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Iowa Culturally-Specific Substance Abuse Treatment Needs Assessment Final Report

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Center for Substance Abuse Treatment
Department of Health and Human Services, Washington, D.C.

July 1996

This report was supported by Contract No. 270-92-0010, Subcontract No. V23071, under the State Systems Development Program administered by the Division of State Programs, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

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Preface

Iowa may seem highly homogenous in many respects – its landscape, its economy, and its people. When you look closer, there is diversity in all of these areas. The landscape appears to be flat, but ride a bicycle across Iowa and you will soon find all our beautiful rolling hills. The economy is a continuously evolving quilt that mixes old and new sectors. Iowa people consist of many different cultural backgrounds spread over an historically West European base.

A priority for our Department is the organization and delivery of services that address the problems of substance abuse efficiently and effectively. Iowa's racial population is predominately white and non-Hispanic, nearly 97% so. Given this distribution, we could reach two opposite conclusions. First, we could conclude that there are so few who are not white that there is insignificant need to attend to those who are of other races or of Hispanic background. They are such a statistical minority composed of so many specific cultures that it would be overwhelming to attend to them all. Second, we could conclude that cultural differences matter and to ignore the diversity, no matter how small, would not address a growing percentage of substance-abuse clients. We have taken the second course.

Our own experience and the existing research focused on ethnic and racial minorities tells us that there are cultural differences directly tied to issues of substance abuse. Its etiology, development, and treatment are each effected by the cultural background of the individual. There are special needs as consequences of this cultural influence, and we are committed to addressing those needs. Learning more about those special needs and how to respond to them requires a special effort, and that is what the project reported here is all about. It represents one of our most concentrated initiatives to date to examine the needs of those Iowans who belong to our racial and ethnic minority communities. We look eagerly to using the findings for improving our substance abuse polices and practices.

Janet Zwick, Division Director
IDPH Division of Substance Abuse
and Health Promotion

Acknowledgments

This project was financed by the Center for Substance Abuse Treatment, of the U.S. Substance Abuse and Mental Health Service Administration (SAMSHA), through a contract to the Iowa Department of Public Health (IDPH), Division of Substance Abuse and Health Promotion (DSAHP), and a subcontract to the Iowa Consortium for Substance Abuse Research and Evaluation (ICSARE). We gratefully acknowledge the support of the staff from these agencies who contributed to this project. Janet Zwick (Division Director) and Pat Busick (Project Liaison) of IDPH-DSAHP are to be commended for their willingness to support the project in the face of other competing options, and for their enduring patience and counsel that helped guide the project to its completion. Christy Scheetz and Amy Knoke of ICSARE played roles as project managers that became more vital and consuming than any one had anticipated and without their steadfastness the project surely would have failed.

A very large number of people made essential contributions to the project that enhanced it greatly. Among them were Remi Cadoret (Director), Anita Patterson (Administrative Director) and Eric Booker (Research Assistant) of ICSARE; and Salome Raheim (Ph.D. Social Work, University of Iowa), Thomas Hill (Ph.D., Anthropology, University of Northern Iowa), Jerry Stubben (Ph.D., Extension, Iowa State University), and Virgil Gooding (Foundation II, Cedar Rapids) who served long and faithfully on the Research Team. For community insights we had the magnificent assistance of: JoAnn Qualls-Carr, Belinda Creighton-Smith, Cynthia Chidester, Sheila Russell, Marcia Sisk, Mary Davis, Styana Williams, Millicent Williams and David Goodson (in Waterloo); Wayne Johnson, Richard Hayes, Flora Lee, Sharon Sanders, Claudette Carr, Crystal Kaden, Ernest Ricehill, Barbara Bremmer, Marisa Cummings, Rita Frost, Josephina Grimesey, Marcos Paz, Maria Rundquist, Yolanda Guerra, Roberto Martinez, Angela Zuniga, Diem Ho, Kenneth Tran, Tom LoVan, Lap Nguyen, Hong-Cuc Thi Nguyen, Anee Phouthavong, Merrill Buckley, and Jet Chicoine (in Sioux City); Catharine Ahmann, Michelle Miller, Julia Albores, Arnulfo Maldonado, Gladys Chaisson, Nancy Forest and Susan Stratton (in West Liberty); Fred Youngbear, Matt Jefferson, Russell Caruthers and Anne Bolen (in Tama/Sac and Fox Settlement); and Dena Gray-Fisher and Tam Nguyen (in Des Moines).

At our own center (CSBR), we were fortunate to have energetic and solid performances from Robert E. Kramer (field coordination); Mary Jane Crew, Heather Dolphin, and Kristie Kremer (interviewer supervision and field coordination); Research Assistants Mel Gonnermann, Jacqueline Buffington, Michael Moriarty, Xiaohui (Angela) Yu, and Walter Stembridge; Thomas Turner (computing); and Nancy Howland and Nancy Scoggins (accounts and associated paper detective work).

Perhaps most of all, we want to thank those anonymous Iowans who agreed to be our respondents. The core idea of the project was that these people had some things of importance to say to the state; some things that needed to be said, and said to people who were ready to listen. Our faith in that core idea kept us on the right track when events became difficult and unclear. We were rewarded for that confidence.

Executive Summary

This Executive Summary reports the key findings of the *Iowa Culturally-Specific Substance Abuse Treatment Needs Assessment Final Report.* This study was conducted in 1993-96 as one of a family of treatment needs assessment studies sponsored by the Center for Substance Abuse Treatment and the Iowa Department of Public Health. Iowa is a relatively homogenous state, with less than 4% of its population comprised of racial and ethnic minorities. Thus, a statewide needs assessment based on a representative sample of the general population is inadequate to the task of providing data on Iowa's minority groups. Therefore, the state dedicated a significant portion of its needs assessment effort toward a special study focused on its most populous racial and ethnic minority groups.

Project Purposes

The project's purposes were to:

- Estimate substance use and abuse prevalence within the selected minority cultural groups.
- Estimate treatment needs of these same groups.
- Identify the culturally-specific characteristics of those treatment needs.

The project was organized from the perspective that cultural context was likely to vary from community to community. This led to the decision that Iowa should study a select set of specific minority communities rather than attempt to identify and study all racial and ethnic minority groups statewide. A primary goal of the project was, therefore, the development of community-specific knowledge. To this end, six individual cultural minority communities were studied intensively. These consisted of African American, Latino, Vietnamese, and American Indian groups.

The study focused on answering three research questions:

- In what ways are the substance-abuse experiences and treatment needs of Iowa's cultural minorities distinctive?
- How can reliable information about the treatment needs of Iowa's minority groups be obtained?
- What does it mean to provide culturally-specific or culturally-sensitive substance-abuse treatment in Iowa?

The primary source of data for the study's findings was structured face-to-face interviews with residents of the six selected racial and ethnic minority communities. These interviews were supplemented with data from the 1990 U.S. Census, observational and informal interview data from local individuals recruited as community advisors and/or as interviewers, and from professional consultants retained for their expertise with substance abuse and the cultural groups studied.

The interview instrument consisted of five major content areas: (1) measures of cultural context (identity, interaction, language); (2) alcohol, tobacco, and other drug use and dependency; (3) experiences and attitudes toward substance-abuse treatment; (4) opinions regarding culturally-specific substance-abuse treatment needs; and (5) general demographic and background information.

Community advisors provided the research team with community-specific knowledge vital to achieving the project's goals. These individuals also assisted in the development of the questionnaire and provided valuable comments that aided in the interpretation of the survey results. The consultants provided guidance to the research design, instrument, and interpretation of results.

Some key findings from the Final Report are summarized here.

Characteristics of the Respondents

- Income and other indicators of socioeconomic status were generally very low for these cultural groups. Most individuals reported annual household incomes of less than $26,000 (below the state median), and a large proportion reported annual household incomes of less than $15,000. Correspondingly, there were high levels of unemployment and poverty status.

- Most Latino, African American, and American Indian respondents (59% to 92%) reported that their race or ethnicity is very important to their identity; but only 29% of the Vietnamese reported that their ethnicity has such high importance.

- Educational attainment was generally limited to high school or less. Most African American and American Indian respondents (71% to 81%) had graduated from high school, while far less than half of the Vietnamese (39%) and Latino (26%) respondents had graduated from high school. Very few (1 to 7%) respondents had a college education.

- Large proportions of respondents of Vietnamese and Latino background were first- or second-generation residents and have some limitations with reading and/or writing in English.

Prevalence of Substance Use and Abuse

Due to the use of different sampling strategies in each community, direct comparisons among the cultural groups should not be made. Because the samples were largely nonrandom, prevalence data must be interpreted cautiously, i.e., these results should not be projected as precise population estimates.

- Among African American respondents in Waterloo: 26% reported having ever felt dependent on tobacco; 46% reported using alcohol in the last month; 9% reported having ever engaged in binge drinking; 21% reported using an illegal drug within the last 18 months; 14% reported using an illegal drug within the last month.

- Among African American respondents in Sioux City: 49% reported having ever felt dependent on tobacco; 49% reported using alcohol in the last month; 13% reported having ever engaged in binge drinking; 28% reported using an illegal drug within the last 18 months; 10% reported using an illegal drug within the last month.

- Among Latino respondents in Sioux City: 11% reported having ever felt dependent on tobacco; 42% reported using alcohol in the last month; 2% reported having ever engaged in binge drinking (however, reported alcohol use is very low among women); 7% reported using an illegal drug within the last 18 months; 6% reported using an illegal drug within the last month.

- Among Latino respondents in West Liberty: 27% reported having ever felt dependent on tobacco; 36% reported using alcohol in the last month; 11% reported having ever engaged in binge drinking (however, reported alcohol use is very low among women); 3% reported using an illegal drug within the last 18 months; 3% reported using an illegal drug within the last month.

- Among Vietnamese respondents in Sioux City: 25% reported having ever felt dependent on tobacco; 17% reported using alcohol in the last month; 3% reported having ever engaged in binge drinking; 1% reported using an illegal drug within the last 18 months; 1% reported using an illegal drug within the last month (however, reported alcohol, tobacco, and drug use are very low among women).

- Among American Indian respondents in Sioux City: 51% reported having ever felt dependent on tobacco; 49% reported using alcohol in the last month; 57% reported having ever engaged in binge drinking; 32% reported using an illegal drug within the last 18 months; 19% reported using an illegal drug within the last month.

Cultural groups varied in their willingness to disclose information on sensitive issues of substance use and abuse to interviewers. This was particularly true of those groups with strong gender-specific norms regarding substance use (Vietnamese and Latino). Where the samples over-represented females, it is likely that the reported prevalence rates underestimate the true rates.

Treatment Needs

As was found in an earlier statewide household treatment needs survey of Iowans, many respondents who meet clinical criteria for chemical dependency have not received treatment and do not define themselves as having a substance-abuse problem. Using clinical (DSM-III-R or DSM-IV) criteria to assess treatment need, all communities showed a treatment underreach, i.e., there are a large number of persons found to have a substance dependency who reported that they have never received any kind of treatment.

Using DSM-III-R clinical criteria for alcohol dependence among respondents:

- Seventeen percent of African Americans from Waterloo were dependent.

- Twenty percent of African Americans from Sioux City were dependent.
- Four percent of Latinos from Sioux City were dependent.
- Eighteen percent of Latinos from West Liberty were dependent.
- Four percent of Vietnamese from Sioux City were dependent.
- Fifty-seven percent of American Indians from Sioux City were dependent.

The gap between clinical diagnosis (DSM-III-R alcohol dependence) and receiving treatment (of any kind) varies by community. Among those respondents who were classified as alcohol dependent using DSM-III-R diagnostic criteria:

- Fourteen percent of African Americans from Waterloo had ever received some kind of treatment.
- Sixty-seven percent of African Americans from Sioux City had ever received some kind of treatment.
- Zero percent of Latinos from Sioux City had ever received some kind of treatment.
- Fourteen percent of Latinos from West Liberty had ever received some kind of treatment.
- Zero percent of Vietnamese from Sioux City had ever received some kind of treatment.
- Sixty-seven percent of American Indians from Sioux City had ever received treatment.

The discrepancy between self-defined need for substance-abuse treatment and ever receiving treatment also varies by community. Overall, total rates of treatment range from 70% for American Indians to 0% for Vietnamese Americans.

Culturally-Specific Treatment Needs

- A majority within each cultural sample (ranging from 53% to 100%) reported that their group has special problems or needs in relation to getting help with alcohol or drug problems.
- There is a clear call for bilingual counselors or other treatment personnel in the Vietnamese and Latino communities.
- Many reported that having a counselor from the same ethnic background would be useful (33% to 77%) for their cultural group.
- Many indicated that not having a counselor of the same ethnic background might be a problem if they personally were seeking treatment (31% to 80%).
- Many community members felt they needed treatment programs specifically suited to their cultural background (16% to 62%).

- Many (26% to 66%) anticipated that not having programs suited to their cultural background would be a problem for them if they sought treatment.

- Similarly, community members often suggest that program personnel need to understand substance abuse within a specific cultural context (11% to 79%).

- Paying for services was the most commonly anticipated reason for not seeking treatment if it were needed; related financial concerns, such as concern about time lost from work, are also frequently reported.

Conclusions and Recommendations

The majority of respondents in each group expressed a belief that their cultural group has special needs relevant to substance-abuse treatment. Many believed that counselors of the same background would be able to meet these needs, but some focused on personnel and programs that are "suited to the cultural background" of the group. The data reveal patterns of social network segregation throughout the life span; a majority of people reported that most of their friends are from the same cultural group and that they interact better with others from the same group.

These patterns are probably connected to the respondents' expectations that someone of their own background would be best equipped to understand their racial or ethnic experience and its relevance to substance-abuse problems. However, a lack of available counselors with the same race/ethnicity is not the most frequently named barrier to seeking treatment for most groups. Generally, personnel without cultural knowledge and skills and programs that do not address the cultural background of the potential clients are even more frequently cited as barriers to treatment. Although having counselors of the same racial or ethnic background is not likely to eliminate all cultural barriers to treatment, it does appear that an initiative to recruit additional counselors from within these communities is in order. The need to recruit bilingual counselors is particularly evident from this study's findings for Latinos and Vietnamese.

Each of the racial and ethnic minority communities studied is experiencing economic and social stress. Most poverty and unemployment rates are two to four times that of the general population, and most income levels are well below the state median. Associated conditions, such as single parent households and low educational attainment, are also more common than in the general population. Additionally, the results indicate that race and ethnicity play large roles in individual identity and reveal patterns of social networks that are often focused on members of their own cultural group. There is great concern about the impact substance abuse is having on each of the communities.

It is likely that the severe social and economic factors found in these communities play significant roles in the substance-abusing and treatment-seeking behaviors of the community members. Substance abuse cannot be understood independently of the social conditions faced by individuals and families in these communities. Thus, to effectively treat these

clients, one must have a firm grasp of the individual in his/her environment. This requires a **systemic perspective** that places substance abuse in the context of the individual's cluster of personal problems and the larger social conditions of his/her environment. It also requires developing **cultural competence** to understand substance abuse from the perspective of members of specific cultural communities and to organize treatment as a part of that cultural context. The creation of cultural competence and a systemic understanding implies a need for community-specific ethnographic information (such as that used in this study) to be gathered in greater detail and integrated with the provision of treatment services for Iowa's racial and ethnic minorities.

Part 1 Introduction

This study is part of a group of studies known collectively as the Iowa State Treatment Needs Assessment Project. The overall aim of the project was to provide state and local officials with data that would help them assess the substance-abuse-related treatment needs of the population in the state and within geographic planning regions. A second objective was to provide a set of data that would help identify any special needs of certain subpopulations within the state, such as women, persons in the criminal justice system, victims of the 1993 flood, and racial/ethnic minority groups. This report addresses substance abuse and treatment needs of Iowa's predominant cultural minority groups. The study was conducted over a three-year period from 1993 to 1996 by The University of Northern Iowa's Center for Social and Behavioral Research. It was funded by the Center for Substance Abuse Treatment (CSAT).

Project Purposes

- Estimate substance use and abuse prevalence within the selected minority cultural groups.
- Estimate treatment needs of these same groups.
- Identify the culturally specific characteristics of those treatment needs.

The project was organized from the perspective that cultural context was likely to vary from community to community. This led to the conclusion that Iowa needed to study a select set of specific minority communities, rather than attempt to identify and study all racial and ethnic minorities statewide. A primary goal of this project was, therefore, the development of community-specific knowledge.

The centerpiece of the Iowa Treatment Needs Assessment Project was the statewide survey of household adults (Lutz, et al., 1995a). These statewide survey data were collected by telephone interviews using a random sample of telephone numbers. Since only small numbers of Iowa's population are members of racial and ethnic minority groups, such a randomly drawn statewide sample simply does not yield enough cases to draw reliable conclusions for these groups. Further, problems of language and cultural barriers made it problematic that an adequate response from certain groups could be collected by telephone. Therefore, a strategy of face-to-face interviews conducted in communities known to have a high concentration of minorities was adopted.

The culturally-specific survey instrument was based on the statewide survey, but it also included questions directed specifically at the experiences of minority group members. In addition, some questions were reworded to address concerns of cultural significance. Eight communities were selected for the study after consultation with community leaders and consultants who had interest and expertise in substance abuse in cultural minority populations.

Unlike the statewide survey, the women's study (Skinstad, et al., 1996), and the flood victims study (Lutz, et al., 1995b), the data for the minority study were not collected using random samples. Thus, these data cannot

easily be used to project precise estimates of substance use and abuse prevalence. Nevertheless, the findings do provide significant insights into assessing the substance-abuse treatment needs of the cultural groups studied.

This report focuses on three research questions that guided the study:

- In what ways are the substance-abuse experiences and treatment needs of Iowa's cultural minorities distinctive?
- How can reliable information about the treatment needs of Iowa's minority groups be obtained?
- What does it mean to provide culturally-specific or culturally-sensitive substance-abuse treatment in Iowa?

The first question summarizes an original goal of the study, which was to supply the state with data for planning substance-abuse treatment services. Previous literature suggests that there are some key differences in abuse and treatment needs among cultural minorities and in comparison to whites. The present study attempted to identify which, if any, of these differences are to be found among Iowa's cultural minorities.

The second question arises from the methodological difficulties encountered in collecting the needed data. The instrument and data collection strategy attempted to follow the model recommended by the National Technical Center (NTC). The study was premised on the assumption that not all of the same methods used in the needs assessment survey of the general population could be applied to Iowa's minorities project, and so, adjustments were made in the original design. This report describes some serious difficulties in attempting to apply that design to Iowa's cultural minorities. Perhaps some of these difficulties could be attributed to personnel, organization, and resource problems. Nevertheless, this report casts some doubt on the assumption that the NTC model alone is sufficient to assess the treatment needs of minority groups. Therefore, this report includes some discussion of an alternative model for assessing those needs, at least in Iowa.

Finally, the third question refers to the implications of the findings for substance-abuse treatment planning. It is likely that culturally-specific treatment needs vary across cultural groups, local communities, and individuals. A general commitment to nondiscrimination, while laudable, may be only the first essential step in providing effective substance-abuse treatment to members of these groups. Efforts to reach members of minority groups in need of treatment are likely to fail without specific knowledge of the local community context and of the individual being helped. It is the researchers' hope that this report not only will provide some of that knowledge, but also facilitate a continuing dialogue between treatment providers and Iowa's cultural minority communities.

Literature Review

This section is not intended to represent complete coverage of the extensive literature on substance abuse and substance-abuse treatment among ethnic and racial minorities. Its purposes are: (a) to situate the present study in the context of findings emerging from other recent studies; (b) to supplement the data from the Iowa study and provide a framework for interpreting those data; and (c) to provide a starting point for those who wish to seek further information about culturally-specific substance-abuse treatment needs. The literature review is organized around the three summary questions noted above: the first section addresses cultural differences in substance abuse and treatment needs, the second looks at methodological issues, and the third examines the issue of culturally specific treatment. In examining studies of particular ethnic groups, special attention was given to studies of the four groups of minorities selected for inclusion in the Iowa study: African Americans, Native Americans, Latino Americans, and Asian Americans.

Cultural Differences in Substance Abuse

"Ethnicity" and "culture" are terms that are commonly used and misused in discussions of minority groups. All too frequently, they are confused with the term "race." Even if the concepts of race and culture are kept distinct, it is all too easy to fall into the trap of assuming that members of a social category participate equally in a common culture. By "culture" we refer to a distinctive way of life including shared norms and values. None of the cultural groups targeted for the present study can be considered to be culturally homogenous. Native Americans may belong to any of over 500 tribes and Alaskan village groups. Asian Americans include people of at least twenty different nationalities (Kitano 1989). Latino/Hispanic Americans include persons of Cuban, Mexican, Puerto Rican, Central American, and South American heritage, each of which in turn reflect different mixtures of European, Native American, and African cultural influences (McNeece and DiNitto 1994: 259). There are distinct cultural differences between African Americans descended from those who experienced enslavement and those whose roots are in the Caribbean, as well as many regional differences within the United States (Brisbane and Womble 1992:94).

Thus, even when these broad demographic categorizations (Asian, Native, African, Latino/Hispanic American) are included in studies, typically very little information about the role of cultural differences in substance abuse is gained. Moreover, individual members of a group or subgroup vary widely in their cultural experiences: many may have little connection to their group's heritage, while others may lead lives closely bound by traditions. Acculturation, identification with a culture, and other lifestyle distinctions are variables typically missing from statistical studies of variations in substance use experiences.

Nevertheless, a scientific literature has emerged that documents the importance of culture, particularly regarding alcohol consumption. Among European cultural groups, for example, it has been noted that the French and Irish have much higher rates of alcoholism than do the Italians and Jews. The latter groups' norms tend to limit consumption to moderate use of wine with meals and in ritual celebrations, and do not tolerate or excuse drunkenness. In contrast, the French and Irish tend to drink for pleasure, drink distilled

spirits in addition to wine, and tolerate drunkenness (McNeece and DiNitto 1994:27).

In the U.S. context, some significant differences in the rates of alcohol and drug use, and in the rates of associated problems, have been documented. Alcohol consumption and alcoholism seem to be highest among Native Americans, although not for all tribal groups. Some groups, such as the Cherokee and Hopi, have lower rates of alcohol consumption than the general population. Stratton et al. (1978) suggest that "tribes having a hunting and gathering tradition have more serious drinking problems than do tribes having an agricultural tradition" and that tribes that are more traditional and less acculturated have more serious drinking problems.

Other studies suggest that Native Americans, African Americans, and Latino Americans have similar rates of alcohol consumption compared to European Americans. Specifically, these groups are concluded to have a similar or higher proportion of abstainers but more heavy drinkers and more alcohol-related problems (Nofz 1988; Herd 1991; Kitano 1989; Caetano, 1995). Asian Americans tend to have lower rates of consumption and alcohol problems. However, this may be somewhat misleading since studies based on probability samples typically have not identified subgroups of Asian Americans, and there is evidence of wide variation across groups (McNeece and DiNitto 1994).

