www.sandan.org/assets/documents/nonprofit_employment_trends_2011.pdf
- Ong, P. & Blumenberg, E. (1994). Welfare and work among Southeast Asians. In P. Ong (Ed), *The State of Asian Pacific America* (pp. 113-139). Los Angeles: LEAP Asian Pacific American Public Policy Institute.
- O'Regan, K., & Oster, S.M. (2005). Does the structure and composition of the board matter? The case of nonprofit organizations. *The Journal of Law, Economics, and Organization*, 21(1), 205-227.
- Ostrower, F. (2007). Nonprofit governance in the United States: Findings on performance and accountability from the first national representative study. Retrieved April 22, 2010 from http://hawaii.gov/ag/charities/411479_Nonprofit_Governance.pdf
- O'Sullivan, M.J., Peterson, P.D., Cox, G.B., & Kirkeby, J. (1989). Ethnic populations: Community mental health services ten years later. *Journal of Community Psychology*, 17, 17-30.
- Park, R.E. (1915). The city: Suggestions for the investigation of human behavior in the urban environment. *American Journal of Sociology*, 20, p. 577-612.
- Park, R.E. (1936). Human ecology. In R.H. Turner (Ed.), *Robert E. Park on social control and collective behavior: Selected Papers* (pp. 69-84). Chicago: University of Chicago Press.
- Peck, L.R. (2008). Do anti-poverty nonprofits locate where people need them? Evidence from a spatial analysis of Phoenix. *Nonprofit and Voluntary Sector Quarterly* 37(1), 138-151.
- Peterson, R.D., & Krivo, L.J. (2009). Segregated spatial locations, race-ethnic composition, and neighborhood violent crime. *The Annals of the American Academy of Political and Social Sciences*, 623(1), 93-107.
- Pheffer, J. (1982). *Organizations and organization theory*. Boston: Pitman.
- Pheffer, J., & Salancik, G. (1978). *The External Control of Organizations*. New York: Harper & Row.
- Powell, W.W., & Friedkin, R. (1987). Organizational change in nonprofit organizations. In W. Powell (Ed), *The Nonprofit Sector: A Research Handbook* (pp. 180-192). New Haven: Yale University Press.

- Putnam, R.D. (1993). *Making democracy work: Civic traditions in modern Italy*. Princeton: Princeton University Press.
- Putnam, R.D. (2000). *Bowling Alone: The collapse and revival of American democracy*. New York: Simon and Schuster.
- Rabe-Hesketh, S. and Skrondal, A. (2008). *Multilevel and Longitudinal Modeling Using Stata*. (Second Edition). College Station, TX: Stata Press.
- Raudenbush, S. W. Bryk, A. S. (2002). *Hierarchical linear models: Applications and data analysis methods*. 2nd edition. Newbury Park, CA: Sage.
- Rosenthal, D. (1996). Who "owns" AIDS service organizations? Governance accountability in nonprofit organizations. *Polity*, 29(1), 97-118.
- Salamon, L.M. (2002). The resilient sector: The state of nonprofit America. In L.M. Salamon (Ed.), *The State of Nonprofit America* (pp. 3-61), Washington, DC: Brookings Institution.
- Salling, M.J. (2007). *Connecting congregations and community: An analysis of services provided by faith-based organizations to Cleveland's Ward 17 community*. Retrieved June 12, 2011 from http://urban.csuohio.edu/publications/center/center_for_public_management/Ward17surveyreport.pdf
- Sampson, R.J., Raudenbush, S.W., Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277, 918-924.
- Savner, S. (2000). Welfare reform and racial/ethnic minorities: the questions to ask. *Poverty & Race*, 9(4), 3-5.
- Scott, W.R. (1987). The adolescence of institutional theory. *Administrative Science Quarterly*, 32(4), 493-511.
- Senturia, K., Sullivan, M., Cixke, S., & Shiu-Thorton, S. (2000). Cultural issues affecting domestic violence service utilization in ethnic and hard to reach populations: Executive summary. Retrieved October 2, 2008 from www.ncjrs.gov/pdffiles1/nij/grants/185352.pdf
- Siciliano, J.I. (1996). The relationship of board member diversity to organizational performance. *Journal of Business Ethics*, 15, 1313-1320.
- Smith, S.R., & Lipsky, M. (1993). *Nonprofits for hire: The welfare state in the age of contracting*. Cambridge, MA: Harvard University Press.