Using data from the annual Monitoring the Future (1976 through 1989) surveys of high school seniors, Bachman et al. (1991) note that highest usage rates for most categories of illicit drugs are found among Native American youths, while the lowest rates are found among African American and Asian American youths. They report that alcohol use was relatively high for white and Native Americans, and lowest for Blacks and Asian Americans. Heavy drinking was more prevalent among white, Native American, and Mexican American youths. These group differences were largely consistent across the thirteen years' worth of surveys. These authors point out that findings from general population and school-based surveys clearly and consistently show relatively low levels of drug use by most non-white youth, especially African Americans and Asian Americans.

However, the public health statistics on mortality, morbity, and treatment provide a different picture, mainly because persons in treatment, the homeless, those in prison, and school dropouts are not represented in general population and school-based surveys. A consistent theme emerges in the literature: many cultural minorities may show lower prevalence rates and higher abstention rates of substance use than the general population, but higher rates of alcoholism, drug addiction, and related health and social problems. This suggests that while the **rates** of substance use may not be higher for some groups, the **consequences** may tend to be more problematic (see, e.g., McNeece and DiNitto 1994, Chapter 11, for a summary of these findings from various sources).

Beyond the mere variations in rates of substance use and related problems, there are numerous effects of culture on the experience of substance use and addiction. Ethnographic studies suggest that heavy drinking is exacerbated in some Native American groups because of the social pressures to drink as an expression of group solidarity, coupled with a lack of shame with regard to drunkenness. Indeed, getting drunk is the goal of drinking (Littman 1970). In contrast, among some Latino groups, drunkenness and addiction are considered a sign of moral weakness, and so shameful that the alcoholic or addict, particu-

larly if female, may find him/herself cut off from the social support of family and friends (Melus 1980; McQuade 1989). On the other hand, it has been observed that some Asian cultures define drunkenness and addiction as shameful, but because such a high value is also placed on maintaining the family's reputation, families will tolerate and hide a member's addiction (Coleman 1981).

It must also be recognized that ethnic groups do not constitute homogeneous bodies in relation to drinking. In an ethnographic study of Sioux City Indians, for example, Hill (1974, 1980) found that multiple sets of drinking standards were maintained within the Indian population and that some sets defined heavy and frequent drinking as acceptable behavior. The views taken of drinking and the roles it played varied, not only among the life styles followed by the Indians, but often for a given individual over the course of his or her life cycle.

The examples in the preceding paragraph illustrate that determining the effects of culture on substance-abuse problems is not a simple task. As mentioned earlier, measures of acculturation and identification are not usually included in epidemiological studies. Acculturation refers to the process of sociocultural change that occurs when two societies come into contact (Hatch, 1985). Often one of the societies is politically dominant over the other, and the direction of change is for the subordinate society to adopt elements and patterns of culture from the dominant society. When applied to individuals (as in "acculturated persons"), the term refers to the degree to which the individuals have given up their knowledge of and participation in their traditional culture. A fully-acculturated individual would not be distinguishable on the basis of language, knowledge, values, or behavior from a member of the dominant society, and can be referred to as being **assimilated**. Identification refers to the extent to which a person defines him/herself as a member of the group in a positive manner (i.e., takes pride in being a member of his/her ethnic group).

No single view of the relationships that exist between acculturation and heavy drinking has won unanimous support from researchers (see Hill 1984 for an overview of the anthropological and historical literature). Many researchers argue that acculturative processes lead to sociocultural disorganization, economic deprivation, and psychological maladjustment, which in turn produce heavy drinking (Curley 1967, Hammer 1965, Mohatt 1972, and Wallace 1970). In contrast, Sue et al. (1979) and Phin and Phillips (1981) suggest that acculturation acts as a protective factor against substance-abuse problems for Asian Americans; the greater the acculturation, the less the risk for substance-abuse problems. Levy and Kunitz (1971:109) also discovered among the Navajo Indians in the Southwest that "the highest intensity of involvement with drinking and the greatest use of alcohol was found among the most traditional and least acculturated group, while the lowest use and involvement was found in the most acculturated off-reservation groups."

McNeece and DiNitto (1994) cite several other studies that also provide conflicting data. Numerous treatment professionals have also asserted that acculturation and identification with an "Africentric world view" act as protective factors and treatment resources for African Americans (Brisbane and Womble 1992).

It should also be noted that race and ethnicity, especially among the four groups discussed here, are correlated with exposure to a host of social problems, including poverty, unemployment, and alienation. Minority groups are

disproportionately exposed to these social stresses. Alcohol and other drugs are often used as coping methods in response to these stresses. Rivers (1994: 49) notes that "Many African American men drink because of unemployment and the inability to provide for themselves and their families." Other studies report that heavy drinking is used as a "tranquilizer" to escape from personal problems, reduce tension and distress, or deal with depression (Brown and Tooley, 1989; Neff, 1986). Herd (1989) found that the highest rates of problem drinking are concentrated among the most economically disadvantaged.

Observing that cirrhosis deaths were more frequent among African Americans who migrated north than among those who remained in the South, Rivers (1994) suggests heavy drinking was caused by the social upheaval of migration and the stresses of urban living. Eden and Aguilar (1989) observed a similar pattern for recent Latino immigrants. Alienation from the original culture and concomitant loss of family ties leads to feelings of guilt, betrayal and self-doubt. They also find that acculturation is associated with substance-abuse problems for Latinos, particularly recent immigrants. They conclude that social rejection by the larger culture leads to lowered self-esteem, which in turn puts individuals at risk for substance abuse. Thus, for minority groups there is strong evidence that substance abuse is often a response to the experiences of economic and social discrimination.

Herd (1991; 1994) concludes that among all racial and ethnic groups, the overall prevalence of alcohol-related problems is highest among men with relatively low incomes. However, for African American men, the rates of problems decline as income increases, while for whites the prevalence of problems rises for men with annual incomes of $30,000 and over. The effect of age on drinking problems is also different for African Americans and whites, with African American problem drinkers tending to be much younger than their white counterparts. Thus, race and ethnicity interacts with other variables associated with substance-abuse-related problems. However, in a multivariate analysis Herd (1994) also found that race (and ethnicity) independently predicts alcohol-related problems.

Methodological Issues in Studying Ethnic Populations

The work of researchers such as Herd (1991; 1994), Caetano (1989) and Bachman et al. (1991) used data from national probability samples to make comparisons across racial and ethnic categories. While such analyses provide much useful information about the epidemiology of substance abuse, there are also important limitations. For example, the school-based surveys (the Monitoring the Future data) miss dropouts and frequent absentees; it is likely that certain minority groups are over-represented in these categories. A second shortcoming is that large sample surveys typically measure ethnicity rather crudely as identification with a racial or nationality category, for example, lumping all Asian Americans together. Related to this is the lack of measures of acculturation, ethnic pride, and experiences with the psychic pains of prejudice and discrimination.

A major problem encountered in ethnic research is access to the target population (Beauvais 1995; Butler and Molifor 1995; Morgan 1995; Singer 1993; Egan-McKenna 1990). One obvious barrier to inclusion in surveys is the problem of English language communication. Access to minority populations has also been limited because of past

experiences with research. Some members of cultural minorities distrust research based on the perception that no positive changes occurred, or negative changes occurred, as the result of previous research involvement (Butler and Molidor 1993; Egan-McKenna 1990). Many members of minority groups perceive the research as a waste of time and money, exploitative, ineffective, and not mutually beneficial (Beauvais 1995; Butler and Molifor 1995; Morgan 1995; Egan-McKenna 1990). Singer (1993) observes that research is not universally valued, especially in communities where needs are many and resources are few. In such communities, research may be seen as squandering strategic resources that could be put to better use by directly funding programs. The feeling that research is even worse than wasteful, an expression of external domination, is prevalent among minority health and social service providers who question the ultimate purpose of the seemingly endless studies of the poor and relatively powerless. This attitude contributes to a "research backlash" that makes access to the study population difficult (Singer 1993).

Beauvais (1993:115) states that the "checkered reputation" of cultural research is due, in part, to a lack of cultural sensitivity on the part of researchers. Many researchers recognize that culturally-sensitive research is essential to effective research involving cultural minorities (Beauvais 1993; Butler and Molidor 1995); Collins 1995; Gilbert 1995; Bernal et al. 1995; Langton and Taylor 1995; Morgan 1995; Singer 1993; Moore 1992; Egan-McKenna 1990). Culturally-sensitive research involves taking into consideration the cultural context in which the research is conducted. Researchers must understand and accept as valid the attitudes, values, religious customs, and traditions of different cultural groups.

Morgan (1995:49) defines cultural competence as developing "...an understanding of the institutions, values, religious ideals, habits of thinking, artistic expressions, and patterns of social and interpersonal relationships that influence the lives of members of the community in which the research is to take place." Researchers must, at a minimum, recognize that members of a cultural group may perceive substance abuse differently from the researcher (Gilbert 1995; Langton and Taylor 1995). This is the problem of ethnocentrism, or judging another culture by the standards of one's own culture and presuming the superiority of one's own culture. Such a position greatly increases the risk of obtaining poor results since the observer will see only what he (or she) is looking for, thus confirming his (or her) prejudices (Greenwood and Stini 1977: 182-183). Access to respondents and the validity of the data gathered are aided by an understanding and acceptance of the cultural attributes of those being studied, and an understanding of the historical relationship between the cultural group and the dominant culture (Butler and Molidor 1995; Langton and Taylor 1995; Morgan 1995; Egan-McKenna 1990).

Singer (1993) attributes the "research backlash" to the ethnocentrism inherent in "researcher-centered research," which she distinguishes from "community-centered" research" and "participatory action research." Other researchers concur that research focusing on minority populations should be a collaborative project that includes the community members, the researchers, and the client (Beauvais 1995; Gilbert 1995; Pentz 1995; Fawcett 1991; Egan-McKenna 1990; Weibel-Orlando 1990; Shore 1989). Moreover, it is important to work with community members and include them in the decision-making process of the study (Gilbert 1995; Langton

and Taylor 1995; Singer 1993; Fawcett 1991; Weibel-Orlando 1990; Shore 1989).

Researchers have taken at least three different positions on the issue of whether data collectors should be of the same ethnic background as the study population. Butler and Molidor (1995) take the position that data collectors do not have to be members of the cultural group but must be knowledgeable of the culture. The second opinion is that a majority of the data collectors should be of the same ethnic group or be able to speak the language (Gilbert 1995). A third position is that members of the community should be employed in obtaining the data in order to gain access to the cultural group (Catalano et al. 1993; Singer 1993). The appropriate strategy for a given study is likely to vary across cultural groups and the nature of the data collection. Further, given intragroup diversity, no one strategy may be acceptable to all members of a community.

In sum, as Bernal et al. (1995) suggest, valid data on the substance-abuse treatment needs of minority populations will most likely be produced by culturally-sensitive research, that is, research that entails the consideration of the cultural context across several phases of the scientific process, including pretesting and planning the investigation, translation of instruments, collection of data, and analysis and interpretation of the data.

Treatment Implications of Culturally-Specific Findings

The appropriate translation of findings from studies of ethnic minorities to recommendations for how to provide culturally-specific substance-abuse treatment is not well developed at this point. Certain themes can be identified in the literature, but insufficient, or occasionally contradictory, data leave the policy implications somewhat ambiguous.

One important theme in the literature addresses the utility of providing culturally-specific treatment. It has been argued that minority populations need culturally-specific treatment for substance abuse because conventional treatment programs have been unable to fit their special needs (Butler and Molidor 1995; Collins 1995; Moore 1992; Harper 1989). Conventional treatment programs have been criticized for not collaborating with community members and for failing to address the special circumstances of minority groups (Butler and Molidor 1995; Brisbane and Wells 1989).

Stubben (1992), in a review of relapse rates across alcohol treatment programs, concludes that Native American clients fare better in treatment programs that use tribal ceremonies and practices. Weibel-Orlando (1989) states that this effect probably varies according to the clients' degree of cultural assimilation but offers no data to confirm that.

Similar conclusions have been proffered regarding treatment of African American clients. African Americans with substance-abuse problems tend not to seek treatment; often this is due to prior segregation and the perception that treatment programs are designed by whites, for whites, and take place in white settings (Brisbane and Wells 1989; Harper 1995). Myers (1986), Schiele (1996) and others have urged the use of traditional African perspectives in treatment and have suggested ways that treatment can incorporate the cultural strengths of the African American community. McGee and Johnson (1985), among others, suggest that mainstream research and treatment modalities have failed to appreciate the impact of the experience of

membership in a racially-biased society as a treatment issue.

A related treatment issue is the need for treatment professionals to be of the same racial or ethnic background as the client (Hawkins et al. 1993; Trotter 1985; Alcocer 1982; Harper 1976). Stubben (1992) suggests that having Native American staff is essential for at least some Native American clients. Weibel-Orlando (1989) has found that Native American reactions to non-Indian counselors usually range from overt hostility to sullen, silent resentment and resistance. Brisbane and Womble (1992) suggest that this is important for African Americans, but they also suggest strategies for helping European American professionals work with African American clients, which implies that it is not always necessary to have same-race/ethnic counselors.

McNeece and DiNitto (1994:264) note the existence of several hundred Latino chemical-dependency treatment agencies or programs, but there is no real consensus as to what constitutes Latino culturally-sensitive treatment. Having a bilingual staff is recognized as a necessary but not sufficient criterion. Caetano (1988) calls for the recruitment of more Latinos into the substance-abuse treatment profession and for the development of culturally-specific programs.

Kitano (1989) reports that Asian Americans would prefer to receive treatment from an ethnic agency. Summarizing several studies, McNeece and DiNitto (1994: 271) state that "underutilization of substance-abuse treatment services by Asian Americans has been blamed on inaccessibility and cultural values... Cultural factors that may inhibit treatment use are lack of identification of substance abuse as a problem, lack of familiarity with social service agencies, pride in handling one's problems alone, preference for handling problems within the family, and the stigma associated with drinking problems that would bring shame on one's family."

Making treatment appropriately culturally-specific requires at least three components. First, there is cultural **awareness**: knowledge of the cultural system of values, beliefs, and practices. Second, there is cultural **sensitivity**: an attitude respectful of the differences in cultural systems and experiences. Third, there is cultural **competence**: the developmental process by which a person in a helping profession becomes effective in designing and implementing a treatment for individuals.

Brisbane and Womble (1992) argue persuasively that professionals who attempt to be "color blind" are in effect invalidating their ethnic clients' experience of difference. Moore (1992) defines cultural competence as understanding and respecting the values, world views, attitudes, and preferred behavior patterns of the client. It enables the clinician to appreciate the differences in clients and, thereby, be more effective in tailoring treatment towards the specific needs of the group. Culturally-sensitive treatment must go beyond a commitment to nondiscrimination, to include the clients' culturally-specific experiences in the assessment, planning, and intervention phases of treatment.

What constitutes "culturally-sensitive" treatment is likely to vary across groups and individuals. For example, in an ethnohistorical study of the Native American church (sometimes referred to as the peyote religion) among the Winnebago Indians, Hill (1990) found that the effectiveness of the religion in preventing and controlling heavy drinking varied both through time and in relation to a variety of sociocultural and psychological factors. For some individuals, the religion played a major

role in coping with drinking problems, but for others it was not successful. The findings again underline the point that even culturally-sensitive treatment regimes must be tailored to meet the needs of individual problem drinkers. The first step is the gathering of reliable information about the cultural perspectives of ethnic groups.

Eight aspects of culturally-specific treatment can be identified. They are: (1) culturally-appropriate language; (2) cultural knowledge; (3) use of culturally-specific metaphors; (4) concepts that are familiar to members of a culture; (5) acknowledgment of similarities and differences between clients and treatment providers; (6) treatment goals that take into account cultural values; (7) cultural adaptations of treatment methods; (8) and an awareness of the social context of the minority client (Bernal et al., 1995).

The cultural competence model of Mason et al. (1996) was developed for children's mental health services (CASSP). It emphasizes the behavioral extensions of cultural awareness and sensitivity in direct practice, policy, and agency structure. The ideal end point is for treatment to become "culturally proficient."

To reiterate, the literature indicates that racial and ethnic minority groups in the U.S. have values and belief systems that are different in some important ways for substance-abuse treatment from those of the white majority. Treatment involving members of those groups is an area where such values and beliefs need to be addressed. Those involved in the treatment process need to understand the client's world, world view, and also potential barriers to seeking treatment. It may also be important for the clinician to uncover important culturally-specific resources to aid the client in the treatment process (i.e., indigenous treatment or therapy). In developing culturally-competent treatment, the treatment personnel should work with individuals in each community to identify the most important needs of the individual within that group. The treatment should then be structured to help meet those needs. Lastly, the needs should be assessed according to the time needed to implement the changes (i.e., are the changes of a short-, intermediate-, or long-term nature) (Mason et al., 1996).

Part 2 Methods

Two of the major considerations for the present study were its design and the appropriate methods for that design. A full year was spent by the research team critically discussing these basic issues and preparing for actual data collection. In addition to the extensive literature available to the team, individuals with relevant knowledge and experience within the state were consulted. A first step was to gather available information on Iowa's minority groups. The present study was not the first of its kind to be attempted in the state, although it may have been the most ambitious.

Previous Iowa Minority Study

The *Analysis of Substance Abuse Treatment for Minority Populations in Iowa* (IDPH, 1990), was published in cooperation between the Division of Substance Abuse of the Iowa Department of Public Health and the Iowa Minority Substance Abuse Advisory Coalition. The purpose of the study was to identify the accessibility of substance-abuse treatment for minority populations in Iowa. Four minority populations were specified: African Americans, Asian Americans, Native Americans, and Latinos. It was the study's hypothesis that these minority groups were underserved in substance-abuse treatment. The report speculated five possible reasons for this lack of service: (1) perceived lack of need for minority service; (2) uneven minority population distributions; (3) minority populations' misunderstanding of available service; (4) minority populations' mistrust of existing services; and (5) minority populations' lack of awareness of current services. All data were collected by convenience sampling and face-to-face interviewing of 596 persons. There were interviews of 371 African Americans, 50 Asian Americans, 69 Latinos, and 106 Native Americans.

A majority of the Latino and Native American samples from the 1990 study felt that alcohol and drugs were big problems for their cultural groups. In comparison, a minority of the Asian American sample perceived alcohol and drugs to be big problems for their cultural group, while African Americans were not asked these particular questions in the 1990 survey. More than half of the Native American sample knew someone who needed treatment for a substance-abuse problem, slightly less than half of the Asian Americans knew someone who needed treatment for substance abuse, and less than one-third of the African Americans and Latinos knew someone who needed treatment for a substance-abuse problem.

Over half of the African American, Latino, and Native Americans stated that the treatment agency they attended had staff and/or counselors who understood their needs. No Asian American respondents reported ever having sought treatment for a substance-abuse problem. More than half of the African Americans and more than two-fifths of the Native Americans surveyed reported they would talk with a friend or relative if they wanted to get treatment for a substance-abuse problem. Nearly two-thirds of the Asian Americans reported they would contact a refugee center if a relative or close friend needed access to treatment services. Slightly less than three-fifths of the Latinos surveyed would contact a teacher or migrant center to

help a relative or close friend who had a problem with alcohol or drugs.

African Americans cited a "concern that your business would be put in the street" and the "lack of culturally-sensitive program or service" as reasons respondents would not seek treatment for a substance-abuse problem. The "concern that your business would be put in the street" is a reference to the perceived lack of confidentiality of the treatment. The African Americans felt that, if they divulged any negative information, it would come back to haunt them. According to a person involved with the 1990 survey, African Americans' general experiences have shown them that information they give to one agency may somehow make its way to other agencies and have negative repercussions.

Asian Americans reported no available treatment centers and lack of knowledge of center locations as important reasons that other Asian Americans would not seek help for a substance-abuse problem. Latino respondents reported that not knowing of treatment centers, lack of trust with the treatment centers, and no desire to seek treatment as important reasons others in the Latino community would not seek treatment for alcohol or drug problems. Native Americans also cited individuals not wanting to seek help and lack of trust with the treatment centers as important reasons for other Native Americans not seeking help for an alcohol or drug problem.

This 1990 study was used as a partial guide to the present study. The same four minority groups were selected and a few survey questions were adopted. Mostly, the cultural knowledge previously reported was utilized to sensitize the present research team as it designed its ambitious inquiry.

Iowa's Racial/Ethnic Minority Populations

Table 1 shows 1990 Census data on race/ethnicity for the state of Iowa and selected communities. Nearly 97% of Iowans are white. The largest minority racial or ethnic group is African Americans (1.7%), followed by Hispanics/Latinos (1.2%). Less than 1% of the state's population is either American Indian or Asian. A second major feature of the state's racial population, beyond the percentage distribution, is the absolute number of persons. Iowa's 1990 total population was slightly under three million. Hence, the number of persons within any of the minority racial categories is small. There was a statewide total of approximately 48,000 African Americans, 25,000 Asian Americans, 7,000 Native Americans, and 33,000 Hispanics/Latinos in 1990. 1992 Census estimates indicate that the Hispanic/Latino population was 37,489, representing a 46.8% increase since 1980. (Reputedly, this population group is the fastest growing segment of the state's population.)

While these Iowans are dispersed across several communities, their numbers within any one community are yet modest. As a result, Iowa has a relatively small number of racial/ ethnic communities, each containing rather small numbers of persons. Further, each of these minority communities has its own specific history, culture, and internal diversity. When attempting to assess treatment needs for cultural minorities in Iowa, the obvious need is to focus the effort on those few communities having the greatest minority concentrations. This project selected eight such communities situated in six localities.

Table 1. Race/Ethnic Distribution
State and Selected Localities

Detailed Race/Ethnicity	State	Des Moines	Tama	Sac & Fox Settlement	Sioux City	Waterloo	West Liberty
White	96.6%	89.2%	95.1%	1.4%	92.6%	86.6%	84.5%
	2,683,090	172,417	2,565	8	74,525	57,581	2,479
Black	1.7%	7.1%	0.3%	0.2%	2.3%	12.1%	0.2%
	48,090	13,741	7	1	1,848	8,068	7
American Indian, Eskimo, or Aleut							
American Indian	0.3%	0.3%	3.1%	97.6%	2.0%	0.2%	0.3%
	7,217	662	83	563	1,618	118	9
Eskimo and Aleut	0.005%	0.02%	0	0.2%	0.007	0	0.03%
	132	37	0	1	6	0	1
Total Native American	0.3%	0.4%	3.1%	97.7%	2.0	0.2%	0.3%
	7,349	699	83	564	1,624	118	10
Asian							
Vietnamese	0.1%	0.4%	0	0	0.5%	0.1%	0.4%
	2,882	724	0	0	381	65	12
Laotian	0.1%	0.8%	0.6%	0	0.3%	0.04%	3.0%
	3,374	1,495	17	0	249	27	87
Other Asian	0.7%	1.2%	0.4%	0	0.7%	0.5%	0.6%
	18,781	2,324	10	0	555	355	18
Total Asian	0.9%	2.4%	1.0%	0	1.5%	0.7%	4.0%
	25,039	4,543	27	0	1,185	447	117
Pacific Islander	0.02%	0.03%	0.2%	0	0.01%	0.003%	0
	439	59	4	0	10	2	0
Other race	0.5%	0.9%	0.4%	0.7%	1.6%	0.4%	11.0%
	12,750	1,728	11	4	1,313	251	322
Total population	2,776,755	193,187	2,697	577	80,505	66,467	2,935
Hispanic/Latino Origin - any race	1.2%	2.4%	1.6%	1.6%	3.3%	0.8%	23.1%
	32,647	4,629	42	9	2,624	531	679

Source: 1990 Census of Population and Housing. Summary Tape File 1A.

Table 2 shows the distribution of the state's race/ethnicity across these six localities. The cultural community selection process was partly based on the population distributions shown in both Tables 1 and 2. The selected localities of Waterloo, Des Moines, and Sioux City have concentrations of African Americans; Sioux City and Tama/Sac and Fox Settlement have concentrations of American Indians; Des Moines and Sioux City have concentrations of Asian Americans; and Des Moines, Sioux City, and West Liberty have concentrations of Hispanics/Latinos.

Communities for the project were selected for the study after consultation with community leaders and consultants who had interest and expertise in substance abuse in minority populations. Eight cultural communities were selected on the basis of (1) demographic

characteristics, especially having a substantial minority population; (2) the likelihood that the study would have a positive impact on the community; (3) whether the community was receptive to the idea of the research study; (4) the presence of formal and informal structures that would facilitate the study; and (5) the geographic spread of selected sites across the state. The eight communities selected for the study were (1) African Americans in Waterloo, (2) African Americans in Sioux City, (3) Vietnamese/Laotian in Des Moines, (4) Vietnamese in Sioux City, (5) Latinos in West Liberty, (6) Latinos in Sioux City, (7) American Indians in Sioux City, and (8) American Indians in Tama/Sac and Fox Settlement. The original plan was to interview a minimum of 100 randomly selected adults in each community.

Table 2. Percentages of State's Race/Ethnic Population State and Selected Localities

Detailed Race/Ethnicity	State	Des Moines	Tama	Sac & Fox Settlement	Sioux City	Waterloo	West Liberty
White	2,683,090	6.4% 172,417	0.1% 2,565	0.0003% 8	2.8% 74,525	2.1% 57,581	0.09% 2,479
Black	48,090	28.6% 13,741	0.01% 7	0.002% 1	3.8% 1,848	16.8% 8,068	0.01% 7
American Indian, Eskimo, or Aleut							
American Indian	7,217	9.2% 662	1.2% 83	7.8% 563	22.4% 1,618	1.6% 118	0.1% 9
Eskimo and Aleut	132	28.0% 37	0 0	0.8% 1	4.5% 6	0 0	0.8% 1
Total Native American	7,349	9.5% 699	1.1% 83	7.7% 564	22.1% 1,624	1.6% 118	0.1% 10
Asian							
Vietnamese	2,882	25.1% 724	0 0	0 0	13.2% 381	2.2% 65	0.4% 12
Laotian	3,374	44.3% 1,495	0.5% 17	0 0	7.4% 249	0.8% 27	2.6% 87
Other Asian	18,781	12.4% 2,324	0.05% 10	0 0	3.0% 555	1.9% 355	0.09% 18
Total Asian	25,039	18.1% 4,543	0.1% 27	0 0	4.7% 1,185	1.8% 447	0.5% 117
Pacific Islander	439	13.4% 59	0.9% 4	0 0	2.3% 10	0.4% 2	0 0
Other race	12,750	13.5% 1,728	0.09% 11	0.03% 4	10.3% 1,313	1.9% 251	2.5% 322
Hispanic/Latino Origin - any race	32,647	14.2% 4,629	0.1% 42	0.03% 9	8.0% 2,624	1.6% 531	2.1% 679

Source: 1990 Census of Population and Housing. Summary Tape File 1A.

Study Design

The ideal sampling design had three stages of selection: random selection of tracts/blocks from those having the highest concentration of members of the target cultural group; random selection of households within the selected tracts/blocks; and random selection of an adult within the selected household. However, from the beginning, the research team was warned that this would be problematic in many settings because it was not in accord with the culture of the communities. For example, community members might be suspicious of the enumeration process (at all stages), not all adults within a household would have equally appropriate roles allowing the disclosure of information, and knowledge of the survey effort might quickly spread within some communities contaminating the respondent pool.

The actual research design was modified from the ideal to be a negotiation between the researchers and the community contacts. This design allowed for different protocols to develop within each community based on that community's characteristics and preferences as understood and tempered by the researchers. Thus, the study's design attempted to balance the goals of achieving local legitimacy with maintaining scientific merit. A deliberate decision was made to error on the side of pursuing local legitimacy in the sampling process in exchange for retaining a standardized instrument. In addition to this intended interplay of standard research practices and local community norms, there were some objective interventions in the design. Some neighborhood residential turnover was greater than expected, and 1990 Census data were found to be obsolete for the purpose of identifying "minority areas." Contacting potential respondents at such locations as community centers became a necessity, at least as a supplement to other methods. Overall, the research design was not based on the belief that the final result would be precise estimates of treatment needs; rather, the design was aimed at the development of culturally-specific knowledge and interpretations that could guide planning and programming in a more holistic sense.

Community advisors were enlisted for the project in its early stages. These individuals had a keen interest in the study and expertise in substance-abuse issues relevant to the minority population in their community. They provided advice on enlisting cooperation in the various cultural communities, provided input and reactions to the instrument, and ultimately aided in the interpretation of the findings. A project manager from the Iowa Consortium for Substance Abuse Research and Evaluation worked as a liaison between the community advisors and the research team.

In addition to the community advisors, four paid consultants with expertise in substance-abuse issues in cultural communities were employed by the study. As with the community advisors, the consultants met frequently with the project manager and directly with the research team. Consultants and community advisors provided input into all phases of the project, from the selection of the study communities to the interpretation of the findings. Data from the surveys were supplemented by informal data from the discussions with the community advisors, the consultants, and the interviewers.

A deliberate and sustained effort was made to include diverse perspectives in the design and implementation of the study and in the interpretation of results. Nearly all community advisors and interviewers were of minority racial or ethnic backgrounds, matching each of

the communities studied. The consultants consisted of a mix of cultural backgrounds as well (Native American, African American, and white). Although this particular set did not include Latinos or Asians, the community advisors and interviewers did. There was also gender diversity in all three groups. Additionally, the project manager was female. This heterogeneity worked well to highlight the complexities of cultural differences that might otherwise have been overlooked.

Due to a number of methodological and logistical difficulties encountered in the data collection process, fewer than the desired number of interviews were obtained in all but one community, and sampling designs were often modified. Data collection never occurred in the Tama and Des Moines sites. In Tama/Sac and Fox Settlement, there was a rather continuous series of local organizational and political disruptions, and, although a list of tribal members was provided to the researchers and official endorsement was achieved, respondent cooperation was nil and the site was abandoned after six weeks of field effort. In Des Moines, the effort to achieve an

Table 3. Design Summary

Community	Interviewers	Sample Design	Final Sample Size	Notes
Waterloo African Americans	5 African Americans from community	Random and purposive selection of household adults	102	Included endorsement letter from community substance-abuse agency
Sioux City African Americans	3 African Americans from community	Random and purposive selection of household adults	39	Used $10 respondent incentives
Sioux City Latinos	6 Latinos from commuinity	Nonrandom selection of adults through community center	91	
West Liberty Latinos	4 Latinos, 1 from community, 3 from outside	Random and purposive selection of household adults	39	
Sioux City Vietnamese	2 Vietnamese from community	Random and purposive selection of household adults	89	
Sioux City American Indians	3 American Indians from community	Nonrandom selection of adults through community center	37	Use $10 bingo card respondent incentives
Tama/Sac & Fox Settlement	2 American Indians from outside	Random selection of adults from tribal list	0	Study dropped
Des Moines Vietnamese and Laotians	1 Vietnamese and 1 Laotian from community	Random selection of household adults	0	Study dropped

acceptable translation of the Laotian version of the questionnaire dragged on for months, and in the interim the overall project budget was becoming endangered; hence, data collection at this site was never initiated. Data collection proceeded very slowly at the other six sites with varying degrees of success. The statistical data collected from these six communities must be interpreted cautiously. Unlike the statewide survey (Lutz, et al., 1995a), the women's study (Skinstad, et al., 1996), and the flood victims study (Lutz, et al. 1995), the data from the minority study cannot easily be used to project precise estimates of substance use and abuse prevalence. However, the findings do provide important insights into the substance-abuse treatment needs of the cultural groups studied.

The final design for the separate community studies is summarized Table 3. This summary includes the completed sample sizes.

Instrumentation: NTC and the Iowa Model

The survey instrument used in the Iowa statewide general household survey was based on the NTC instrument provided for the project from CSAT. This in turn was modified for use in the minority study. The core of the minority instrument is a series of questions that asks individuals about their use of tobacco, alcohol, and other drugs. These questions include a diagnostic series about substance abuse and problems, designed to measure alcohol and drug dependence by the clinical criteria in the DSM-III-R and DSM-IV. Respondents were also queried about their attitudes toward substance use and treatment, their experiences with treatment, perceived barriers to treatment, and their knowledge of substance abuse and its treatment received by others they know. Basic demographic information (age, gender, marital status, income, etc.) also were collected. The biggest adjustment was the addition of a section measuring various aspects of cultural context.

The instrument was reviewed and revised based on input from community advisors and consultants. This input addressed issues of cultural accuracy and sensitivity, simplifying wording, and item sequencing. The final instrument consisted of five content areas: (1) measures of cultural context (identity, interaction, language, etc.); (2) alcohol, tobacco, and other drug use and dependency; (3) experiences and attitudes toward substance-abuse treatment; (4) opinions regarding culturally-specific substance-abuse treatment needs; and (5) general demographic and background information.

It was intended that, as much as was possible, the same instrument would be used for each group. However, some questions were restructured to suit a particular cultural group. One major difference from the general population instrument is that a series of questions about substance-abuse problems in the local community was geared specifically toward the local cultural group. For example, African Americans in Sioux City were asked if drug use "is a big problem for African Americans in Sioux City." Efforts to make the instrument sensitive to members of each group also necessitated some variations. For example, only American Indians, Latinos, and Vietnamese were asked about the use of, proficiency in, and preference for the English language versus other languages. It was felt that these questions would be unnecessary and potentially insulting to African Americans. Similarly, African Americans and American Indians were not asked a question about how many generations their family had been in the United States.

Face-to-face interviewing was the data collection method used in the study. Telephone interviewing worked very well for the statewide study and the women's study and was the method advocated by NTC/CSAT. However, it was determined that in-person interviews were more appropriate to the Iowa minority study for several reasons.

Theoretically, oversampling for a telephone survey could reach minorities under conditions of sufficient concentration. But the absolute number of minority members in Iowa is small even when they are geographically concentrated.

In addition, there are major cultural differences among these communities precluding their useful combination for study purposes. Some of the minority communities studied were highly transient or had high proportions of new residents and low phone connection rates, making it difficult to contact a useful sample by random digit dialing. Few list samples of minority-owned residential telephone numbers could be procured. Further, community advisors and project consultants held very strong convictions that insufficient trust existed to make telephone interviewing a viable alternative for this project. Face-to-face interviews using culturally matched interviewers created a greater opportunity for establishing positive rapport with the respondents.

Interviewers were largely drawn from within the communities studied. In most sites, candidates for this role were identified by community advisors and leaders. This process was supplemented with open announcements of job listings in newspapers. All candidates were invited to file formal applications, and reference checks were completed for the applicants. The selection criteria emphasized communication skills, any prior related experience, and knowledge of the local community. Several interviewers were formally trained in groups at two locations and otherwise individually trained. A field supervisor/coordinator was recruited for Sioux City where four cultural communities were being studied. For many, interviewing was a new and challenging task, requiring the ability to learn quickly and close mentoring. The project manager provided direct oversight and facilitated progress in the field.

Part 3 Overview of Community Findings

Findings for the six cultural communities studied are presented in separate chapters to follow. This begins with the studies of African Americans in Waterloo and Sioux City, followed by the Sioux City Latinos, the West Liberty Latinos, the Sioux City American Indians, and the Sioux City Vietnamese. Prevalence data on substance use, dependency, and treatment are reported and in some cases compared to the results of the statewide household study. Community rates should be treated cautiously, however, due to the small and nonrandom sample sizes. Therefore, it is not appropriate to make precise generalizations about these minority populations concerning prevalence. Integrated with the survey findings are interpretations based on insights from the community advisors, consultants, interviewers, and research team members.

There are some findings of general importance across all groups that are summarized here:

- Most respondents (59% to 92%) reported that their race or ethnicity was a very important factor in their identity, except for the Vietnamese (29%).
- A majority within each sample (ranging from 53% to 100%) said that their cultural group has special problems or needs in relation to getting help with alcohol or drug problems.
- Many asserted that having a counselor from the same ethnic background would be useful (33% to 77%) for effective treatment.
- Many indicated that not having a counselor of the same ethnic background might be a problem if they were seeking treatment (33% to 80%).
- Communities varied in the extent to which their members felt they needed programs specifically suited to their cultural background (16% to 62%).
- Many respondents (26% to 66%) indicated that not having programs suited to their cultural background would be a problem if they sought treatment.
- Similarly, community members often suggested that treatment program personnel need to understand substance abuse within their cultural context (11% to 79%).
- Anticipated problems in paying for services was the most commonly cited reason for not seeking treatment.
- As was also found in the general statewide household survey, many respondents who meet clinical criteria for chemical dependency have not received treatment and do not define themselves as having a substance-abuse problem.

Measurement Notes

The study gave special attention to the potential role of acculturation in substance abuse. Recall that acculturation refers to "the process of cultural change which occurs when two people with different cultures come into

long and intimate contact" (Hatch, 1985:5). Acculturation was measured three separate ways in this study.

First, the respondents' perceived significance of their own culture was assessed. This concept, **cultural significance,** was measured by asking respondents how important their cultural background is to them, how proud they are of their cultural background, how knowledgeable they are of their cultural heritage, and how active they are in political affairs that focus on issues concerning their cultural group.

Second, **the degree of interaction with members of the dominant culture** (whites/ Anglos) was examined. This interaction was estimated by asking the respondents to indicate how many white/Anglo friends they had as a child and how many they have now.

Lastly, **the respondents' mastery of the English language** was gauged. Respondents were asked to rate how well they speak, read, and write English compared with their native language. They were asked what language is predominately spoken in their current home and what language was spoken in their home when they were growing up. The respondents were also asked to indicate what language they prefer to speak at home and what language they think in. These questions on English language were not asked of African American respondents for whom it was presumed that English was their first and predominant language.

These measures of acculturation were examined to see if they were associated with variables that measured alcohol consumption, alcohol dependency, and attitudes concerning alcohol use such as perceiving alcohol as having beneficial effects. Alcohol consumption was estimated by asking respondents how frequently they drank and how many drinks they would have on an average drinking day. Alcohol dependency was measured using the DSM-III-R and DSM-IV criteria.

A permissive attitude toward alcohol use was assessed by asking respondents their level of agreement with the following statements: there is no real harm in giving a young child a little drink now and then to calm them down; drinking beer or wine causes far fewer problems for a person than drinking liquor; it is worse for a woman to let others see her drunk than for a man to do the same; and an alcoholic can learn to drink moderately.

Perceiving alcohol as having beneficial effects was calculated by asking the respondents their extent of agreement with the following statements: alcohol... helps me forget that I am not the kind of person I really want to be, helps me feel more satisfied with myself, helps me overcome shyness, helps me get along better with other people, helps me enjoy a party, makes me more creative, give me more confidence in myself, gives me more pleasure, and makes me less self-conscious.

The next six chapters present findings for each cultural community studied. A final chapter offers conclusions and recommendations from the project.

Part 4 African Americans: Waterloo

Population and Sample Background

Waterloo had a 1990 Census African American population of 8,068 residents, which is approximately 12% of the city's population (Table 4). This is much greater than the statewide percentage of 1.7 % African Americans and was a primary reason for the community's selection for study.

Waterloo African Americans are disadvantaged educationally and economically when compared with most Iowans. According to 1990 Census data, Waterloo African Americans are less likely than most Iowans to be high school graduates or college graduates. The 1989 median income for Waterloo African Americans was less than half of the median income for the city and state as a whole, and about three-fourths that of African Americans statewide. African Americans from Waterloo were four times more likely than Iowans generally to be unemployed or living below the poverty line.

These educational and economic disparities have implications regarding types of occupations and types of housing that are available. Thus, there were fewer African Americans from Waterloo working in managerial or professional special occupations than Iowans statewide, and they were twice as likely than all Iowans not to own a home.

The Waterloo study yielded the largest and most complete data set in the project. Support for the study and data collection occurred rather rapidly in Waterloo compared to the other sites, but yet was not without its limitations. Waterloo's community of African Americans is mostly cohesive, organized, and has a long history. The high level of involvement in community centers, churches, and organizations facilitated the communication between leaders, community members, and the project team.

Personnel of NECSA (NorthEast Council on Substance Abuse) in Waterloo were particularly helpful in the development of the questionnaire and in suggesting ways to approach the African American community. They composed a letter of endorsement that was hand delivered to potential respondents by interviewers. Those interviewers were recruited from the community and were familiar with its culture. The sample was drawn from randomly selected households within geographic areas (matching Census tracts and blocks) containing the highest concentrations of African Americans. While the subareas within these tracts/blocks were first randomly selected, purposive selection of subareas was used later in the process to increase efficiency in locating respondents.

Added to the process were meetings of the researchers with community organizations whose members helped distribute announcements and endorsements of the project. The final sample was composed of 102 completed interviews. Table 4 displays some of the social and economic characteristics of African Americans in Waterloo and the state according to 1990 Census data.

Table 4. Selected Social and Economic Characteristics for African Americans and Total Population Waterloo and State

Characteristic	Waterloo		State	
	Black	Total	Black	Total
Total population	8,068	66,467	48,090	2,776,755
Percent of total population	12.1	—	1.7	—
Gender—Percent				
▸ Female	54.0	52.8	50.0	51.6
▸ Male	46.0	47.2	50.0	48.4
Native persons—Percent born in state of residence	56.7	78.9	53.0	78.8
Persons 5 years and over—Percent				
▸ Ability to speak English	98.9	92.2	97.7	98.6
▸ Don't speak English "very well"	1.1	0.8	2.3	1.4
▸ Speak a language other than English	3.2	2.8	5.6	3.9
Persons 25 years and over—Percent				
▸ High school graduate or higher	62.2	77.9	70.1	80.1
▸ With bachelors degree or higher	5.7	14.1	12.8	16.9
Persons 16 years and over—Percent				
▸ In labor force	58.4	56.4	62.5	66.0
▸ Unemployed	17.0	4.4	13.7	4.3
▸ Employed in managerial and professional	13.7	22.6	18.6	22.3
Median income in 1989—Dollars				
▸ Households	12,222	23,578	16,010	26,229
▸ Families	14,656	29,798	18,568	31,659
Per capita income in 1989—Dollars	7,173	12,475	7,844	12,422
Income in 1989 below poverty level—Percent				
▸ Of persons for whom poverty status is determined	42.8	16.9	37.1	10.8
▸ Of families	41.7	14.3	32.7	7.8
Age groups—Percent				
▸ 17 and younger	41.4	26.4	36.7	25.9
▸ 18–24	9.3	9.1	14.3	10.2
▸ 25–34	14.7	15.0	17.0	15.4
▸ 35–44	12.2	14.9	12.3	14.2
▸ 45–54	8.1	9.8	7.2	9.9
▸ 55–64	7.2	9.3	5.8	9.0
▸ 65 and older	7.1	15.7	6.7	15.3
Residence—Percent				
▸ Owner occupied	45.4	65.4	38.8	70.0
▸ Renter occupied	54.5	34.6	61.2	30.0
Household type—Percent				
▸ Married with children under 18	16.4	22.2	18.4	27.6
▸ Married with no children under 18	13.9	29.9	15.2	32.4
▸ Single parent with children under 18	29.0	9.3	24.7	6.0
▸ Single parent with no children under 18	11.9	5.5	8.8	4.0
▸ Non–family household	28.8	33.2	32.9	29.9

Source: 1990 Census of Population and Housing. Summary Tape File 1A, and 3A.

As shown in Table 5, the gender distribution of the sample is slightly skewed, with 60% of respondents being female, compared to 54% by Census data. Thirty percent of the respondents were single/never married, and another 30% were currently married or cohabiting.

Most of the respondents had completed high school (71%) but only 7% were college graduates.

Approximately one-half (53%) of the respondents were employed full-time, and about one-fourth were employed part-time. Almost half of the respondents reported household incomes

Table 5. Background Characteristics of Sample Waterloo African Americans (n=102)

Characteristic	Responses
Gender	60% Females 40% Males
Age	31% Under 30 33% 30-50 35% Over 50 Median age: 40 years
Length of residence in Iowa	14% Lived less than 10 years in Iowa 19% Lived 11-20 years in Iowa 67% Lived more than 20 years in Iowa
Length of residence in Waterloo	14% Lived less than 10 years in Waterloo 19% Lived 11-20 years in Waterloo 67% Lived more than 20 years in Waterloo
Marital status	30% Never been married 30% Married or living with partner 17% Divorced 14% Widowed
Level of education obtained	71% High school graduates 7% College graduates
Current employment status	53% Full-time employment 24% Part-time employment 18% Unemployed (both looking and not looking for work)
Income	Household Income: 49% Household income under $15,000 81% Household income under $26,000 19% Household income over $26,000 Largest Sources of Income: 42% Employment by others 20% Retirement/pension/insurance 12% Disability pension or insurance 11% Public assistance

of less than $15,000 per year, and 81% reported less than $26,000 annual incomes. (The 1989 household median income for the state was $26,229.) Most received their income from employment or employment-related funds (retirement, disability). Only 11% received public assistance. Less than 14% of the respondents had lived in Waterloo less than ten years, and two-thirds had lived in the area for more than 20 years.

These demographics suggest a relatively stable and integrated community that is experiencing significant economic hardship. Families are relatively often headed by a single parent, a situation well known to be associated with depressed economic conditions.

Cultural Orientations

Perceptions of cultural orientations are shown in Table 6. The vast majority (85%) of those surveyed reported that race is very important to their identity. Almost all of the respondents (95%) stated that they had a very high level of pride in their own race. Slightly under half (47%) said that they knew a great deal about their cultural heritage, and only

Table 6. Cultural Orientations
Waterloo African Americans (n=102)

Characteristic	Response
Importance of race	82% Thinks race is very important to self 9% Thinks race is moderately important to self 95% Has very high pride in own race 4% Has no pride in own race
Knowledge about own cultural heritage	47% Knows a great deal about own cultural heritage 20% Know some about own cultural heritage 16% Knows little or nearly nothing about own cultural heritage
Interaction with whites and with own cultural group	26% Interacts better with African Americans 3% Interacts better with whites 71% Interacts equally well with whites as own group
Childhood friendship patterns with African Americans	64% Almost all 20% Most
Childhood friendship patterns with whites	4% Almost all 4% Most
Current friendship patterns with African Americans	46% Almost all 27% Most
Current friendship patterns with whites	2% Almost all 3% Most
Political activity	7% Very active in general politics 7% Very active in racial politics

16% felt that they knew little or nothing of their cultural heritage. African Americans in Waterloo reported that they interact and socialize with whites fairly frequently. Although most report that "most" to "almost all" of their childhood and current friendships were/are with other African Americans, 71% feel that they interact equally well with whites as with members of their own group.

Few respondents described themselves as politically active, either in general politics or in race-specific politics.