- Solis, J.M., Marks, G., Garcia, M., & Shelton, D. (1990). Acculturation, access to care, and use of preventative services by Hispanics: Findings from HHANES 1982-1984. *American Journal of Public Health, 80*(11-19), 11-19.
- Small, M.L., & McDermott, M. (2006). The presence of organizational resources in poor urban neighborhoods: An analysis of average and contextual effects. *Social Forces, 84*(3), 1697-1724.
- Smedley, B.D., Stith, A.Y., Nelson, & A.R. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Institute of Medicine (U.S.). Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care.
- StataCorp. (2009). *Stata Statistical Software: Release 11*. College Station, TX: StataCorp LP.
- Stone, M.M., Hager, M.A., & Griffin, J.J. (2001). Organizational characteristics and funding environments: A study of a population of United Way-affiliated nonprofits. *Public Administration Review, 61*(3), 276-289.
- Sue, S. (1977). Community mental health services to minority groups. *American Psychologist, 32*, 616-624.
- Sue, S. & Morishima, J.K. (1982). *The mental health of Asian Americans*. San Francisco: Jossey-Bass.
- Takeuchi D.T., Alegria, M., Jackson, J.S., & Williams, D.R. (2007) Immigration and mental health: Diverse findings in Asian, Black, and Latino populations. *American Journal of Public Health, 97*(1), 11-12.
- Tervalon, M., & Murray-Garcia, J. (1994). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117-125.
- Tripp-Reimer, T., Choi, E., Kelley, L.S., & Enslein, J.C. (2001). Cultural barriers to care: Inverting the problem. *Diabetes Spectrum, 14*(1), 13-22.
- Tumlin, K.C., & Zimmerman, W. (2003). Immigrants and TANF: A look at immigrant welfare recipients in three cities. Retrieved January 12, 2007 from <http://www.urban.org/url.cfm?ID=310874>
- United States Census Bureau. (2002). *2000 Census of population and housing, Summary File 3: Technical documentation*. Retrieved February 2, 2011 from www.census.gov/prod/cen2000/doc/sf3.pdf
- United States Census Bureau. (2009). *Foreign born persons residing in Los Angeles County-by birthplace*. Retrieved February 16, 2010 from www.census.gov.

- United States Census Bureau. (2011). *People below poverty level and below 125 percent of poverty level by race and Hispanic origin*. Retrieved August 29, 2011 from <http://www.census.gov/compendia/statab/2011/tables/11s0710.pdf>
- United States Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Retrieved February 11, 2009 from <http://www.surgeongeneral.gov/library/mentalhealth/home.html#preface>
- United States Department of Health and Human Services. (2001). *Race, culture, ethnicity and mental health: A supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- United States Department of Health and Human Services. (2006). Characteristics and financial circumstances of TANF recipients: Fiscal year 2000. Retrieved on March 30, 2008 from <http://www.acf.hhs.gov/programs/ofa/character/FY2000/indexfy00.htm>.
- United Way of Greater Los Angeles. (2003). State of the county report: Los Angeles 2003. Retrieved November, 8 2010 from http://www.unitedwayla.org/getinformed/Documents/state_of_cty_061203.pdf
- Vernon, S.W. & Roberts, R.E. (1982). Prevalence of treated and untreated psychiatric disorders in three ethnic groups. *Social Science and Medicine*, 16, 1575-1582.
- Vidal, A.C. (2001). Faith-based organizations in community development. Retrieved March 16, 2008 from <http://www.huduser.org/Publications/PDF/faithbased.pdf>.
- Vu, C.M, Schwartz, S.L., Austin, M.J. (2011a). Asian Community Mental Health Services at 35: A pioneering multi-ethnic service organization (1973-2008). *Journal of Evidence-Based Social Work*, 8(1-2), 124-142.
- Vu, C.M, Schwartz, S.L., Austin, M.J. (2011b). Bananas at 35: A pioneering child care referral and family support organization (1973-2008). *Journal of Evidence-Based Social Work*, 8(1-2), 29-44.
- Wang, Q. (2008). Race/Ethnicity, gender and job earnings across metropolitan areas in the United States: A multi-level analysis. *Urban Studies*, 45(4), 825-843.
- Weil, M. O. (1996). Community building: Building community practice. *Social Work*, 41(5), 481-499.
- Weisbrod, B.A. (1988). *The nonprofit economy*. Cambridge, MA: Harvard University Press.