Personal Substance Use

Reported levels of personal substance use are fairly high among Waterloo African Americans. These rates are displayed in Tables 7 and 8.

Tobacco

Fifty-nine percent reported that they had used tobacco at least 100 times. Almost half of the respondents (45%) currently use tobacco; the figure is much higher for men (60%) than women (36%). Slightly over one-fourth of the respondents stated that they had ever felt dependent on tobacco.

Alcohol

Ninety percent of the respondents reported some (lifetime) use of alcohol. Two-thirds had used alcohol within the last 18 months, and slightly under half (46%) had used within the last month. The research literature on alcohol

Table 7. Personal Substance Use
Waterloo African Americans (n=102)

Characteristic	Responses	
Personal tobacco use	59%	Have ever used tobacco
	45%	Currently use tobacco
	26%	Ever felt dependent on tobacco
Personal alcohol use	90%	Have ever used alcohol in their lifetime
	65%	Have used alcohol within the last year and a half
	46%	Have used alcohol within the last month
Personal alcohol abuse	9%	Have engaged in binge drinking
	9%	Ever felt dependent on alcohol
	17%	DSM-III R clinical alcohol dependence
	10%	DSM-IV clinical alcohol dependence
	8%	Drinking more now than five years ago
Personal drug use	35%	Have used any illegal drug in lifetime
	21%	Have used any illegal drug within the last year and a half
	14%	Have used any illegal drug within the last month
	3%	Have had a problem with any illegal drug in lifetime

Table 8. Personal Substance Use by Demographic Characteristics
Waterloo African Americans (n=102)

Characteristic	Responses
Personal tobacco use	Have ever used tobacco: 72% Men 51% Women Currently use tobacco: 60% Men 36% Women
Personal alcohol use	Have ever used alcohol in their lifetime: 100% Under 30 87% 30 and over 93% Under $26,000 76% Over $26,000 Have used alcohol within the last year and a half: 87% Under 30 56% 30 and over 83% Employed 17% Unemployed 50% Married 71% Not married Have used alcohol within the last month: 64% Under 30 38% 30 and over
Personal alcohol abuse	Have engaged in binge drinking: 7% Employed 25% Unemployed Clinical alcohol dependence DSM-III-R: 13% Employed 42% Unemployed
Personal drug use	Have used any illegal drug in lifetime: 48% Men 28% Women 58% Under 30 26% 30 and over Have used any illegal drug within the last year and a half: 39% Under 30 13% 30 and over

consumption generally reports that African Americans, especially women, have higher rates of abstention than do whites. These local data are consistent with that generalization. The figures for use within the last 18 months are slightly lower than for the statewide study.

Reported use of alcohol is much higher among the younger adults (under age 30), who are almost twice as likely to report using alcohol within the last month.

Several questions were asked to measure respondents' abuse of alcohol, including a DSM-III-R and DSM-IV diagnostic series. About 17% of the respondents were classified as clinically dependent on alcohol by the DSM-III-R criteria, but only 10% are dependent using the DSM-IV criteria. Nine percent of the respondents reported that they have engaged in binge drinking, and 9% also reported that they had ever felt dependent on alcohol. Problem drinking and clinical dependence are both significantly associated with unemployment.

Illegal Drugs

A substantial proportion reported use of illegal drugs: 35% within lifetime; 21% within the last 18 months; and 14% within the last month. Use of illegal drugs was more frequent among those under 30 and among men.

The acculturation variables were not found to be consistently correlated with alcohol consumption, drug use, or clinical dependency measures.

Attitudes About Substance Abuse in the Community

Table 9 displays responses to questions aimed at assessing the community's attitudes about substance abuse. Most of the respondents (52%) approve of drinking in social celebrations. About one-third describe drinking with meals as an "usual and acceptable" use of alcohol.

Most (62%) also reported that others in their household had engaged in binge drinking, that is, having five or more drinks in a row, within the previous month.

A majority (69%) said that drinking is a "big problem" among Waterloo African Americans. Thirty-one percent reported that drinking is a bigger problem among African Americans than in other groups. When asked what kinds of serious problems in the community were caused by alcohol use, the most common response was crime (54%).

The second most cited problem was drunk driving (40%), closely followed by interpersonal conflicts (39%) and work/employment problems (39%). (Note: Respondents could identify more than one problem, so these tabulations do not add to 100%.)

Drug use was perceived as a big problem by even more respondents than was alcohol: 91% agreed that drug use is a big problem among local African Americans, with 58% stating that it is a bigger problem for African Americans than for other groups. Again, crime was the most commonly-mentioned problem associated with drug use (84%), followed by

Table 9. Attitudes About Community Substance Use
Waterloo African Americans (n=102)

Characteristic	Responses
Perception of drinking problem among own cultural group	69% Thinks drinking is a big problem among own cultural group 20% Thinks drinking is a moderate problem among own cultural group 31% Thinks drinking among cultural group is a bigger problem than that among other groups 62% Thinks drinking among cultural group is the same sized problem than that among other groups
Household drinking	62% Reports others in household have had 5 drinks or more on at least one occasion during last month 38% Reports no one in household have had 5 drinks or more on at least one occasion during last month
Serious problems caused by alcohol use are:	54% Crime 40% Drunk driving 39% Interpersonal conflicts or fights 39% Employment/work
Thinks usual and acceptable uses of alcohol are:	52% Social celebrations 33% With meals 24% No uses 23% Partying with others
Perception of drug problem among own cultural group	91% Thinks drug use is a big problem among own cultural group 6% Thinks drug use is a moderate problem among own cultural group 58% Thinks drug use among cultural group is a bigger problem than that among other groups 40% Thinks drug use among cultural group is a same sized problem than that among other cultural groups
Serious problems caused by drug use are:	84% Crime 43% Problems with law 33% Neglect of children and other dependents

problems with the law, and neglect of children and other dependents.

Interviewers assessed the data collected on substance abuse to be very revealing. Respondents were frequently described to be willing to disclose very personal and detailed stories of substance abuse around them. The overall impression created by these interviewer-respondent interactions was that the data being collected were reasonably valid.

In summary, African Americans in Waterloo report fairly high levels of concern about drug and alcohol problems in their community. A large number think substance-abuse problems are particularly acute for African Americans, and see substance abuse as causing related

problems such as crime, interpersonal conflicts, and child neglect in the community.

There was a moderate correlation (r= .39) between lack of cultural identity and the perception that alcohol has beneficial effects. Hence, those who do **not** define their cultural identity as important tend to view alcohol as having beneficial effects. The role of attachment to racial identity and heritage is considered to be very influential in the prevention and successful treatment of substance abuse by community advisors.

A similar correlation (r = -.40) exists between the variables, "number of white friends" and "permissive views on drinking alcohol." Those with more white friends tended to have less permissive views regarding drinking. It could be assumed that ethnic pride equates with social separatism. However, these data suggest that cultural significance does not preclude positive interactions with the dominant group. Moreover, the data suggest that pro-consumption attitudes toward alcohol (which research indicates are associated with problem drinking) tend to be higher among those African Americans who are socially segregated and do not consider their cultural heritage highly significant. These findings are also consistent with the notion that members of minority groups who are alienated from their own culture and isolated from mainstream culture are at risk for substance abuse.

Treatment Experiences

Table 10 addresses experiences with treatment for alcohol or other substance dependency. Recall from Table 7 that 9% of these

Table 10. Treatment Experiences
Waterloo African Americans (n=102)

Characteristic	Responses	
Has received treatment	9%	Has received treatment for alcohol use
	1%	Has received treatment for drug use
Thought needed treatment	10%	Thought needed treatment for alcohol or drugs in the last year
Household treatment	2%	Reports others in household have gotten help or treatment for alcohol or drug problem
	4%	Thinks others in household need help or treatment but did not get it
Treatment programs	89%	Knows of local treatment services
	35%	Thinks local treatment services have culturally specific programs
	11%	Thinks treatment programs are very effective
	47%	Thinks treatment programs are moderately effective
	42%	Thinks treatment programs are ineffective
Prevention programs	97%	Knows of local prevention services
Would seek advice about appropriateness of drinking from:	21%	Spouse
	21%	Other relative
	17%	Close friend
	13%	Own children

respondents reported they had ever felt dependent on alcohol, and that 17% were dependent by DSM-III-R criteria and 10% by DSM-IV criteria. The percentage reporting that they had received treatment for alcohol is 9%, which at first suggests a very high rate of treatment-seeking among those who felt they had problems. However, the 9% having been in treatment are not the same 9% who felt they had an alcohol problem.

The comparison between other drug problems and treatment experience is not encouraging. While 21% reported illegal drug use within the last year and 14% within the last month, only 3% felt they had ever had a problem with an illegal drug in their lifetime. One percent had ever received treatment for drug dependency.

It appears that only some of those who define themselves as having a chemical-dependency problem are likely to seek treatment. However, claimed knowledge of local treatment facilities is fairly high: 89% know of at least one local treatment service. Community advisors express concern that community awareness of the existing culturally-specific program is not well known or acknowledged as only 35% believe those services offer culturally-specific programs. Ten percent felt they had needed drug and/or alcohol treatment in the last year. However, many individuals who meet clinical criteria for substance abuse do not define themselves as having a problem and, therefore, do not seek treatment. Only 14% of those who meet the DSM-III-R criteria for alcohol dependence report that they have **ever** received treatment of any kind for an alcohol dependence problem. Furthermore, **none** of the individuals who met the DSM-III-R criteria for alcohol dependence reported that they thought they needed treatment within the last year. Some respondents recognize this problem. Table 11 shows that 18% suggested, "get the person to realize s/he has a problem..." as a method to improve the effectiveness of treatment.

In summary, then, the numbers of people who feel they need treatment, the numbers who appear to need treatment by clinical diagnostic criteria, and the number who report that they have actually received treatment do not match completely. This is similar to the pattern reported in the general statewide household survey.

When asked about others in their household, 4% felt that there were other household members who needed treatment but had not received it.

Almost half (42%) of the respondents think that treatment programs are ineffective, and another 47% describe them as only moderately effective. Attitudes toward treatment are examined in more detail in the next section.

Attitudes Concerning Treatment

As shown in Table 10, many African American residents of Waterloo are skeptical of the effectiveness of treatment. These attitudes are at least partially grounded in experience. Although most of the respondents had not been in treatment personally, all but 7% knew someone who had overcome an alcohol or drug problem (Table 11). Only 38% attributed the successful outcome to formal treatment. Individual effort and religious or spiri-

Table 11. Attitudes Concerning Treatment
Waterloo African Americans (n=102)

Characteristic	Responses	
Suggested methods to improve the effectiveness of treatment	18%	Get person to realize he/she has a problem and needs to make up own mind to get treatment
	12%	Treatment should be longer
	8%	More counselors
	8%	Inform the community about the treatment program
Suggested activities or programs that would be most helpful to prevent alcohol or drug problems	44%	School programs
	38%	Informational programs
	35%	Religious/spiritual activities
	24%	Family building activities
	19%	Recreational/dances
	19%	Employer/workplace programs
	19%	Community volunteer groups
	15%	Economic development/jobs
	13%	Community building activities
Steps would take to get self to treatment, if needed	51%	Talk with relative living outside household
	44%	Talk with spouse/partner
	44%	Talk with religious/spiritual leader
	39%	Talk with close friend
	36%	Contact a hospital or doctor
	33%	Contact a substance abuse agency directly
	26%	Talk with a social service provider
	26%	Talk with another household member
Methods used by others to overcome alcohol or drug problems	38%	Formal treatment
	30%	Quit on own
	20%	Self-help
	13%	Religious/spiritual influence
	10%	Dramatic event caused change
	7%	Don't know anyone who overcame problem
Special needs for cultural group	79%	Thinks cultural group has special needs for treatment
	75%	Counselors of same background
	32%	Personnel need to understand substance abuse within respondent's cultural background
	29%	Programs that are specially suited to cultural background
	28%	Other personnel of same background
	9%	Office decor and materials that are relevant to cultural background

tual influences were seen as the key element more often.

When asked what could be done to improve treatment effectiveness, the most common response, noted by 18%, was to get the person to recognize his/her problem and make up his/her own mind to get treatment. A few respondents felt that treatment should take longer. A mere 8% reported that more counselors were needed, and an equal percentage felt that community education about treatment programs was needed.

An overwhelming number of the Waterloo respondents (79%) felt that African Americans had special needs for treatment. Almost that many (75%) felt that African American counselors were crucial. A much smaller percent, however, felt that culturally-specific programs were needed or, at least, that treatment personnel needed to understand the person's substance abuse in the context of the cultural background. It is difficult to interpret these findings collectively. They could suggest a simple lack of clarity with the concept of "culturally-specific" treatment programs, for example. Alternatively, they could reflect a reluctance to blame one's cultural background for substance-abuse problems.

Less acculturated individuals tended to mention that "more family involvement" was a special treatment need. There was a strong negative correlation ($r = -.69$) between racial pride and the feeling that more family involvement in treatment is needed, and a moderate negative correlation ($r = -.39$) between perceived importance of racial background and this belief. One interpretation of these findings is that a significant number of these respondents defined substance abuse primarily as a family issue, rather than a racial issue.

Taken as a whole, the attitudes about treatment seem to reflect a view that the community sees substance-abuse problems as largely residing in the individual and his or her family, and that counselors from the same ethnic background are seen as most likely to help the individual come to terms with his/her problem. More peripheral elements to treatment, such as culturally-relevant office decor and materials, or even other personnel (besides treatment counselors) of the same background, are seen as important by fewer respondents. In large part, community advisors endorse this view. Their predominant orientation is that culturally-competent treatment requires intimate knowledge of the local cultural community, including both an understanding of the African American experience and knowledge of the social and family networks that can be used for individual treatment planning.

When asked to speculate about steps they would take to get themselves into treatment if they needed it, the most common response (51%) is that they first would talk to a relative living outside of their household. Next most often mentioned was talking with a spouse or partner, a religious or spiritual leader, and a close friend. Clearly, family and church in this community are believed to play potentially vital roles in initiation of treatment. Community advisors agree with this assessment and would welcome more direct cooperation with religious leaders.

Anticipated Barriers to Treatment

Respondents were asked to identify anticipated problems that might prevent them from seeking substance-abuse treatment if they needed it. Respondents could name multiple responses to this question. Barriers to treatment as reported by Waterloo African Americans are displayed in order of frequency of mention in Table 12.

The most frequently cited obstacle to seeking treatment is the anticipated lack of ability to pay for the service. This result is similar to that of the 1993 Adult Household Survey in which paying for services also was the top-rated anticipated problem. Accessibility factors, such as transportation and available hours, are cited less frequently. Generally, the responses are similar to those from the statewide survey in which affordability of service was also the most common response to this question.

One notable difference among Waterloo African Americans (compared to the statewide survey) is the fear cited by 38% that "what is said in treatment would not be kept confidential," a concern which did not appear in the statewide survey. Similarly, 21% also expressed the fear that "others might learn you were getting treatment." This was also a major concern identified in the 1990 study of Iowa minorities. Lack of trust in the confidentiality of treatment is connected to the general lack of confidence in treatment men-

Table 12. Anticipated Barriers in Getting Help for Substance Abuse Waterloo African Americans (n=102)

Characteristic	Responses	
Anticipated barriers	45%	Paying for the service
	42%	Programs are not very successful
	38%	What is said in treatment would not be confidential
	35%	Programs may not really fit the needs of my gender
	32%	Counselors of same cultural background would not be available
	30%	Programs discriminate because of cultural background
	29%	Waiting period to get help is too long
	26%	Loss of work or income if you entered treatment
	26%	Programs not really suited to the needs of people from own cultural background
	21%	Family would not be very supportive
	21%	Others might learn you were getting treatment
	19%	Hours the service is available
	18%	Distance to the service
	18%	Transportation to get to the service
	15%	Getting care for children
	15%	Getting care for other family members who are dependent upon you
	9%	Health problems
	7%	Physical handicap or disability

tioned earlier. Advisors explain this connection by noting that community members share accounts of experiences wherein an individual's involvement in one public bureaucracy affects their involvement with a second bureaucracy. This linkage is not always to the individual's advantage (e.g., a loss of benefits or child-custody problems) and the natural response is to manage carefully the personal information that is revealed in any type of publically-associated setting.

The present study's findings reinforce the conclusion noted earlier that African Americans in Waterloo do not seem to have great faith in the efficacy of treatment or the treatment experience. The extent to which this distrust is rooted further in fears and experiences of racial discrimination cannot be determined with these data, but the connection seems likely in the view of community advisors and consultants. The finding of distrust in treatment here is consistent with the research literature on substance abuse treatment for African Americans.

Summary

The African American community in Waterloo is experiencing a number of stresses that have relevance for substance abuse treatment. Compared to the overall community of Waterloo and to the state as a whole, this community is younger (more persons under the age of 17), and has a higher percentage of single-parent households. Census data also evidence a high level of economic stress: median family incomes and per capita incomes are well below the whole of Waterloo and Iowa, and poverty and unemployment rates are three times those of the general population. Thus, it is not surprising that paying for services was the most common anticipated barrier to seeking treatment among those interviewed.

On the positive side, this is a rather stable community with a large percentage of long-term residents, as well as positive local organizations such as churches and community centers. While most of those surveyed identified strongly with their racial heritage, they also reported that they interact well with whites. Reported levels of substance abuse are fairly high, however, and there is almost unanimous agreement that drug abuse is a big problem in the community. There appears to be lack of confidence in the efficacy of treatment programs. Respondents generally expressed the belief that culturally-specific programs and more African American treatment counselors are needed.

Part 5 African Americans: Sioux City

Population and Sample Background

The African American population of Sioux City is 1,848 by 1990 Census records. The percentage of African Americans in Sioux City is only slightly higher than it is statewide (Table 13). Sioux City African Americans are disadvantaged educationally and economically when compared with most Iowans. The 1990 Census data show that Sioux City African Americans are less likely than Iowans generally to be high school graduates or college graduates. African Americans from Sioux City are four times more likely than all Iowans to be unemployed. Therefore, one might expect that there would be negative impacts on income.

The 1989 median income Sioux City African Americans was less than half of the median income for that city and the state. Also, African Americans from Sioux City are five times more likely than most Iowans to be living below the poverty threshold. These educational and economic disparities further impact occupation and housing. Thus, there are fewer Sioux City African Americans working in managerial or professional occupations than Iowans generally. Furthermore, Sioux City African Americans are greater than two times more likely than statewide Iowans not to be homeowners.

Data collection among the African American community in Sioux City met with considerably more problems than in Waterloo. Advisors reported that the African American population in this community was not as cohesive or as inter-connected as it is in Waterloo, and the study was not met with the same level of support as in that city. One community leader recruited early in the study rescinded his support upon perceiving community support for the study to be low.

The original plan to randomly sample individuals within households drawn from Census tracks with the highest densities of African Americans proved to be unworkable. There was too little racial concentration for this to be economically practical, and respondent cooperation was very low for cold contacts. At the suggestion of one of the study's primary advisors, it was decided that connections to community members would be made through the churches. This method was relatively successful until some key church contacts also decreased their commitment to the study.

A community-generated plan in which mailing lists of African American church members would be made available to the project team never materialized. A further complication accrued because many of the individuals who expressed interest in working with the study had full-time jobs and other obligations that excluded them from becoming trained interviewers. The current unemployment rate in the community was described to be very much lower than the 1990 Census rate. In response to these conditions, a coordinator for data collection in Sioux City was hired to facilitate the project with all four groups being interviewed there, including the African Americans.

Table 13. Selected Social and Economic Characteristics for African Americans and Total Population – Sioux City and State

Characteristic	Sioux City		State	
	Black	Total	Black	Total
Total population	1,848	80,505	48,090	2,776,755
Percent of total population	2.3	—	1.7	—
Gender—Percent				
▸ Female	46.3	52.3	50.0	51.6
▸ Male	53.7	47.9	50.0	48.4
Native persons—Percent born in state of residence	41.6	72.3	53.0	78.8
Persons 5 years and over—Percent				
▸ Ability to speak English	98.7	94.3	97.7	98.6
▸ Don't speak English "very well"	1.3	2.6	2.3	1.4
▸ Speak a language other than English	5.4	5.7	5.4	3.9
Persons 25 years and over—Percent				
▸ High school graduate or higher	71.2	79.0	70.1	80.1
▸ With bachelors degree or higher	6.8	18.1	12.8	16.9
Persons 16 years and over—Percent				
▸ In labor force	61.0	66.8	62.5	66.0
▸ Unemployed	17.1	5.6	13.7	4.3
▸ Employed in managerial and	15.9	22.9	18.6	22.3
Median income in 1989—Dollars				
▸ Households	12,235	25,045	16,010	26,229
▸ Families	12,717	30,743	18,568	31,659
Per capita income in 1989—Dollars	5,958	12,339	7,844	12,422
Income in 1989 below poverty level—Percent				
▸ Of persons for whom poverty status is determined	52.9	13.8	37.1	10.8
▸ Of families	43.3	10.5	32.7	7.8
Age groups—Percent				
▸ 17 and younger	41.4	27.6	36.7	25.9
▸ 18–24	13.9	10.3	14.3	10.2
▸ 25–34	18.3	16.0	17.0	15.4
▸ 35–44	10.4	14.1	12.3	14.2
▸ 45–54	4.7	8.6	7.2	9.9
▸ 55–64	4.4	8.7	5.8	9.0
▸ 65 and older	6.9	14.7	6.7	15.3
Residence—Percent				
▸ Owner occupied	30.4	67.0	38.8	70.0
▸ Renter occupied	69.6	30.0	61.2	30.0
Household type—Percent				
▸ Married with children under 18	16.8	26.2	18.4	27.6
▸ Married with no children under 18	9.5	28.6	15.2	32.4
▸ Single parent with children under 18	28.6	9.0	24.7	6.0
▸ Single parent with no children under 18	15.9	5.2	8.8	4.0
▸ Non–family household	29.2	31.1	32.9	29.9

Source: 1990 Census of Population and Housing. Summary Tape File 1A, and 3A.

Table 14. Background Characteristics of Sample Sioux City African Americans (n=39)

Characteristic	Responses
Gender	62% Females 38% Males
Age	23% Under 30 67% 30-50 10% Over 50 Median age: 35 years
Length of residence in Iowa	31% Lived less than 5 years in Iowa 31% Lived 5-9 years in Iowa 38% Lived 10 or more years in Iowa
Length of residence in Sioux City	31% Lived less than 5 years in Sioux City 33% Lived 5-9 years in Sioux City 36% Lived 10 or more years in Sioux City
Marital status	44% Married or living with partner 36% Never been married 10% Divorced
Level of education obtained	77% High school graduates 5% College graduates
Current employment status	55% Full-time employment 13% Part-time employment 26% Unemployed (both looking and not looking for work)
Income	Household Income: 58% Household income under $15,000 81% Household income under $26,000 19% Household income over $26,000 Largest Sources of Income: 42% Employment by others 24% Public assistance 12% Self-employment 12% Income from spouse

Once interviewers were hired and trained, other personnel and resource problems manifested themselves. Interviewers did not feel safe in some of the neighborhoods studied, and the project funds were not sufficient to permit them to work in pairs as they requested. One interviewer left the area without notice in the middle of the project. The interviewers lobbied successfully for the introduction of respondent incentives ($10) to the project. These became useful incentives, especially for interviewers who had greater confidence when approaching potential respondents. Yet progress was slow as interviewers had difficulty finding time in their schedules for this part-time job, and cooperative respondents were scarce. These problems were exacerbated by the distance between Sioux City and the project manager located in Iowa City. The project manager had a limited

time to meet with everyone, including the personnel collecting data among the other three Sioux City study groups, during her monthly visits to Sioux City. Due to the distance, communication for decision making and problem solving were restricted to telephone and fax machine.

Data collection was halted with 39 completed interviews. Table 14 displays some demographic information on this sample. Of course, these figures cannot be assumed to be entirely representative of the overall African American population in Sioux City because the sample was so small. The respondents interviewed were mostly female (62%).

Slightly under one-third reported that they have lived in the area less than five years, suggesting that this community has experienced greater recent in-migration than Waterloo. Three-fourths had graduated from high school, but only 5% were college graduates. Slightly over half were employed full-time, and household incomes were fairly low with over half earning less than $15,000 per year. One-fourth of the respondents reported that their largest source of income was public assistance.

Cultural Orientations

Table 15 displays the self-reported cultural orientations among the Sioux City African American sample. Almost all of the respondents (92%) viewed race to be very important

Table 15. Cultural Orientations
Sioux City African Americans (n=39)

Characteristic	Responses
Importance of race	92% Thinks race is very important to self 5% Thinks race is moderately important to self 92% Has very high pride in own race 8% Has no pride in own race
Knowledge about own cultural heritage	38% Knows a great deal about cultural heritage and traditions 20% Knows much about cultural heritage and traditions 33% Knows some about cultural heritage and traditions
Interaction with whites as well as with own cultural group	41% Interact better with African Americans 10% Interact better with whites
Childhood friendship patterns with African Americans	62% Almost all 18% Most
Childhood friendship patterns with whites	5% Almost all 8% Most
Current friendship patterns with African Americans	46% Almost all 15% Most
Current friendship patterns with whites	5% Almost all 5% Most
Political activity	16% Very active in general politics 23% Very active in racial politics

to their identity and reported that they have very high pride in their own race. Slightly over half described themselves as having much or a great deal of knowledge about their cultural heritage and traditions.

A majority (61%) reported that most of their current friendships are with other African Americans, and many (41%) believed they interact better with African Americans than with whites. A small number believed they interact better with whites than with African Americans.

As with the Waterloo sample, these respondents tended not to describe themselves as "very active" politically, either in general politics (16%) or with respect to race-specific politics (23%).

For this sample, the acculturation variables were not significantly correlated with alcohol consumption, alcohol dependency, or attitudes toward alcohol.

Personal Substance Use

About two-thirds of the respondents have used some tobacco, with 51% reporting current use and 49% reporting that they have felt dependent (Table 16). Tobacco use was slightly more common among men, although with the small sample size, this difference was not statistically significant (Table 17).

Table 16. Personal Substance Use
Sioux City African Americans (n=39)

Characteristic	Responses	
Personal tobacco use	62%	Have ever used tobacco
	51%	Currently use tobacco
	49%	Ever felt dependent on tobacco
Personal alcohol use	100%	Have ever used alcohol in their lifetime
	82%	Have used alcohol within the last year and a half
	49%	Have used alcohol within the last month
Personal alcohol abuse	13%	Have engaged in binge drinking
	18%	Ever felt dependent on alcohol
	20%	DSM-III-R clinical alcohol dependence
	20%	DSM-IV clinical alcohol dependence
	3%	Drinking more now than five years ago
Personal drug use	80%	Have used any illegal drug in lifetime
	28%	Have used any illegal drug within the last year and a half
	10%	Have used any illegal drug within the last month
	26%	Have had a problem with any illegal drug in lifetime

Table 17. Personal Substance Use by Demographic Characteristics Sioux City African Americans (n=39)

Characteristic	Responses
Personal tobacco use	Currently use tobacco: 55% Men 45% Women
Personal alcohol abuse	Clinical alcohol dependence DSM-III-R: 31% Men 0% Women

All of the respondents reported the use of alcohol at some time, most had used alcohol within the last 18 months, and about half had used within the previous month. Thirteen percent of the respondents had engaged in binge drinking. The same percentage reported that someone else in the household had engaged in binge drinking within the last month.

Use of illegal drugs was common with 80% reporting some lifetime use (mostly marijuana). Slightly over one-fourth reported recent use (within the past 18 months) and 10% (n = 4) reported using illegal drugs within the last month.

About one-fourth reported that they had experienced a problem with an illegal drug at some point in their lives. Eighteen percent reported that they had ever felt dependent on alcohol.

Twenty percent of the respondents met the DSM (III-R or IV) clinical criteria for alcohol dependence. All of the alcohol-dependent subjects were male (Table 16).

Attitudes About Substance Abuse in the Community

A considerable majority of respondents (69%) viewed drinking to be a big problem among African Americans in Sioux City, but only 5% think it is a bigger problem for African Americans than it is for other cultural groups (Table 18).

An even larger majority (85%) feel that drug use is a big problem for African Americans. When asked if they think drug use is a bigger problem for African Americans than for other groups, 19% agreed.

When asked what they considered the usual and acceptable uses of alcohol to be, the most common answers were "partying with others" and "informal relaxation or recreation." Although these responses do not represent a majority view, it is interesting to note the more recreational focus on alcohol use, compared to the respondents from Waterloo. When asked from whom they would seek advice about the appropriateness of drinking, the most common response was spouse or partner (21%), followed by close friend and spiritual leader (18%).

Table 18. Attitudes About Community Substance Use
Sioux City African Americans (n=39)

Characteristic	Responses
Perception of drinking problem among own cultural group	69% Thinks drinking is a big problem among own cultural group 5% Thinks drinking among cultural group is a bigger problem than that among other groups
Household drinking	13% Reports someone else in the household has had 5 drinks or more on at least one occasion in the last month
Serious problems caused by alcohol use are:	51% Problems in family functioning 46% Interpersonal conflicts or fights 41% Crime
Thinks usual and acceptable uses of alcohol are:	27% Party with others 16% Informal relaxation or recreation 3% To be socially accepted
Perception of drug problem among own cultural group	85% Thinks drug use is a big problem in cultural group 19% Thinks drug use among cultural group is a bigger problem than that among other groups
Serious problems caused by drug use are:	66% Crime 50% Problems in family functioning 26% Employment/work problems

When asked to think of serious problems caused by alcohol abuse, respondents tended to cite interpersonal problems, such as family functioning (51%) and conflicts or fights (46%). Crime was the next most frequently mentioned problem associated with alcohol abuse (41%).

When asked to consider problems caused by drug abuse, crime jumps to the top of the list: 66% felt that crime was a serious problem caused by drug abuse. Fifty percent cited problems in family functioning, and 26% mentioned problems with work.

Overall, then, the African Americans interviewed in Sioux City did see alcohol and drug abuse as serious problems for their community and as connected to other social problems. The positive correlation ($r = .53$) between the perceived importance of racial background and perception of drinking as a problem indicates that those who consider their cultural background to be very important are more likely to regard drinking among their cultural group as a "big" problem. A similar, moderately strong correlation ($r = .43$) was found between importance of racial identity and the belief that drug use is a problem among their own group.

Treatment Experiences

Table 19 shows the responses to several questions about treatment and prevention programs. Several of the respondents reported that they had received treatment for either drug or alcohol abuse (18 and 20% respectively). Only 4% felt they had needed treatment during the last year. A majority (67%) of those who met the DSM-III-R criteria for alcohol dependence reported that they had ever received treatment of some kind. However, none of the DSM-III-R alcohol-dependent respondents reported that they thought they needed treatment for an alcohol problem in the past year.

A few (10%) of the respondents stated that other members of their household had received help or treatment for a drug or alcohol problem. Seven percent reported that someone in their household needed help in the last year but did not get it.

Awareness of local treatment agencies is high. All of the respondents knew of at least one local treatment service. However, only 9% thought that local services offered culturally-specific programs.

A sizable minority (39%) thought treatment programs are "ineffective," and another 48% said treatment programs are only "moderately" effective.

Taken together, these results suggest an underreach of treatment services, especially for individuals with alcohol problems, that results from a combination of lack of self-recognition of dependency, lack of perceived availability, and lack of faith in treatment efficacy.

Table 19. Treatment Experiences
Sioux City African Americans (n=39)

Characteristic	Responses
Has received treatment	20% Has received treatment for alcohol use 18% Has received treatment for drug use
Thought needed treatment	4% Thought needed treatment for alcohol or drugs in the last year
Household treatment	10% Reports others in household have gotten help or treatment for alcohol or drug problem 7% Thinks others in household need help or treatment but did not get it
Treatment programs	100% Knows of local treatment services 9% Thinks local treatment services have culturally specific programs 13% Thinks treatment programs are very effective 48% Thinks treatment programs are moderately effective 39% Thinks treatment programs are ineffective
Prevention programs	100% Knows of local prevention services
Would seek advice about appropriateness of drinking from:	21% Spouse or partner 18% Close friend 18% Religious or spiritual leader

Attitudes Concerning Treatment

The relatively high levels of skepticism about treatment were noted above. When asked what could be done to improve the effectiveness of treatment, the most common response, mentioned by 42% of the respondents, was that treatment should be longer in duration (Table 20). In spite of the lack of faith in treatment, 44% cited "formal treatment" as a method used to overcome a substance abuse problem by someone they know. An equal number, however, listed "quit on their own."

Table 20. Attitudes Concerning Treatment
Sioux City African Americans (n=39)

Characteristic	Responses	
Suggested methods to improve the effectiveness of treatment	42%	Treatment should be longer in duration
Suggested activities of programs that would be most helpful to prevent alcohol or drug problems	79%	School programs
	31%	Religious/spiritual activities
	29%	Economic development/jobs
	23%	Recreational/dances
	23%	Family building
	17%	Informational programs
	14%	Employer/workplace programs
	11%	Community building
Steps would take to get self to treatment, if needed	42%	Talk with a close friend
	42%	Talk with a religious/spiritual leader
	42%	Contact a substance abuse agency directly
	34%	Talk with spouse or partner
	29%	Talk with a relative living outside the house
	24%	Talk with another household member
	18%	Contact a hospital or doctor
Methods used by others to overcome alcohol or drug problems	44%	Quit on own
	44%	Formal treatment
	36%	Religious/spiritual influence
	24%	Family/friends support
	16%	Self-help
	16%	Dramatic event caused change
Special needs for cultural group	66%	Thinks cultural group has special needs for treatment
	70%	Counselors of same background
	40%	Personnel need to understand substance abuse within respondent's cultural background
	30%	Programs that are specifically suited to cultural background
	15%	Other personnel of same background
	10%	Financial assistance

Asked to speculate on the steps they would take to get themselves into treatment if they needed it, respondents most commonly mentioned talking with a close friend, a religious or spiritual leader, or contacting a treatment agency directly. Other frequently-mentioned steps were talking with a spouse or partner, another relative, or another household member.

As mentioned previously, most respondents felt that alcohol and drug use were big problems for African Americans. About two-thirds (66%) felt that African Americans have special needs for treatment. The most commonly cited special need was for African American counselors, mentioned by 70% of the respondents. Forty percent stated that treatment personnel need to understand the cultural context of the client's substance abuse. While 30% expressed the need for culturally-specific programs, some of the responses in the next table (barriers to treatment) may suggest a different interpretation. Community advisors offer a more complex view. They suggest that cultural sensitivity (real understanding of the culture) and knowledge of local networks are the keys to treatment effectiveness. These characteristics can be gained by persons of any race or ethnicity, although when packaged with a counselor of African American heritage, one has the ideal situation. This view coincides with that expressed by the African American community advisors in Waterloo.

Acculturation was not linked to the belief that special programs are needed for African Americans.

Anticipated Barriers to Treatment

When asked to list the problems that they would likely confront in seeking substance abuse treatment (Table 21), respondents most frequently mentioned the "waiting period to get help" (85%). Further, 77% considered service hours to be inconvenient, and an equal percentage expressed concerns about missing work or losing income. The fourth most frequently mentioned problem was the financial issue: 69% felt that paying for the service would be a problem. Related concerns expressed by a number of respondents included getting help with caring for children or others who are dependent on them.

Although the previous table showed that only 30% stated the need for culturally-specific treatment programs, that figure should not be interpreted to imply that there are no significant racial/cultural issues regarding treatment. Frequently mentioned as barriers to treatment were such concerns as the absence of counselors of the same background (56%), the fear that programs would discriminate against them (56%), and the feeling that programs were not suited to people of their ethnic background (36%).

A large number of respondents (59%) also expressed the belief that confidentiality would be violated, although only 18% worried that "others might find out you were getting treatment." These opinions may or may not be linked to racially-biased experiences. However,

they do suggest that many members of this community do not trust treatment programs and that mistrust may be grounded in fears of racial discrimination. These views exist within a context of perceived lack of culturally-specific programs and of long waiting periods for entry to programs. Accessibility is a clear barrier in the view of these respondents.

Table 21. Anticipated Barriers in Getting Help for Substance Abuse Sioux City African Americans (n=39)

Characteristic	Responses	
Anticipated barriers	85%	Waiting period to get help
	77%	Hours the service is available
	77%	Loss of work or income if entered treatment
	69%	Paying for the service
	59%	What you say in treatment would not be confidential
	56%	Programs may discriminate because of your cultural background
	56%	Counselors of same cultural background would not be available
	54%	Getting care for other family members who are dependent on you
	49%	Health problems
	44%	Getting care for children
	39%	Programs may not really fit the needs of my gender
	36%	Programs are not really suited to the needs of people from your cultural or ethnic background
	33%	Programs are not very successful
	31%	Transportation to get to the service
	31%	Distance to the service
	20%	Family would be very supportive
	18%	Others might learn you were getting treatment
	13%	Physical handicap or disability

Summary

The African American community in Sioux City is smaller and newer to the state than its Waterloo counterpart. Thus, in some key respects, this community may be somewhat less cohesive. Census data show that, compared to the state population, the African American population in Sioux City is younger (higher percentages of persons under the age of 18). Poverty rates for individuals and families are three times the state figures, and median income is only about half the state median. Unemployment rates are also higher than the state. Additionally, there are proportionately more single-parent households. Thus, African Americans in Sioux City, compared to the general population, are experiencing high levels of economic stress.

Reported levels of substance abuse and dependency were fairly high among these respondents. Drinking and drug use are perceived as serious problems in the community. Most believe that African Americans have culturally-specific treatment needs, particularly the need to have African American treatment personnel. Acculturation was not linked to substance abuse or attitudes about treatment. Not surprisingly, given the economic conditions, most respondents identified economic concerns, such as paying for services or missing work, as barriers to seeking treatment.

Part 6 Latinos: Sioux City

Population and Sample Background

According to the 1990 Census data, 3% (2,624 persons) of Sioux City's population, were classified as Latino (Table 22). While not an extremely large community, it is one of the larger ones in Iowa, and, like some others, it is viewed to be growing more rapidly than the state's overall population.

Sioux City Latinos are disadvantaged educationally and economically when compared with Iowans statewide. The 1990 Census data show that Sioux City Latinos are less likely than Iowans generally to be high school or college graduates. Latinos from Sioux City are two times more likely than Iowans overall to be unemployed. The 1989 median income of Sioux City Latinos was nearly $10,000 less than the median income for the state. Also, Latinos from Sioux City are three times more likely to be living below the poverty threshold.

These educational and economic disparities have further impacts on occupation and housing. Thus, there are fewer Sioux City Latinos working in managerial or professional occupations than statewide. Furthermore, Sioux City Latinos are over two times more likely than Iowans generally not to be homeowners.

In spite of problems of access and logistics similar to those encountered in the African American community study in Sioux City, data collection among the Latino community was moderately successful. A total of 91 usable interviews were completed, primarily from contacts made at a Latino community center.

Table 22. Selected Social and Economic Characteristics for Latinos and Total Population Sioux City and State

Characteristic	Sioux City		State	
	Latino	Total	Latino	Total
Total population	2,624	80,505	32,647	2,776,755
Percent of total population	3.3	—	1.2	—
Gender—Percent				
▸ Female	42.2	52.3	48.6	51.6
▸ Male	57.8	47.9	51.4	48.4
Native Persons—Percent born in state of residence	60.8	72.3	59.6	78.8
Persons 5 years and over—Percent				
▸ Ability to speak English	68.5	94.3	81.4	98.6
▸ Don't speak English "very well"	31.5	2.6	18.6	1.4
▸ Speak a language other than English	52.5	5.7	43.1	3.9

Table 22 (Continued)

Characteristic	Sioux City		State	
	Latino	Total	Latino	Total
Persons 25 years and over—Percent				
▸ High school graduate or higher	52.1	79.0	64.2	80.1
▸ With bachelors degree or higher	2.3	18.1	13.7	16.9
Persons 16 years and over—Percent				
▸ In labor force	76.2	66.8	72.7	66.0
▸ Unemployed	9.1	5.6	8.7	4.3
▸ Employed in managerial and professional speciality occupations	8.5	22.9	16.2	22.3
Median income in 1989—Dollars				
▸ Households	16,375	25,045	21,568	26,229
▸ Families	16,905	30,743	25,288	31,659
Per capita income in 1989—Dollars	6,071	12,339	8,025	12,422
Income in 1989 below poverty level—Percent				
▸ Of persons for whom poverty status is determined	34.3	13.8	21.7	10.8
▸ Of families	30.0	10.5	19.6	7.8
Age Groups—Percent				
▸ 17 and younger	40.0	27.6	39.4	25.9
▸ 18–24	17.9	10.3	14.9	10.2
▸ 25–34	21.3	16.0	17.8	15.4
▸ 35–44	10.1	14.1	11.7	14.2
▸ 45–54	4.5	8.6	6.2	9.9
▸ 55–64	2.8	8.7	4.7	9.0
▸ 65 and older	3.4	14.7	5.3	15.3
Residence—Percent				
▸ Owner occupied	30.3	67.0	50.3	70.0
▸ Renter occupied	69.7	30.0	49.7	30.0
Household type—Percent				
▸ Married with children under 18	27.2	26.2	32.2	27.6
▸ Married with no children under 18	15.2	28.6	19.5	32.4
▸ Single parent with children under 18	21.7	9.0	15.2	6.0
▸ Single parent with no children under 18	7.6	5.2	5.6	4.0
▸ Non–family household	28.3	31.1	27.5	29.9

Source: 1990 Census of Population and Housing. Summary Tape File 1A and 3A.

This type of convenience sampling was strongly advocated by community advisors, who had scant confidence that interviewers would gain access to households without prior notice. In addition, residential patterns were described as being transient and not overly concentrated geographically; both patterns that would inhibit random block sampling. In addition to the survey data, numerous "insider" observations of this community were provided by community advisors working in the social service system.

The background characteristics of the study sample displayed in Table 23 describe the Sioux City Latino community as comprised mainly of families that recently moved into the area seeking work. Almost three-fourths (73%) of the respondents have lived in Iowa

Table 23. Background Characteristics of Sample Sioux City Latinos (n=91)

Characteristic	Responses
Gender	53% Females 47% Males
Age	46% Under 30 44% 30-50 10% Over 50 Median age: 32 years
Length of residence in Iowa	73% Lived less than 5 years in Iowa 22% Lived 5-9 years in Iowa 6% Lived 10 or more years in Iowa
Length of residence in Sioux City	75% Lived less than 5 years in Sioux City 20% Lived 5-9 years in Sioux City 6% Lived 10 or more years in Sioux City
Marital status	79% Married or living with partner 9% Never been married
Level of education obtained	26% High school graduates 1% College graduates
Current employment status	75% Full-time employment 6% Part-time employment 18% Unemployed (both looking and not looking for work)
Income	Household Income: 35% Household income under $15,000 84% Household income under $26,000 16% Household income over $26,000 Largest Sources of Income: 58% Employment by others 29% Income of spouse 3% Public assistance

less than five years, and only 6% had lived in the state for ten or more years. Moreover, almost all of the respondents described themselves as first-generation Americans. Although three-fourths of the respondents work full-time, the great majority report annual household incomes under $26,000, and 35% report annual household incomes under $15,000. Relatively few, however, report public assistance as a source of income.

According to the 1990 Census, fewer Sioux City Latinos are described to be facile with the English language than other Iowa Latinos or the general statewide population. Over half were able to speak a second language (Spanish). In the sample, education levels were fairly low with only 26% having graduated from high school and only one percent having a college degree. One community advisor observed that "college is not an option" for Sioux City Latino youth, and it is quite remarkable for a Latino to graduate from high school since many begin working full-time at age 16. Those who do graduate are encouraged to work, usually in the packing industry, as soon as they turn 18. A second advisor concurred, noting that the local culture encourages adolescents to work in the factories rather than staying in school. The adolescents themselves value having the money earned through manual labor over education, at which they tend to lack success.

The sample does over-represent females within the community according to 1990 Census data (53% versus 42%). It also under-represents younger residents.

The community advisors note that the Sioux City Latino community is a transient one, and a large number of undocumented workers is likely. Many of these individuals and their families relocate frequently and are believed to give false information about themselves because they do not have legal status to remain in the U.S. In all, despite the non-random quality of this sample, the community advisors viewed it to be largely representative of the community.

Cultural Orientations

Language

As one would expect of a first-generation immigrant community, the most noticeable distinctive characteristic of the Sioux City Latino sample is in the use of language (Table 24). Almost all (88%) reported that Spanish was the only language spoken in their household when they were growing up, and most respondents speak only Spanish in their current homes. English is the second language for most respondents, who overwhelmingly reported that they speak, read, and write in Spanish much better than they do in English. While the majority reported that their speaking, reading and writing in Spanish is "good" or "excellent," very few described their use of English as good or excellent. A majority (67%) stated that they think only in Spanish, and an additional 12% think "mostly" in Spanish. Moreover, most **preferred** to speak "only" (58%) or "mostly" (12%) Spanish in their homes. Anticipating this, the majority of the interviews were conducted in Spanish, using a questionnaire that had been translated and reverse translated for verification. Interviewing was conducted by Latinos from within the community.