- Wells, K.B., Golding, J.M., Hough, R.L., Burnam, M.A., & Karno, M. (1989). Acculturation and the probability of use of health services by Mexican Americans. *Health Services Research, 24*(2), 237-257.
- Wen, M., Lauderdale, D.S., & Kandula, N.R. (2009). Ethnic neighborhoods in multi-ethnic America, 1990-2000: Resurgent ethnicity in the ethnoburbs? *Social Forces, 88*(1), 425-460.
- White, Courtney, & Fifield. (1998). The race factor in child welfare. Retrieved March 19, 2008 from http://www.nycfuture.org/content/reports/report_view.cfm?repkey=9.
- Wilson, W.J. (1987). *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago: University of Chicago Press.
- Wilson-Stronks, A., Lee, K.K., Cordero, C.L., Kopp, A.L., & Galvez, E. (2008). *One size does not fit all: Meeting the health care needs of diverse populations*. Retrieved July 19, 2011 from <http://www.jointcommission.org/assets/1/6/HLCOneSizeFinal.pdf>
- Winston, C.A., Leshner, P., Kramer, J., & Allen, G. (2005). Overcoming barriers to access and utilization of hospice and palliative care services in African-American communities. *Omega, 50*(2), 151-163.
- Wirth, L. (1928). The ghetto. In L. Wirth (Ed), *On Cities and Social Life* (pp. 84-98). Chicago: University of Chicago Press.
- Witmer, A., Seifer, S.D., Finocchio, L., Leslie, J., & O'Neil, E.H. (1995). Community health workers: Integral members of the health care work force. *American Journal of Public Health, 85*(8), 1055-1058.
- Wolch, J., & Geiger, R.K. (1983). The urban distribution of voluntary resources. An exploratory analysis. *Environment and Planning, 15*, 1067-1082.
- Wolinsky, F.D., Aguirre, B.E., Fann, L.J., Keith, V.M., Arnold, C.L., Niederhauer, J.C., & Dietrich, K. (1989). Ethnic differences in the demand for physician and hospital utilization among older adults in major American cities: Conspicuous evidence of considerable inequalities. *The Milbank Quarterly, 67*(3/4), 412-449.
- Yeo, S. (2004). Language barriers and access to care. In A.M. Villarruel & C.P. Porter (Eds.), *Annual review of nursing research: Eliminating health disparities among racial and ethnic minorities in the United States* (pp. 59-73). New York: Springer Publishing Co.
- Zald, M.N. (1969). The power and functions of boards of directors: A theoretical synthesis. *American Journal of Sociology, 75*(1), 91-111).

Zedlewski, S.R., & Martinez-Schiferl, M. (2010). Low-income Hispanic children need both private and public food assistance. Retrieved July 1, 2011 from <http://www.urban.org/uploadedpdf/412226-Private-and-Public-Food-Assistance.pdf>

Ziguras, S., Klimidis, S., Lewis, J., and Stuart, G. (2003). Ethnic matching of clients and clinicians and use of mental health services by ethnic minority clients. *Psychiatric Services*, 54(4), 535-541.

Zucker, L.G. (1987). Institutional theories of organizations. *Annual Review of Sociology*, 13, 443-464.

Appendix A

List of General Human Services and Programs

Alliances and Advocacy	Family Counseling
Management and Technical Assistance	Pregnancy Centers
Professional Societies and Associations	Personal Social Services
Research Institutes and Public Policy	Financial Counseling
Analysis	Transportation Assistance
Single Organization Support	Gift Distribution
Fund Raising and Fund Distribution	Emergency Assistance
Support N.E.C	Travelers Aid
Human Service Organizations	Victims Services
American Red Cross	Residential Care and Adult Day Programs
Urban League	Adult Day Care
Salvation Army	Group Homes
Volunteers of America	Hospices
Young Men's or Women's Associations	Supportive Housing for Older Adults
Neighborhood Centers	Homes for Children and Adolescents
Thrift Shops	Centers to Support the Independence of
Children and Youth Services	Specific Populations
Adoption	Senior Centers
Foster Care	Developmentally Disabled Centers
Child Day Care	Women's Centers
Family Services	Ethnic and Immigrant Centers
Single Parent Services	Homeless Centers
Family Violence Shelters	Blind and Visually Impaired Centers
In-Home Assistance	Deaf and Hearing Impaired Centers
Family Services for Adolescent Parents	LGBT Centers Human Services N.E.C