Table 24. Cultural Orientations
Sioux City Latinos (n=91)

Characteristic	Responses
Importance of ethnicity	76% Thinks ethnicity is very important to self 13% Thinks ethnicity is moderately important to self 59% Has very high pride in own ethnicity 23% Has moderate pride in own ethnicity 12% Has little pride in own ethnicity
Knowledge about own cultural heritage	37% Knows a great deal about cultural heritage and traditions 40% Knows much about cultural heritage and traditions 22% Knows some about cultural heritage and traditions
Generations in the United States	91% 1st generation 8% 2nd generation
Contact with relatives outside the home	8% Daily 36% Weekly 46% Monthly
Contact with people from home country	0% Weekly 9% Monthly
Interaction with Anglos and own cultural group	75% Interacts better with Latinos 25% Interacts equally well with Latinos and Anglos
Childhood friendship patterns with Latinos	74% Almost all 19% Most
Childhood friendship patterns with Anglos	1% Almost all 1% Most
Current friendship patterns with Latinos	44% Almost all 32% Most
Current friendship patterns with Anglos	2% Almost all 1% Most
Political activity	3% Very active in general politics 1% Very active in racial/ethnic politics
Ability to speak language	14% Speak English excellent/good 94% Speak Spanish excellent/good
Ability to read language	10% Read English excellent/good 74% Read Spanish excellent/good
Ability to write language	9% Write English excellent/good 71% Write Spanish excellent/good
Ability to speak Spanish compared to English	81% Speak Spanish: much better 0% Speak English: much better 14% Speak equally well Spanish and English

Table 24 (Continued)

Characteristic	Responses
Ability to read Spanish compared to English	81% Read Spanish: much better 0% Read English: much better 11% Read equally well Spanish and English
Ability to write Spanish compared to English	78% Write Spanish: much better 0% Write English: much better 14% Write equally well Spanish and English
Language spoken in home when growing up	88% Only Spanish 8% Mostly Spanish 3% Equally Spanish and English 2% Mostly English 0% Only English
Language spoken in home currently	63% Only Spanish 29% Mostly Spanish 5% Equally Spanish and English 2% Mostly English 2% Only English
Language prefer to speak in home	58% Only Spanish 17% Mostly Spanish 20% Equally Spanish and English 3% Mostly English 2% Only English
Language in which thinks	67% Only Spanish 12% Mostly Spanish 18% Equally Spanish and English 2% Mostly English 2% Only English

Cultural Knowledge and Significance

Respondents did not typically claim a high level of knowledge about their cultural heritage. Only 37% claimed to know "a great deal" about their culture and traditions, and 22% reported they to know only "some" about their cultural heritage.

Three-fourths of the respondents stated that they interact better with other Latinos than with whites/Anglos. This finding is not surprising given the language barrier. It also suggests that this community is more socially isolated or segregated than the African American communities (as expected) whose members are much more likely to report that they interact equally well with whites. Similarly, Sioux City Latinos are much less likely to report that they have current or childhood Anglo friends.

Three-fourths of the respondents stated that their ethnicity was very important to their identity. However, only 59% state they have a high level of pride in their ethnicity. This

latter figure was questioned by one advisor, who felt that most community members do not really express pride but a reaction to prejudice.

Political activity is very low in this community, with only 3% describing themselves as very active in general politics and only 1% as being very active in ethnic politics. The community advisors attributed the low level of political involvement to several factors: the high number of undocumented workers who cannot register to vote and do not wish to draw attention to themselves; the difficulty in organizing the Latino community because they are not concentrated into identifiable neighborhoods; and the transience of many members, who frequently move in and out of Iowa, and nearby areas of Nebraska, and South Dakota.

Finally, the community advisors suggest that many Latinos have become alienated from the Catholic Church, although it is not clear if this refers to the religion as a whole or only the local organization. This suggests that the church may not be a reliable avenue either for facilitating future data collection or for coordination with treatment services.

Personal Substance Use

Tobacco use is relatively low among this sample (Table 25) with 33% reporting that they had ever used tobacco and 23% reporting current use. Only 11% report that they have ever felt dependent on tobacco. Use and dependency rates are much higher for those who did not graduate from high school. (See Table 26.)

Table 25. Personal Substance Use
Sioux City Latinos (n=91)

Characteristic	Responses	
Personal tobacco use	33%	Have ever used tobacco
	23%	Currently use tobacco
	11%	Ever felt dependent on tobacco
Personal alcohol use	85%	Have ever used alcohol in their lifetime
	66%	Have used alcohol within the last year and a half
	42%	Have used alcohol within the last month
Personal alcohol abuse	2%	Have engaged in binge drinking
	6%	Ever felt dependent on alcohol
	4%	DSM-III-R clinical alcohol dependence
	4%	DSM-IV clinical alcohol dependence
	1%	Drinking more now than five years ago
Personal drug use	13%	Have used any illegal drug in lifetime
	7%	Have used any illegal drug within the last year and a half
	6%	Have used any illegal drug within the last month
	2%	Have had a problem with any illegal drug in lifetime

Reported use of alcohol is fairly high, especially among the men. It is imperative to examine alcohol use among Latinos in the context of cultural norms about gender and drinking. Traditionally, drinking to the point of intoxication is almost exclusively a male activity. Among males, drinking is considered a rite of passage and a sign of "machismo." Latinos (men) often encourage their sons to drink at early ages, while Latinas (women) generally tolerate but do not approve of this activity. Latinas born outside of the U.S are reported to be mostly abstainers. According to the community advisors, some Latinas born in the United States, however, may drink and use drugs at rates similar to the men. These generalizations are not intended to be applied to all Latinos, nor all Latinos in Sioux City.

Self-reported abuse of alcohol is fairly low, a finding that was met with skepticism by the community advisors and interviewers. Only 2% reported binge drinking, even though the advisors felt it was common behavior. Only 6% reported ever feeling dependent on alcohol, and only 4% met either DSM set of clinical criteria for alcohol dependence. Advisors consider these to be greatly under-reported rates.

Self-reported use of illegal drugs is also fairly low. Only 13% reported any use of an illegal drug, and only 6% had used an illegal drug within the last month. Two percent reported that they had ever had a dependency problem with an illegal drug.

The figures on substance use, especially alcohol use, are likely deflated by the extreme gender differences in consumption. Table 26 shows that almost all of the men, but less than half of the women, had used alcohol within the last 18 months. Similarly, 72% of the men, but only 15% of the women, had used alcohol within the last month. All of the individuals who met the clinical criteria for alcohol dependence were male, leaving a dependency rate of 9% for the men, which is comparable to the rate in the general population of the state. Alcohol dependency was also related to education level. All of the men with alcohol dependency were high school dropouts. Generally, acculturation was not correlated with alcohol dependency. However, a significant but weak correlation ($r = .22$) was found between having more Anglo friends and being clinically dependent.

Table 26. Personal Substance Use by Demographic Characteristics
Sioux City Latinos (n=91)

Characteristic	Responses
Personal tobacco use	Have ever used tobacco: 24% High school graduate 50% Did not complete high school Ever felt dependent on tobacco: 5% High school graduate 22% Did not complete high school
Personal alcohol use	Have ever used alcohol in their lifetime: 98% Men 73% Women 95% Employed 67% Unemployed Have used alcohol within the last year and a half: 91% Men 44% Women 80% Employed 42% Unemployed 64% Under $26,000 93% Over $26,000 Have used alcohol within the last month: 72% Men 15% Women 57% Employed 17% Unemployed
Personal alcohol abuse	Clinical alcohol dependence DSM-III-R: 9% Men 0% Women 0% High school graduate 12% Did not complete high school Drinking more now than five years ago: 0% Under $26,000 7% Over $26,000

Attitudes About Substance Abuse in the Community

Despite the low levels of self-reported use and abuse, a majority of the respondents asserted that drinking is a big problem among their own group (Latinos), and one-fourth of them indicated that drinking is a bigger problem for Latinos than for other groups. The most commonly cited serious problem associated with alcohol use is drunk driving, mentioned by 85% of the respondents. Slightly under half of the respondents mentioned interpersonal conflicts and problems with work and family as serious problems caused by alcohol use. (See Table 27.)

The community advisors were not surprised at the recognition given to the problem of drunk driving. They report that drinking often begins immediately after work shifts, and that it is a common practice for men to leave a twelve-pack of beer in their car so that they can begin drinking as soon as work is over. One advisor also noted that many who were born outside the U.S. bring "inexcusable" driving habits with them, due to having very little exposure to drunk driving laws in their home countries. Another advisor commented that the women have long seen drunk driving as a serious problem, while the men's attitudes are only recently beginning to acknowledge this.

Table 27. Attitudes About Community Substance Use
Sioux City Latinos (n=91)

Characteristic	Responses	
Perception of drinking problem among own cultural group	63%	Thinks drinking is a big problem among own cultural group
	25%	Thinks drinking among cultural group is a bigger problem than that among other groups
Household drinking	19%	Reports others in the household have had five drinks or more on at least one occasion during the last month
Serious problems caused by alcohol use are:	85%	Drunk driving
	44%	Interpersonal fights or conflicts
	40%	Employment/work problems
	40%	Problems with family functioning
Thinks usual and acceptable uses of alcohol are:	28%	Partying with others
	3%	Informal relaxation or recreation
	2%	To be socially accepted
	1%	To alter one's mood or feelings
Perception of drug problem among own cultural group	64%	Thinks drug use is a big problem among own cultural group
	26%	Thinks drug use among cultural group is a bigger problem than that among other groups
Serious problems caused by drug use are:	50%	Problems with driving
	42%	Spouse abuse
	41%	Problems with the law

About one out of five (19%) of the respondents reported that others in their household engaged in binge drinking (defined as having five or more drinks in a row) during the last month.

The number of respondents who see drug use as a special problem for Latinos is similar to the responses to alcohol problems: 63% see drug use as a big problem for Latinos, and 25% think it is a bigger problem than for other groups. "Problems with driving" was the most frequently (50%) listed serious problem caused by drug use. Spousal abuse and "problems with the law" were each named by approximately 40% as a serious problem caused by local drug use.

Treatment Experiences

Table 28 shows that these respondents had minimal experience with treatment. Only 2% reported they had ever received treatment for alcohol problems, and none reported having received treatment for drug use. Only 1% reported that someone else in their household had gotten treatment in the last year. No respondents felt that someone in their household needed treatment but had not gotten it.

None of the respondents thought they needed treatment for drugs or alcohol in the last year, even though 9% of the men met the clinical criteria for alcohol dependence. This suggests a view of heavy drinking in the Latino community, perhaps due to the culture of **machismo**, which may encourage the men to think that it is shameful and a sign of weakness to admit that

Table 28. Treatment Experiences
Sioux City Latinos (n=91)

Characteristic	Responses	
Has received treatment	2%	Has received treatment for alcohol use
	0%	Has received treatment for drug use
Thought needed treatment	0%	Thought needed treatment for alcohol or drugs in the last year
Household treatment	1%	Reports others in household have gotten help or treatment for alcohol or drug problem
	0%	Thinks others in household need help or treatment but did not get it
Treatment programs	46%	Knows of local treatment services
	48%	Thinks local treatment services have culturally specific programs
	38%	Thinks treatment programs are very effective
	42%	Thinks treatment programs are moderately effective
	23%	Thinks treatment programs are ineffective
Prevention programs	60%	Knows of local prevention services
Would seek advice about appropriateness of drinking from:	62%	Spouse or partner
	17%	Close friend
	9%	Religious or spiritual leader

one needs treatment. None of the respondents who met the DSM-III-R criteria for alcohol dependence reported that they thought they needed treatment in the last year, and none reported ever having received alcohol treatment.

Slightly under one-half of the respondents reported knowledge of a local treatment service, and thought that culturally-specific programs are offered. About one-fourth consider treatment programs to be ineffective. Nevertheless, most (78%) reported knowing a member of their community who had overcome a drug or alcohol problem through formal treatment.

Sixty percent of the respondents reported having knowledge of a local prevention program of some kind.

Most respondents say they would seek advice about the appropriateness of drinking from their spouse. Only 9% mentioned a religious leader, a finding which one of the community advisors saw as consistent with a perceived alienation of this community from the Catholic Church.

Attitudes Concerning Treatment

When asked to suggest methods to improve the effectiveness of treatment (Table 29), half of the respondents stated that more treatment centers were needed. Half also stated that treatment should be available in languages other than English (i.e., Spanish).

Virtually all of the respondents (98%) assert that Latinos in Sioux City have special needs for drug and alcohol treatment. A majority (79%) feel that treatment personnel need to understand substance abuse within the Latino cultural background, and 54% stated that counselors of the same background were necessary. Just under half (45%) stated that culturally-specific programs were needed. Fewer (38%) said that having other personnel (in addition to counselors) with a Latino background was necessary. This is consistent with the community advisors' observations that many Latino men see treatment as a "white person's institution."

Respondents were asked to speculate on what steps they would take if they felt the need to get themselves into treatment. The most common response (mentioned by 60% of the respondents) was "contact a doctor or hospital." The community advisors were surprised and skeptical of this finding. They felt that contacting a hospital was the "last thing" a Sioux City Latino person would do. One advisor speculated that perhaps respondents misunderstood the question and thought they were being asked where one goes for treatment. Both advisors felt that it would be more typical for a person to first seek advice from a community leader that they knew and respected.

When asked what kinds of substance abuse prevention activities would be most helpful in their community, most respondents mentioned school programs. The next most frequently offered suggestions were informational programs and workplace programs. Relatively few respondents mentioned law enforcement and recreational activities. The community advisors, however, suggested that more recreational activities were needed for young people, among whom boredom was common.

Table 29. Attitudes Concerning Treatment
Sioux City Latinos (n=91)

Characteristic	Responses	
Suggested methods to improve the effectiveness of treatment	50%	Set up more treatment centers
	50%	Make treatment available in languages other than English
Suggested activities or programs that would be most helpful to prevent alcohol or drug problems	81%	School programs
	69%	Informational programs
	62%	Employer/workplace programs
	47%	Religious/spiritual activities
	28%	Community volunteer groups
	18%	Policing/legal activities
	13%	Community building
	12%	Recreational/dances
	11%	Family building
Steps would take to get self to treatment, if needed	60%	Contact a hospital or doctor
	47%	Talk with spouse or partner
	41%	Contact a substance abuse agency directly
	17%	Talk with another household member
	15%	Talk with a relative living outside the household
	12%	Talk with a close friend
	12%	Talk with a religious or spiritual leader
Methods used by others to overcome alcohol or drug problems	78%	Formal treatment
	26%	Religious/spiritual influence
	9%	Quit on own
	9%	Self-help
Special needs for cultural group	98%	Thinks cultural group has special needs for treatment
	79%	Personnel need to understand substance abuse within respondent's cultural background
	54%	Counselors of same background
	45%	Programs that are specifically suited to cultural background
	38%	Other personnel of same background

Anticipated Barriers to Treatment

Respondents were asked what problems they would face in getting into treatment if they needed it (Table 30). The most commonly cited problem was "paying for the service," mentioned by 84% of the respondents. Almost as many respondents felt that not having Latino counselors would be a problem. Most also felt that the waiting period to get help would be a problem.

A majority of respondents (78%) expressed the fear that what they said in treatment would not be kept confidential. Many felt that "others might learn you were getting treatment." A majority also said that they would be likely to be discriminated against, or that the program would simply not meet the needs of someone of Latino background. The issue of the gender appropriateness of treatment was also cited by a majority (72%) of respondents.

Table 30. Anticipated Barriers in Getting Help for Substance Abuse Sioux City Latinos (n=91)

Characteristic	Responses	
Anticipated barriers	84%	Paying for the service
	80%	Counselors of your cultural background would not be available to you
	80%	Waiting period to get help
	78%	What you say in treatment would not be confidential
	72%	Programs may not really fit the needs of my gender
	68%	Hours the service is available
	66%	Loss of work or income if you entered treatment
	66%	Programs are not really suited to the needs of people from your cultural or ethnic background
	63%	Programs may discriminate against you because of your cultural background
	62%	Others might learn you were getting treatment
	49%	Getting care for your children
	38%	Transportation to get to the service
	34%	Programs are not very successful
	23%	Family would not be very supportive
	22%	Health problems
	21%	Distance to the service
	21%	Getting care for other family members who are dependent on you
	12%	Physical handicap or disability

Summary

The Latino community in Sioux City contains a large percentage of educationally and economically disadvantaged individuals and families. About a third report that they do not speak English very well. Rates of unemployment, poverty, and single-parent households are considerably higher than for the general population. More than half have not completed high school. Individual and family incomes are well below the median for the state and Sioux City. The community is transient, with many residents pursuing unstable job opportunities. There is also a large number of undocumented residents. These social and economic stresses are likely associated with the substance-abuse problems reported by survey respondents.

The majority of respondents feel that alcohol and drug abuse are serious problems in their community. Drunk driving is seen as a particularly important concern in this community. Personal substance abuse was reported more frequently by male respondents, a pattern consistent with Latino cultural expectations. Very few respondents had knowledge or experience with substance-abuse treatment, but most felt that Latinos had culturally-specific treatment needs. Most obvious is the need for services to be made available in Spanish and to have treatment personnel of Latino background. In particular, many are distrustful of treatment providers maintaining confidentiality. Latino culture emphasizes gender differently than does white European culture, and many respondents expressed concerns about the gender appropriateness of available treatment. In addition, Latinos expressed financial concerns as anticipated barriers to seeking treatment.

Part 7 Latinos: West Liberty

Population and Sample Background

The 679 Latinos in the small town of West Liberty (1990 pop. 2,935) constitutes a much larger percentage (23%) of the community's population than is true for Latinos statewide (1.2%) (see Table 31). West Liberty Latinos are greatly disadvantaged educationally but only slightly disadvantaged economically when compared with Iowans generally. The 1990 Census data show that only about one-fifth of West Liberty Latinos are high school graduates compared to 80% of all Iowans and 64% of all Latinos statewide. Economically, the community is closer to state averages. The members are only slightly more likely than Iowans generally to be living below the poverty threshold and they have a lower unemployment rate than the state. However, West Liberty Latinos are nearly two times more likely than all Iowans not to be homeowners. There were no Census data available for median income and managerial and professional speciality occupations, due to low frequencies.

The data collection in West Liberty began with enthusiastic support from community leaders, particularly in the school system. One community advisor working for a youth program was especially instrumental in helping the project team gain access to the community and in educating the project team about the substance abuse problems in West Liberty. A counselor and an administrator in the local school system provided essential contacts with the Latino community and Latino community groups such as GANAS. Due to the small, cohesive, and personal nature of the local community it was determined to be optimal to hire Latino interviewers from outside the community to enhance respondent anonymity. Three outside interviewers and one local interviewer were hired. Unfortunately, the local interviewer left the project early, and his departure may have adversely affected the project despite the concern with local privacy.

After a promising start, data collection became bogged down and was called to a halt with only 39 completed interviews. Problems encountered included respondent objections to the length and invasiveness of the interview and the fact that the community was oriented to night shift work schedules, which made it difficult to contact respondents in the daytime. Interviewers also found what they interpreted to be many more undocumented immigrants in West Liberty than had been expected. Many interview appointments were broken, frustrating interviewers traveling from other communities. The random selection process based on area sampling was abandoned, and instead, available, consenting, legal adults were selected. The findings reported here are taken from the comments supplied by community advisors, as well as from the 39 completed interviews.

One community advisor working in the schools noted that the West Liberty Latino community is very stable residentially, even for those who are undocumented workers. They do not relocate frequently to other states, as was found in Sioux City, and most new arrivals already have family living in the area.

For those who are second generation, there is strong family support for finishing high school and even continuing for a two or four year degree (although this had not materialized at the time of the 1990 Census.) The situation is somewhat different for newer arrivals. It is reported to be unusual for someone who has not been living continuously in the U.S. to graduate from high school. Because of financial hardships, most new arrivals go directly to work in the factories. Many adolescents, whether they are new arrivals or not, work part-time to help support their families. Even though it is small, the Latino community of West Liberty is diverse and fragmented along many lines including residency status, level of education, gender, and family name.

Table 31. Selected Social and Economic Characteristics for Latinos and Total Population West Liberty and State

Characteristic	West Liberty		State	
	Latino	Total	Latino	Total
Total population	679	2,935	32,647	2,776,755
Percent of total population	23.1	—	1.2	—
Gender—Percent				
▸ Female	46.7	51.5	48.6	51.6
▸ Male	53.3	48.5	51.4	48.4
Native persons—Percent born in state of residence	NA*	78.0	59.6	78.8
Persons 5 years and over—Percent				
▸ Ability to speak English	NA	85.1	81.4	98.6
▸ Don't speak English "very well"	NA	14.9	18.6	1.4
▸ Speak a language other than English	NA	23.9	43.1	3.9
Persons 25 years and over—Percent				
▸ High school graduate or higher	21.3	70.0	64.2	80.1
▸ With bachelors degree or higher	1.7	13.2	13.7	16.9
Persons 16 years and over—Percent				
▸ In labor force	82.2	68.8	72.7	66.3
▸ Unemployed	1.7	3.8	8.7	4.5
▸ Employed in managerial and professional speciality	NA	15.8	16.2	22.3
Median income in 1989—Dollars				
▸ Households	NA	25,898	21,568	26,229
▸ Families	NA	33,651	25,288	31,659
Per capita income in 1989—Dollars	8,477	10,890	8,025	12,422
Income in 1989 below poverty level—Percent				
▸ Of persons for whom poverty status is determined	13.6	6.3	21.7	10.8
▸ Of families	11.4	5.4	19.6	7.8

*NA: Census data not available for this group at this level of analysis.

Table 31 (Continued)

Characteristic	West Liberty		State	
	Latino	Total	Latino	Total
Age groups—Percent				
▸ 17 and younger	38.7	30.3	39.4	25.9
▸ 18–24	17.1	8.8	14.9	10.2
▸ 25–34	20.6	17.6	17.8	15.4
▸ 35–44	9.4	12.8	11.7	14.2
▸ 45–54	8.1	7.9	6.2	9.9
▸ 55–64	2.9	7.2	4.7	9.0
▸ 65 and older	3.1	15.3	5.3	15.3
Residence—Percent				
▸ Owner Occupied	46.5	69.3	50.3	70.0
▸ Renter Occupied	53.5	30.7	49.7	30.0
Household Type—Percent				
▸ Married with children under 18	64.9	34.0	32.2	27.6
▸ Married with no children under 18	17.2	30.8	19.5	32.4
▸ Single parent with children under 18	0.0	3.5	15.2	6.0
▸ Single parent with no children under 18	3.4	3.4	5.6	4.0
▸ Non–family household	14.4	28.4	27.5	29.9

Source: 1990 Census of Population and Housing. Summary Tape File 1A, and 3A.

Table 32 shows that 38% of the sample had lived in Iowa less than five years and 45% had lived in West Liberty less than five years. At the other extreme, more than one-fourth had lived in the area more than 20 years. Unlike the Sioux City sample, more males than females were interviewed. About three-fourths of the respondents were married. Most (72%) of those interviewed were first generation residents of the U.S., and most of the remainder were second generation.

Only 26% were high school graduates, and 5% were college graduates. Forty percent were unemployed. This is very high compared to Census data, and may represent a simple selection bias, i.e., the unemployed were more readily available to be interviewed. Conversely, household income appears to be somewhat higher than among the sample of Sioux City Latinos, with over half reporting an annual household income of over $26,000.

Table 32. Background Characteristics of Sample West Liberty Latinos (n=39)

Characteristic	Responses
Gender	38% Females 62% Males
Age	40% Under 30 53% 30-50 8% Over 50 Median age: 30.5 years
Length of Residence in Iowa	38% Lived less than 5 years in Iowa 33% Lived 6-19 years in Iowa 28% Lived 20 or more years in Iowa
Length of Residence in West Liberty	45% Lived less than 5 years in West Liberty 29% Lived 6-19 years in West Liberty 26% Lived 20 or more years in West Liberty
Marital Status	74% Married or living with a partner 20% Never been married
Level of Education Obtained	26% High school graduates 5% College graduates
Current Employment Status	51% Full-time employment 5% Part-time employment 40% Unemployed (both looking and not looking for work)
Income	Household income: 21% Household income under $15,000 47% Household income under $26,000 53% Household income over $26,000 Largest sources of income: 55% Employment by others 16% Income from spouse 10% Income from relative other than spouse 0% Public assistance

Cultural Orientations

Most of the respondents reported that their ethnicity affects them significantly: 59% considered their ethnic background to be "very important" and another 26% view it to be "moderately important" to their identity. A majority stated that they have "very high pride" in their own ethnicity, while 15% reported having negative feelings about their ethnicity. In spite of the reported high levels of ethnic pride, slightly under half reported having "a great deal" or "much" knowledge of their heritage and traditions. (See Table 33.)

According to community consultants, local Latino school children who are from other countries tend to know more about their cultural heritage than those Latinos who were born in the U.S. West Liberty Latinos maintain more contact with relatives outside their home, and with people from their home country, than do the Sioux City Latinos. The majority of respondents asserted that they interact with Anglos equally as well as with

Latinos. Most of their current friendships are with other Latinos, but some reported that most of their friends are whites.

Political activity generally is low, with only 3% reporting to be very active in either general politics or ethnic politics. One community advisor observed that there is one Latino family in the community that is very active politically, but this activity has not led to the building of coalitions. Most Latino community members are reported to feel powerless with respect to voting and to be alienated from the white male-dominated city council and school board.

Language

West Liberty Latino respondents seem to be more comfortably bilingual than their Sioux City counterparts. Although most said that they speak, read, and write in Spanish much better than in English, 44% described their English skills as "good" or "excellent." Although most (70%) grew up in homes where only Spanish was spoken, only 29% said that their current homes are Spanish-only households. About one-third of the respondents said that they think in English.

Table 33. Cultural Orientations
West Liberty Latinos (n=39)

Characteristic	Responses
Importance of ethnicity	59% Thinks ethnicity is very important to self 26% Thinks ethnicity is moderately important to self 72% Has very high pride in own ethnicity 15% No pride but negative feelings about ethnic background
Knowledge about own cultural heritage	38% Knows a great deal about cultural heritage and traditions 10% Knows much about cultural heritage and traditions 44% Knows some about cultural heritage and traditions
Generations in the United States	72% 1st generation 26% 2nd generation
Contact with relatives outside the home	31% Daily 31% Weekly 33% Monthly
Contact with people from home country	28% Weekly 33% Monthly
Interaction with Anglos and own cultural group	32% Interacts better with Latinos 8% Interacts better with Anglos 60% Interacts equally well with Anglos as with own group
Childhood friendship patterns with Latinos	49% Almost all 20% Most
Childhood friendship patterns with Anglos	13% Almost all 5% Most
Current friendship patterns with Latinos	49% Almost all 13% Most
Current friendship patterns with Anglos	13% Almost all 15% Most
Political activity	3% Very active in general politics 3% Very active in racial/ethnic politics

Table 33 (Continued)

Characteristic	Responses
Ability to speak language	44% Speak English excellent/good 82% Speak Spanish excellent/good
Ability to read language	44% Read English excellent/good 64% Read Spanish excellent/good
Ability to write language	44% Write English excellent/good 54% Write Spanish excellent/good
Ability to speak Spanish compared to English	60% Speak Spanish: much better 16% Speak English: much better 19% Speak equally well Spanish and English
Ability to read Spanish Compared to English	53% Read Spanish: much better 17% Read English: much better 17% Read equally well Spanish and English
Ability to write Spanish Compared to English	50% Write Spanish: much better 17% Write English: much better 14% Write equally well Spanish and English
Language spoken in home when growing up	70% Only Spanish 19% Mostly Spanish 11% Equally Spanish and English 0% Mostly English 0% Only English
Language spoken in home currently	29% Only Spanish 31% Mostly Spanish 26% Equally Spanish and English 14% Mostly English 0% Only English
Language prefer to speak in home	40% Only Spanish 22% Mostly Spanish 19% Equally Spanish and English 16% Mostly English 3% Only English
Language in which thinks	33% Only Spanish 31% Mostly Spanish 11% Equally Spanish and English 14% Mostly English 11% Only English

Personal Substance Use

About one-third of the respondents reported some lifetime use of tobacco, most of whom also said they had felt dependent on tobacco at some time in their lives (Table 34). The figure is much higher for men (60% ever use) than for women (12%) (Table 35). Fifteen percent currently use tobacco.

Almost all (90%) of the respondents have used alcohol at some point in their lives. Most (62%) reported they had used alcohol within the last 18 months, and 36% had used alcohol within the last month.

Some of the respondents (11%) reported binge drinking, although the community ad-

Table 34. Personal Substance Use
West Liberty Latinos (n=39)

Characteristic	Responses
Personal tobacco use	31% Have ever used tobacco 15% Currently use tobacco 27% Ever felt dependent on tobacco
Personal alcohol use	90% Have ever used alcohol in their lifetime 62% Have used alcohol within the last year and a half 36% Have used alcohol within the last month
Personal alcohol abuse	11% Have engaged in binge drinking 3% Ever felt dependent on alcohol 18% DSM-III-R clinical alcohol dependence 15% DSM-IV clinical alcohol dependence 9% Drinking more now than five years ago
Personal drug use	18% Have used any illegal drug in lifetime 3% Have used any illegal drug with the last year and a half 3% Have used any illegal drug within the last month 0% Have had a problem with any illegal drug in lifetime

Table 35. Personal Substance Use by Demographic Characteristics
West Liberty Latinos (n=39)

Characteristic	Responses
Personal tobacco use	Have ever used tobacco: 60% Men 12% Women
Personal alcohol abuse	Have engaged in binge drinking: 0% High school graduate 23% Did not complete high school Clinical alcohol dependence DSM-III-R: 40% Men 4% Women Drinking more now than five years ago: 20% Under 30 0% 30 and over

visors assert that this rate seriously underestimates the amount of binge drinking that takes place in the community. Binge drinking was more commonly reported by those who did not finish high school. Only 3% reported that they have ever felt dependent on alcohol, even though 18% meet the DSM-III-R clinical criteria and 15% meet the DSM-IV criteria for alcohol dependence. Thus, as with the other studies in this project, individuals appear to seriously underestimate their own need for treatment, as defined by official standards. As

expected with the gender-specific drinking norms in Latino culture, men were much more likely than women to meet the clinical criteria for alcohol dependence.

Only 18% of the respondents reported lifetime use of illegal drugs, and only 3% had used within the last year or last month. None reported problems with being hooked or dependent on any illegal drug. Again, community advisors assert that these rates seriously underestimate drug use among young people in the community. It is commonly reported that there is widespread experimentation with marijuana, crystal "meth," and "crank" in the community.

The acculturation variables were not significantly associated with substance use, dependency, or attitudes about alcohol use, perhaps due to the small sample size.

Attitudes About Substance Abuse in The Community

Community advisors explained that Latinos are reluctant to criticize their own ethnic group and, therefore, suggested that some of the findings concerning substance-use attitudes in Table 36 are underestimates. While a slight majority of these respondents reported that drinking is a big problem among Latinos in West Liberty, only 21% said it is a bigger problem for them than it is for other groups. As one advisor put it, "Latinos know that they have their share of problems, but they really don't feel that they are any worse off than other groups."

Slightly over half of the respondents reported that others in their household had engaged in binge drinking during the last month. Again, the community advisors consider this rate to be artificially low, at least partially due to the reluctance of women to say anything negative about their partners and families.

When asked what kinds of serious problems are caused by alcohol use in the West Liberty Latino community, the most frequently cited problem was drunk driving, mentioned by slightly over half of the respondents. Interpersonal conflicts and family functioning problems were also frequently mentioned.

Half of the respondents asserted that there were no usual and acceptable uses of alcohol. A few noted social celebrations (35%) and partying with others (15%). These latter figures were openly doubted by one of the community advisors, who noted the almost weekly occurrence of social events where alcohol is served, including weddings, coming-out parties, graduations, and dances. The discrepancy between respondent and advisor reports further suggests there was some response bias inhibiting disclosure of sensitive information.

The respondents did not claim the use of illegal drugs was a special problem for their ethnic community. Only 23% said drug use is a big problem for West Liberty Latinos, and most reported that drug use in their community is no bigger a problem than in other cultural groups. As already noted, community advisors disagree and assert there are serious drug abuse problems in the community.

Table 36. Attitudes About Community Substance Use
West Liberty Latinos (n=39)

Characteristic	Responses
Perception of drinking problem among own cultural group	59% Thinks drinking is a big problem among own cultural group 28% Thinks drinking is a moderate problem among own cultural group 21% Thinks drinking among cultural group is a bigger problem than that among other groups 79% Thinks drinking among cultural group is the same sized problem as that among other groups
Household drinking	59% Reports others in household have had 5 drinks or more on at least one occasion during last month 41% Reports no one in household have had 5 drinks or more on at least one occasion during the last month
Serious problems caused by alcohol use are:	56% Drunk driving 50% Interpersonal conflicts or fights 41% Family functioning
Thinks usual and acceptable uses of alcohol are:	51% No uses 35% Social celebrations 27% With meals 16% Partying with others
Perception of drug problem among own cultural group	23% Thinks drug use is a big problem among own cultural group 38% Thinks drug use is a moderate problem among own cultural group 7% Thinks drug use among cultural group is a bigger problem than that among other groups 70% Thinks drug use among cultural group is a same sized problem than that among other cultural groups
Serious problems caused by drug use are:	41% Problems with law 31% Interpersonal conflicts or fights 27% Crime

Treatment Experiences

Only 3% of the respondents reported having received treatment for alcohol use, and none had received treatment for drug abuse. However, 5% did say they needed treatment for either alcohol or drug use in the last year. Only one of the seven (14%) individuals who met the DSM-III-R criteria for alcohol dependence reported having ever received treatment. Only two of these individuals felt they needed treatment in the past year. (See Table 37.)

A few of the respondents (8%) said that others in their household had gotten help or treatment for a substance-abuse problem. None said that someone else in their household needed treatment but did not receive it.

Less than half (41%) of the respondents knew of a local treatment service. Most of those who did know of a local treatment service were under the impression that culturally-specific services were available. Half of the respondents said that treatment programs are very effective, and another 44% said that treatment programs are moderately effective. Only 3% asserted they were ineffective.

About half of the respondents stated they would seek advice about the appropriateness of drinking from a spouse or partner or other close relative. Community advisors were skeptical of this finding as well. They felt it was inconsistent with their understanding of Latino culture, especially for males. It was stated (similar to the comments from community advisors in Sioux City) that Latino men would "never" go to their partner or children and would avoid going to their close friends, instead confiding in a community leader who knows the family.

Table 37. Treatment Experiences
West Liberty Latinos (n=39)

Characteristic	Responses	
Has received treatment	3%	Has received treatment for alcohol use
	0%	Has received treatment for drug use
Thought needed treatment	5%	Thought needed treatment for alcohol or drugs in the last year
Household treatment	8%	Reports others in household have gotten help or treatment for alcohol or drug problem
	0%	Thinks others in household need help or treatment but did not get it
Treatment programs	41%	Knows of local treatment services
	31%	Thinks local treatment services have culturally specific programs
	53%	Thinks treatment programs are very effective
	44%	Thinks treatment programs are moderately effective
	3%	Thinks treatment programs are ineffective
Preventions programs	64%	Knows of local prevention services
Would seek advice about appropriateness of drinking from:	47%	Spouse or partner
	47%	Other relative
	39%	Close friend

Attitudes Concerning Treatment

When asked what methods would improve the effectiveness of treatment (Table 38), no consistent pattern emerged. The most common suggestion (25%) was informing the community about the program, followed by involving friends and families in the program (mentioned by 17%).

When asked to speculate as to what steps they would take if they felt they needed substance-abuse treatment, 85% stated they would talk with a spouse or partner. Again, community advisors felt that this was not typical behavior, especially among males.

Table 38. Attitudes Concerning Treatment
West Liberty Latinos (n=39)

Characteristic	Responses	
Suggested methods to improve the effectiveness of treatment	25%	Let the community know the treatment program
	17%	Involve friends and families in the treatment programs
Suggested activities or programs that would be most helpful to prevent alcohol or drug problems	39%	School programs
	36%	Recreational/dances
	24%	Informational programs
	24%	Family building activities
	19%	Economic development/jobs
	15%	Religious/spiritual activities
Steps would take to get self to treatment, if needed	85%	Talk with spouse or partner
	77%	Talk with relative living outside household
	72%	Contact a hospital or doctor
	67%	Talk with close friend
	64%	Contact a substance abuse agency directly
	51%	Talk with another household member
	36%	Talk with a religious or spiritual leader
	33%	Talk with a social service provider
	28%	Talk with a neighbor
	28%	Talk with a school teacher, coach, or counselor
	28%	Contact a local community center
	26%	Talk with a workplace or EAP counselor
	23%	Talk with a cultural community leader
Methods used by others to overcome alcohol or drug problems	41%	Formal treatment
	26%	Quit on own
	22%	Don't know of anyone who overcame problem
	15%	Self-help
Special needs for cultural group	53%	Thinks cultural group has special needs for treatment
	75%	Counselors of same background
	16%	Programs that are specifically suited to cultural background
	11%	Other personnel of same background
	11%	Personnel need to understand substance abuse within respondent's cultural background

Slightly under half of the respondents stated that they knew someone who had overcome a substance-abuse problem through formal treatment. Only 22% claimed not to know someone who overcame a problem.

About half of the respondents said that Latinos in West Liberty have special needs for treatment. The most commonly cited special need (75%) was for Latino counselors. Other needs were only mentioned by a handful of respondents. Those who say they know more about their cultural heritage are more likely to cite as a special need the concept that treatment personnel need to understand substance abuse within the client's cultural background. Community advisors strongly assert that treatment cannot be effective outside of a culturally-specific setting.

Anticipated Barriers to Treatment

When asked what, if any, problems they might encounter if they were to seek treatment, most respondents mentioned paying for the service (Table 39). Slightly under half would be concerned about lost work or income. The next most frequently mentioned problems were accessibility factors, such as hours of service available, getting child care, and distance to the service. Slightly less than one-third of the respondents mentioned that they might be discriminated against and that lack of Latino counselors would be a problem. Compared to Latinos in Sioux City, fewer West Liberty respondents were concerned that confidentiality might be breached or that programs might not be suited to their gender, although these percentages yet are noteworthy (29% and 17%, respectively).

Table 39. Anticipated Barriers in Getting Help for Substance Abuse
West Liberty Latinos (n=39)

Characteristic	Responses	
Anticipated barriers	63%	Paying for the service
	46%	Loss of work or income if entered treatment
	45%	Hours the service is available
	41%	Getting care for children
	38%	Distance to the service
	34%	Waiting period to get help
	31%	Programs may discriminate because of cultural background
	31%	Counselors of same cultural background would not be available
	31%	Getting care for other dependent family members
	29%	What you say in treatment would not be confidential
	28%	Transportation to get to the service
	28%	Programs are not really suited to the needs of cultural or ethnic background
	28%	Family would not be very supportive
	23%	Others might learn you were getting treatment
	22%	Programs are not very successful
	20%	Health problems
	17%	Programs may not really fit the needs of my gender
	15%	Physical handicap or disability

Summary

Compared to the Latino community in Sioux City, the Latino community in West Liberty is more stable residentially and financially. There are very few single-parent households. Per capita income is nevertheless below the overall state level, and many residents experience financial hardships. The poverty rate is slightly above that of the state overall. Less than one-fourth are high school graduates, a characteristic partially explained by the fact that most residents are first-generation immigrants. West Liberty Latinos are somewhat more acculturated than Sioux City Latinos. For example, a significant number interviewed described their English skills as good or excellent, and a majority reported that they interact well with Anglos (whites).

Survey respondents reported low rates of illegal substance use, although community advisors reported that methamphetamine use was rising in the community. Alcohol dependence is much higher among men than women, a finding consistent with what is known about Latino culture (and most cultures). Drug use is not seen by respondents as a big problem in the community. In contrast, alcohol abuse is seen as a serious problem, but no more so than for other groups. Very few respondents had knowledge or experience with substance-abuse treatment. A need for Latino treatment personnel was expressed. The most commonly anticipated problem in seeking treatment was paying for services.

Part 8 Vietnamese: Sioux City

Population and Sample Background

Table 40 shows Census data for all Asian populations combined in Sioux City and Iowa. Detailed information specifically for the Sioux City Vietnamese population (n=381) is not available. Asians comprise a slightly larger proportion of that city's population than is the case statewide. Sioux City Asians are clearly disadvantaged educationally but not economically when compared with most Iowans. The 1990 Census data show that Sioux City Asians are much less likely than all Iowans or Asians statewide to be high school or college graduates. Asians from Sioux City are similar to most Iowans in median income and unemployment but not as likely to be living in poverty, even though their per capita income lags. There are some disparities in occupations and housing. Fewer Sioux City Asians work in managerial or professional occupations that Iowans generally, and they are over two times more likely than most Iowans not to be homeowners.

Sioux City has a small but cohesive community of Vietnamese, whose experience in many ways more closely follows the classic immigrant experience in the U.S. These Vietnamese Americans face the dilemma of wanting to assimilate, yet maintain their own cultural identity – a dilemma often occurring with the generational split between parents who immigrated and their children who have grown up and been educated in the U.S.

Table 40. Selected Social and Economic Characteristics for Asian Americans and Total Population Sioux City and State

Characteristic	Sioux City		State	
	Asian	Total	Asian	Total
Total Population	1,185	80,505	24,325	2,776,755
Percent of Total Population	1.5	—	0.9	—
Gender—Percent				
▸ Female	45.0	52.3	49.3	51.6
▸ Male	55.0	47.9	50.7	48.4
Native Persons—Percent born in state of residence	43.3	72.3	39.9	78.8
Persons 5 years and over—Percent				
▸ Ability to speak English	38.7	94.3	58.6	96.2
▸ Don't speak English "very well"	61.3	2.6	41.4	1.4
▸ Speak a language other than English	77.3	5.7	73.1	3.9
Persons 25 years and over—Percent				
▸ High school graduate or higher	41.1	79.0	76.4	80.1
▸ With bachelors degree or higher	16.9	18.1	47.3	16.9

Table 40 (Continued)

Characteristic	Sioux City		State	
	Asian	Total	Asian	Total
Persons 16 years and over—Percent				
▸ In labor force	74.4	66.8	62.2	66.0
▸ Unemployed	4.7	5.6	5.2	4.3
▸ Employed in managerial and professional speciality occupations	12.7	22.9	32.8	22.3
Median income in 1989—Dollars				
▸ Households	25,462	25,045	20,307	26,229
▸ Families	26,951	30,743	25,254	31,659
Per capita income in 1989—Dollars	8,740	12,339	8,430	12,422
Income in 1989 below poverty level—Percent				
▸ Of persons for whom poverty status is determined	26.4	13.8	27.2	10.8
▸ Of families	26.0	10.5	25.5	7.8
Age groups—Percent				
▸ 17 and younger	37.4	27.6	34.2	25.9
▸ 18–24	17.0	10.3	19.3	10.2
▸ 25–34	19.6	16.0	21.6	15.4
▸ 35–44	13.4	14.1	12.3	14.2
▸ 45–54	6.5	8.6	6.7	9.9
▸ 55–64	4.0	8.7	3.6	9.0
▸ 65 and older	2.1	14.7	2.3	15.3
Residence—Percent				
▸ Owner occupied	35.2	67.0	35.5	70.0
▸ Renter occupied	64.9	30.0	64.5	30.0
Household Type—Percent				
▸ Married with children under 18	32.1	26.2	38.7	27.6
▸ Married with no children under 18	23.5	28.6	18.2	32.4
▸ Single parent with children under 18	15.2	9.0	8.5	6.0
▸ Single parent with no children under 18	13.3	5.2	4.9	4.0
▸ Non–family household	15.8	31.1	29.7	29.9

Source: 1990 Census of Population and Housing. Summary Tape File 1A, and 3A.

The questionnaire was translated into Vietnamese (and reverse translated for verification), and a local female Vietnamese interviewer conducted most of the interviews. Data collection was moderately successful, with 89 completed interviews. However, the original random sampling method was modified. Census tract data were used to locate potential households from which a convenience sample of adults were interviewed.

Slightly more women than men were interviewed (opposite the Census profile), which probably contributes to an underestimation of personal substance-use problems. Community advisors generally agreed that cultural norms prevent Vietnamese American women from drinking or using drugs. They asserted that Vietnamese women are also extremely reluctant to report anything that would reflect negatively on their husbands, families or community. Data from the interviews are supplemented by the observations of two community advisors, who work closely with the Vietnamese community, one of whom is Vietnamese.

Although most of those interviewed are recent arrivals, almost a quarter have lived in the area for at least five years and a small number have been there ten or more years. This is consistent with the community advisors' observations that the community is beginning to stabilize, with some families now long-term residents. Home ownership is reputed to be an important goal in the community as it signifies departure from refugee status. (See Table 41.)

Table 41. Background Characteristics of Sample Sioux City Vietnamese (n=89)

Characteristic	Responses
Gender	55% Females 45% Males
Age	33% Under 30 48% 30-50 19% Over 50 Median age: 40 years
Length of residence in Iowa	73% Lived less than 5 years in Iowa 24% Lived 5-9 years in Iowa 3% Lived 10 or more years in Iowa
Length of residence in Sioux City	76% Lived less than 5 years in Sioux City 20% Lived 5-9 years in Sioux City 3% Lived 10 or more years in Sioux City
Marital status	65% Married or living with partner 21% Never been married 11% Widowed
Level of education obtained	39% High school graduates 3% College graduates
Current employment status	75% Full-time employment 25% Unemployed (both looking and not looking for work)
Income	Household Income: 20% Household income under $15,000 82% Household income under $26,000 18% Household income over $26,000 Largest Sources of Income: 81% Employment by others 15% Public Assistance

Most of those interviewed are currently married, 21% have never been married, and 11% are widowed. Divorce is not common among this group.

All of the respondents interviewed were first generation residents of the U.S. Not surprisingly, then, only 39% were high school graduates, and only 3% were college graduates. Three-fourths of the respondents worked full-time. Household incomes were modest, with 82% reporting household incomes of under $26,000 annually. For most, the largest source of income was their employment by others. Only 15% received most of their income from public assistance. Many begin work at the IBP meat processing plants, but as their English language skills improve, many find better paying work at industries such as Gateway 2000, John Morrell, or Interbake. Economic pressures result in many women working in the factories, an occurrence at odds with traditional norms and accepted only because it is an opportunity to add significantly to the family's income and status.

Cultural Orientations

Relatively few (29%) Vietnamese respondents reported their race and ethnicity to be very important to their identity, and only 32% claimed to have very high pride in their race and ethnicity. A similar proportion claim to know a great deal about their cultural heritage and traditions. (See Table 42.) One Vietnamese community advisor suggested that there is probably a generational effect functioning here. She observed that the older Vietnamese take

Table 42. Cultural Orientations
Sioux City Vietnamese (n=89)

Characteristic	Responses
Importance of race/ethnicity	29% Thinks race/ethnicity is very important to self 38% Thinks race/ethnicity is moderately important to self 18% Thinks race/ethnicity is somewhat important to self 32% Has very high pride in own race/ethnicity 37% Has moderate pride in own race/ethnicity 26% Has little pride in own race/ethnicity
Knowledge about own cultural heritage	35% Knows a great deal about cultural heritage and traditions 24% Knows much about cultural heritage and traditions 21% Knows a little about cultural heritage and traditions
Generations in the U.S.	100% 1st generation
Contact with relatives outside the home	1% Daily 17% Weekly 47% Monthly
Contact with people from home country	0% Weekly 9% Monthly
Interaction with whites as well as with own cultural group	98% Interacts better with Asian Americans 2% Interacts equally well with Asian American and whites

Table 42 (Continued)

Characteristic	Responses
Childhood friendship patterns with Vietnamese	100% Almost all
Childhood friendship patterns with whites	0% Almost all 0% Most 99% None
Current friendship patterns with Vietnamese	88% Almost all 11% Most
Current friendship patterns with whites	0% Almost all 0% Most 74% None
Political activity	96% Not at all active in general politics 96% Not at all active in racial/ethnic politics
Ability to speak language	90% Speak English excellent/good 15% Speak Vietnamese excellent/good
Ability to read language	63% Read English excellent/good 9% Read Vietnamese excellent/good
Ability to write language	60% Write English excellent/good 8% Write Vietnamese excellent/good
Ability to speak Vietnamese compared to English	100% Speak Vietnamese: much better
Ability to read Vietnamese compared to English	100% Read Vietnamese: much better
Ability to write Vietnamese compared to English	100% Write Vietnamese: much better
Language spoken in home when growing up	94% Only Vietnamese 6% Mostly Vietnamese 0% Equally Vietnamese and English 0% Mostly English 0% Only English
Language spoken in home currently	61% Only Vietnamese 38% Mostly Vietnamese 1% Equally Vietnamese and English 0% Mostly English 0% Only English
Language prefer to speak in home	61% Only Vietnamese 38% Mostly Vietnamese 1% Equally Vietnamese and English 0% Mostly English 0% Only English
Language in which thinks	75% Only Vietnamese 24% Mostly Vietnamese 1% Equally Vietnamese and English 0% Mostly English 0% Only English

great pride in their cultural heritage and know much about their culture's traditions. She suggested that the younger Vietnamese very much want to assimilate and, therefore, often express open rejection of their heritage.

Almost all of the respondents saw themselves as interacting better with other Vietnamese than with whites. The community advisors note that Vietnamese interact well with whites and other groups in the workplace, but they tend to socialize only with other Vietnamese outside of work. This is reflected in Table 42, which shows that 88% said that almost all of their friends are Vietnamese, and another 11% said that most of their current friends are Vietnamese. In addition, 74% said that none of their current friends are white.

Almost all of the respondents described themselves as not at all active in politics. One Vietnamese community advisor suggested that this is a reaction to the past violence and turmoil experienced in Vietnam; most are simply exhausted and disillusioned with politics and want to direct their attention to establishing prosperity for their families.

Most of the respondents reported that their spoken English is good to excellent, and slightly over half claimed to read and write well in English. Nevertheless, all said that they speak, read, and write better in Vietnamese than in English. This is not surprising given that 94% were raised in homes where only Vietnamese was spoken and 61% currently speak only Vietnamese in their homes. Three-fourths think exclusively in Vietnamese, and 24% think mostly in Vietnamese.

For some of the Vietnamese interviewed, language barriers can create problems within the family. When the children speak English more fluently than the parents, they can use the English language as a way to distance themselves from the family, thereby reducing parental control. Advisors suggested this extends to issues of substance use and abuse.

Personal Substance Use

Reported tobacco use was fairly low among the Sioux City Vietnamese. Nevertheless, 25% reported that they have felt dependent on tobacco (Table 43). This figure is much higher for men (50%) than for women (4%) (Table 44). The community advisors suggested that tobacco use is probably much higher among adolescents, who see smoking as a way of fitting into American youth culture.

The perception that alcohol use is much lower among Vietnamese women than men is also supported by the survey results. Almost all of the men had ever used alcohol, and 38% had used within the last month. On the other hand, only 4% of the women had ever used alcohol, and none reported use in the last month.

Table 43. Personal Substance Use
Sioux City Vietnamese (n=89)

Characteristic	Responses
Personal tobacco use	34% Have ever used tobacco 33% Currently use tobacco 25% Ever felt dependent on tobacco
Personal alcohol use	43% Have ever used alcohol in their lifetime 26% Have used alcohol within the last year and a half 17% Have used alcohol within the last month
Personal alcohol abuse	3% Have engaged in binge drinking 3% Ever felt dependent on alcohol 4% DSM-III-R clinical alcohol dependence 4% DSM-IV clinical alcohol dependence 1% Drinking more now than five years ago
Personal drug use	1% Have used any illegal drug in lifetime 1% Have used any illegal drug within the last year and a half 1% Have used any illegal drug within the last month 1% Have had a problem with any illegal drug in lifetime

Table 44. Personal Substance Use by Demographic Characteristics
Sioux City Vietnamese (n=89)

Characteristic	Responses
Personal tobacco use	Have ever used tobacco: 68% Men 6% Women Currently use tobacco: 65% Men 6% Women Ever felt dependent on tobacco: 50% Men 4% Women
Personal alcohol use	Have ever used alcohol in their lifetime: 90% Men 4% Women 48% Employed 24% Unemployed Have used alcohol within the last year and a half: 10% Under 30 33% 30 and over 55% Men 2% Women 31% Employed 5% Unemployed Have used alcohol within the last month: 38% Men 0% Women 22% Employed 0% Unemployed

The reported binge drinking rate was only 3%. The community advisors felt this figure greatly underestimates the amount of binge drinking. They describe the culture of drinking among Vietnamese males as follows: "Older (over 30) men drink only beer. Instead of going to bars, they tend to go from house to house, drinking in the garages or back yards of their friends. Virtually all Vietnamese social events involve substantial drinking on the part of the men." Yet, only about one-third of the respondents reported that someone else in the household has had five or more drinks in a row at least once in the preceding month. Women are generally described not to be substance abusers.

A small percentage (3%) of the respondents reported they have ever felt dependent on alcohol. Only 4% of the respondents met the clinical definitions of alcohol dependence. It should be kept in mind that these figures are likely deflated by the number of female respondents in the sample who reported drinking very little or not at all.

Only 1% of respondents reported any lifetime, recent, or current use of, or problems with, illegal drugs. The community advisors stated that there is a small pocket of users of marijuana, cocaine, and "crank" (methamphetamine) in the Vietnamese community, but drug use is considered so shameful that few will talk about it and "no one wants to acknowledge it as a problem."

Attitudes About Substance Abuse in the Community

Only 3% of the respondents reported that drinking is a big problem within the local Vietnamese community. None of the respondents reported that it is a bigger problem for their own group compared to other cultural groups. (See Table 45.) These figures did not surprise the community advisors. They described the community's attitudes about drinking as, "they honestly think drinking is an acceptable behavior of choice," which, in and of itself, is never seen as problematic, at least for men. Women almost never drink because those who do are thought to have poor morals and values. If the drinking does not involve driving, Vietnamese women see it as a part of life, although they do not interpret it as acceptable behavior. Many women want their husbands to quit drinking but feel powerless to influence this.

Drunk driving was identified by 52% of those interviewed as a serious problem caused by alcohol use among Vietnamese in Sioux City. About one-third also felt that alcohol use caused health problems and problems at work. Community advisors observed that men often start driving without a license or any training and do not familiarize themselves with U.S. driving laws and official social expectations about drinking and driving.

The social nature of drinking in the Vietnamese community is illustrated by the responses to the question, "What are the usual and acceptable uses of alcohol?" The most common response, listed by half of those interviewed,

Table 45. Attitudes About Community Substance Use
Sioux City Vietnamese (n=89)

Characteristic	Responses	
Perception of drinking problem among own cultural group	3%	Thinks drinking is a big problem among own cultural group
	0%	Thinks drinking among cultural group is a bigger problem than that among other groups
Household drinking	37%	Reports someone else in the household has had 5 drinks or more on at least one occasion during the last month
Serious problems caused by alcohol use are:	52%	Drunk driving
	39%	Problems with health
	36%	Employment/work problems
Thinks usual and acceptable uses of alcohol are:	51%	Party with others
	11%	To be socially accepted
	10%	Informal relaxation or recreation
Perception of drug problem among own cultural group	4%	Thinks drug use is a big problem among own cultural group
	0%	Thinks drug use among cultural group is a bigger problem than that among other groups
Serious problems caused by drug use are:	79%	Problems with the law
	48%	Interpersonal conflicts or fights
	44%	Employment/work problems

was to party with others, followed by being socially accepted and informal relaxation. Belief that alcohol has beneficial effects and permissive attitudes toward drinking were more common among those who describe their own cultural identity as very important, and who interact less with whites.

Only 4% of the respondents reported drug use to be a big problem for the Vietnamese in Sioux City, and none thought the drug problem was bigger than that among other cultural groups. One of the community advisors felt that, while drug use is low among Vietnamese, respondents were probably also denying or "camouflaging" their fear of drug use among the young people. The most commonly mentioned serious problem caused by drug use in the community was problems with the law.

Treatment Experiences

None of the respondents reported that they had ever received treatment for an alcohol or drug problem, although a few (2%) did feel they needed treatment for alcohol or drugs in the last year and 4% did meet the DSM-III-R criteria for alcohol dependence. None reported that others in their household needed help or treatment but had not received it. (See Table 46.)

Three-fourths of the respondents said they knew of a local substance abuse treatment service, but none were aware of culturally-specific programs. Although all of the respondents thought that treatment programs were at least moderately effective and half thought that they were very effective, the community advisors suggest that these respondents were being politely agreeable. They stated that Vietnamese think of treatment as just a required program that the male has to go to if his drinking attracts the attention of official authority such as the police. One suggested that the Vietnamese do not believe in treatment because they do not fully understand the meaning, purpose, or processes of treatment, a view that is reinforced by knowing individuals who have gone into treatment and not changed their behavior.

When asked from whom they would seek advice about the appropriateness of their drinking, 41% mentioned their spouse or partner. Others mentioned community leaders, friends, and relatives.

Table 46. Treatment Experiences
Sioux City Vietnamese (n=89)

Characteristic	Responses	
Has received treatment	0%	Has received treatment for alcohol use
	0%	Has received treatment for drug use
Thought needed treatment	2%	Thought needed treatment for alcohol or drugs in the last year
Household treatment	0%	Reports others in household have gotten help or treatment for alcohol or drug problem
	0%	Thinks others in household need help or treatment but did not get it
Treatment programs	75%	Knows of local treatment services
	0%	Thinks local treatment services have culturally specific programs
	50%	Thinks treatment programs are very effective
	50%	Thinks treatment programs are moderately effective
Prevention programs	55%	Knows of local prevention services
Would seek advice about appropriateness of drinking from:	41%	Spouse or partner
	30%	Community leader
	28%	Close friend
	24%	Other relative

Attitudes Concerning Treatment

Hardly any of the respondents knew of someone who resolved a substance abuse problem through formal treatment (Table 47). The most frequently mentioned methods used by others to overcome a substance problem were quitting on their own and self help. That so few respondents know of someone who resolved a substance abuse problem through formal treatment lends support to the community advisors' assertions that respondents were being polite and agreeable (acquiescent) about the effectiveness of treatment programs.

If they felt they needed treatment, 38% stated they would first talk with their spouse. The community advisors were skeptical of this finding, especially regarding the behavior of the men. They suggested that the culture of drinking among the Vietnamese linked one's masculinity to one's ability and willingness to drink. Men would, therefore, be very reluctant to appear weak before their wives and children, or even their close friends, by admitting to having a drinking problem. Community advisors felt that it would be more likely that

Table 47. Attitudes Concerning Treatment
Sioux City Vietnamese (n=89)

Characteristic	Responses
Suggested methods to improve the effectiveness of treatment	No responses were given to this question.
Suggested activities or programs that would be most helpful to prevent alcohol or drug problems	80% School programs 79% Informational programs 24% Religious/spiritual activities 18% Policing/legal activities 18% Family building
Steps would take to get self to treatment, if needed	38% Talk with spouse or partner 35% Talk with a cultural community leader 29% Talk with close friend 24% Talk with another household member 18% Contact a hospital or doctor 12% Talk with religious/spiritual leader 10% Talk with a relative living outside the household
Methods used by others to overcome alcohol or drug problems	56% Quit on own 28% Self-help 11% Religious/spiritual influence
Special needs for cultural group	100% Think cultural group has special needs for treatment 40% Other personnel of same background 40% Personnel need to understand substance abuse within respondent's cultural background 33% Counselors of same background 20% Programs that are specifically suited to cultural background

a man would speak directly to a trusted relative outside of the home and not mention it to anyone else because of the potential for prying into the family's "private matters."

All of the respondents reported that Vietnamese had special needs for treatment. About one-third felt that Vietnamese counselors were needed, and 40% felt that other personnel of Vietnamese background were necessary. Similarly, 40% felt that counselors need to understand the cultural context of substance abuse among Vietnamese. Relatively few thought that there needed to be programs specifically designed for Vietnamese. However, the community advisors point out that Vietnamese simply may not think of treatment in culturally-specific terms, given the lack of familiarity with treatment in general. Advisors endorsed the need for culturally-specific treatment for Vietnamese.

Anticipated Barriers to Treatment

Similar to other groups surveyed, paying for the service was cited most frequently as a likely barrier to getting treatment (Table 48). Many Vietnamese work second and third shifts at factories, and 70% identified availability of hours as a likely problem in seeking treatment. Although only 6% expressed the concern that others might find out, community advisors felt this would be a problem for a much higher percentage, given the cultural emphasis on saving face, and not exposing family business.

Table 48. Anticipated Barriers in Getting Help for Substance Abuse
Sioux City Vietnamese (n=89)

Characteristic	Responses
Anticipated barriers	86% Paying for the service
	70% Hours the service is available
	58% Counselors of your cultural background would not be available to you
	54% Programs are not really suited to the needs of people from your cultural or ethnic background
	46% Distance to the service
	38% Getting care for your children
	35% Transportation to get to the service
	26% Loss of work or income if entered treatment
	8% Waiting period to get help
	6% Others might learn you were getting treatment
	3% Programs are not very successful
	2% Health problems
	2% Physical handicap or disability
	2% Programs may discriminate against you because of your cultural background
	2% Getting care for other dependent family members
	1% Family would not be very supportive
	1% What you say in treatment would not be confidential
	1% Programs may not really fit the needs of my gender

Slightly over half of the respondents felt that not having Vietnamese counselors would prevent them from seeking treatment. About the same percentage stated that the lack of culturally-specific programs likely would be a problem for them.

Summary

The Sioux City Vietnamese community seems to be in transition between the desire to assimilate and to maintain traditions and cultural identity. Illegal drug use is not common among the adults 30 and over but reputedly is rising among young persons. The cultural gap between adults and adolescents exacerbates the problem. Many parents are worried that their children are drinking, smoking, and quitting school. Many community members want more in-home services to prevent substance abuse among both children and adults. The most desired in-home services are information about substances, teaching of English as a second language, advice on family relations, and activities for the children.

Part 9 American Indians: Sioux City

Population and Sample Background

The 1,618 American Indians in Sioux City represent 2% of its population and about one-fifth of the state's American Indian population (Table 49). Sioux City American Indians are seriously disadvantaged educationally and economically when compared with most Iowans. The 1990 Census data show that Sioux City American Indians are less likely than Iowans generally to be high school graduates (65% versus 80%) or college graduates (5% versus 17%). American Indians from Sioux City are five times more likely than most Iowans to be unemployed (21% versus 4%). Therefore, one could anticipate that there would be negative impacts on income. Indeed, the 1989 median income for Sioux City American Indians was less than half of the median income for the state. Also, American Indians from Sioux City are nearly five times more likely than most Iowans to be living below the poverty threshold (51% versus 11%). As with other cultural groups, these educational and economic disparities further impact occupation and housing. Thus, there are far fewer Sioux City American Indians working in managerial or professional occupations that Iowans generally. Furthermore, Sioux City American Indians are nearly three times more likely than most Iowans not to be homeowners.

Table 49. Selected Social and Economic Characteristics for American Indians and Total Population Sioux City and State

Characteristic	Sioux City		State	
	American Indian	Total	American Indian	Total
Total population	1,618	80,505	7,217	2,776,755
Percent of total population	2.0	—	0.3	—
Gender—Percent				
▸ Female	54.4	52.3	50.9	51.6
▸ Male	45.6	47.9	49.1	48.4
Native persons—Percent born in state of residence	60.5	72.3	59.8	78.8
Persons 5 years and over—Percent				
▸ Ability to speak English	98.5	94.3	95.9	96.2
▸ Don't speak English "very well"	1.5	2.6	4.1	1.4
▸ Speak a language other than English	23.4	5.7	19.3	3.9
Persons 25 years and over—Percent				
▸ High school graduate or higher	65.1	79.0	67.6	80.1
▸ With bachelors degree or higher	5.2	18.1	9.7	16.9

Table 49 (Continued)

Characteristic	Sioux City		State	
	American Indian	Total	American Indian	Total
Persons 16 years and over—Percent				
▸ In labor force	58.9	66.8	62.2	66.0
▸ Unemployed	21.1	5.6	17.5	4.3
▸ Employed in managerial and professional	8.5	22.9	14.5	22.3
Median income in 1989—Dollars				
▸ Households	12,763	25,045	16,993	26,229
▸ Families	9,617	30,743	18,503	31,659
Per capita income in 1989—Dollars	4,188	12,339	6,707	12,422
Income in 1989 below poverty level—Percent				
▸ Of persons for whom poverty status is determined	51.0	13.8	36.2	10.8
▸ Of families	51.1	10.5	33.4	7.8
Age Groups—Percent				
▸ 17 and younger	48.3	27.6	37.8	25.9
▸ 18–24	13.3	10.3	13.3	10.2
▸ 25–34	15.3	16.0	18.0	15.4
▸ 35–44	10.0	14.1	13.6	14.2
▸ 45–54	6.7	8.6	7.8	9.9
▸ 55–64	3.0	8.7	4.8	9.0
▸ 65 and older	3.4	14.7	4.6	15.3
Residence—Percent				
▸ Owner occupied	24.5	67.0	43.5	70.0
▸ Renter occupied	75.5	30.0	56.5	30.0
Household type—Percent				
▸ Married with children under 18	24.6	26.2	26.6	27.6
▸ Married with no children under 18	11.2	28.6	22.4	32.4
▸ Single parent with children under 18	41.4	9.0	22.3	6.0
▸ Single parent with no children under 18	5.8	5.2	6.7	4.0
▸ Non–family household	17.0	31.1	22.0	29.9

Source: 1990 Census of Population and Housing. Summary Tape File 1A, and 3A.

Data collection within the Sioux City American Indian community was a difficult and sometimes frustrating process. It was difficult to develop and maintain support for the study because of the community's many internal problems. Political and regional divisions within the community made it difficult to identify and recruit the cooperation of community leaders. There is no predominant tribe in the area and, therefore, no community-wide organizational structure to provide mailing lists of enrolled members. Interviewer safety was a concern in some residential areas. There was very little trust within the community; according to community advisors, many people feel "betrayed by their leadership." The community is very transient and not geographically concentrated, making it difficult to locate potential subjects.

The sampling strategy was focused on agencies used by American Indians, particularly the American Indian Center. The director of that center at the beginning of the project was mostly cooperative, although he argued for the use of bingo cards as respondent incentives, acting on the notion that community members were tired of studies and would not cooperate unless they received something in return. Not unrelated may be the center's use of bingo gaming as an organization-building strategy.

Interviews were conducted at the American Indian Center with a convenience sample. However, the original director of the center was involved in some controversies and, therefore, some potential respondents are reputed to have distanced themselves from him and other community leaders. After the study began, this director was replaced and project legitimacy was successfully renegotiated. Comments from several individuals indicated that they considered the questionnaire wording to be "too academic," and some also objected to the specific question about peyote use. Data collection was halted with only 37 usable interviews completed. While this was a small number, it required immense effort on the part of the single persistent American Indian interviewer.

Some background characteristics of the respondents are shown in Table 50. About one-third of the respondents were new to Iowa

Table 50. Background Characteristics of Sample Sioux City American Indians (n=37)

Characteristic	Responses
Gender	43% Females 57% Males
Age	19% Under 30 60% 30-50 22% Over 50 Median age: 45 years
Length of residence in Iowa	32% Lived less than 5 years in Iowa 19% Lived 5-9 years in Iowa 49% Lived 10 or more years in Iowa

Table 50 (Continued)

Characteristic	Responses
Length of residence in Sioux City	38% Lived less than 5 years in Sioux City 24% Lived 5-9 years in Sioux City 38% Lived 10 or more years in Sioux City
Marital status	32% Never been married 32% Divorced 24% Married or living with partner
Level of education obtained	81% High school graduates 5% College graduates
Current employment status	36% Full-time employment 23% Part-time employment 36% Unemployed (both looking and not looking for work)
Income	Household Income: 69% Household income under $15,000 94% Household income under $26,000 6% Household income over $26,000 Largest Sources of Income: 30% Self-employment 27% Employment by others 11% Disability pension or insurance 5% Public Assistance

and/or Sioux City. Unlike most of the other studies, slightly more males than females were interviewed, probably a function of conducting the interviews in a community center rather than in households. One-fourth were married, but never married and divorced were the most common marital statuses, each comprising 32% of the respondents. Most of the respondents had graduated from high school, but only 5% had college degrees. Annual income was low, with two-thirds reporting annual incomes below $15,000. Thirty percent described themselves as self-employed, and only 27% were employed by others. Only 36% were employed full-time while another 36% were unemployed.

Cultural Orientations

Almost all of the American Indians interviewed reported that their race/ethnicity is very important to their identity, and 86% express great pride in their ethnicity. Even more (91%) said that they have very high pride in their **tribal** identity. Almost all reported to have some knowledge of their cultural heritage and traditions, but only half indicated having "a great deal" of traditional knowledge. (See Table 51.)

Extended family relations are important to the respondents. Most reported at least monthly contact with relatives outside their household, and 22% reported **daily** contact with relatives outside their household.

Respondents tended to report that they interact equally well with whites as with members of their own cultural group, although 43% say that they interact better with American Indians. A few said they interact **better** with whites. Three-fourths of the respondents, however, said that most or almost all of their current friendships are with American Indians.

As expected, English is the first language for most respondents. Only 24% reported speaking an American Indian language well. The majority reported that their spoken, written, and reading skills in English are good or excellent. Most were raised in households where "only" or "mostly" English was spoken. Most currently speak English in their households and prefer it that way. However, a significant minority apparently would like to have at least some American Indian language used in their homes.

Political activity is not common within the community. Only a few (16%) are even somewhat active in general politics and a mere 5% reported being very active in American Indian politics.

Table 51. Cultural Orientations
Sioux City American Indians (n=37)

Characteristic	Responses	
Importance of race/ethnicity	81%	Thinks race/ethnicity is very important to self
	5%	Thinks race/ethnicity is moderately important to self
	86%	Has very high pride in own race/ethnicity
	91%	Has very high pride in own tribal identity
Knowledge about own cultural heritage	49%	Knows a great deal about cultural heritage and traditions
	16%	Knows much deal about cultural heritage and traditions
	22%	Knows some about cultural heritage and traditions
Contact with relatives outside the home	22%	Daily
	22%	Weekly
	35%	Monthly
Interaction with whites as well as with own cultural group	43%	Interacts better with American Indians
	11%	Interacts better with whites
Childhood friendship patterns with American Indians	40%	Almost all
	19%	Most
Childhood friendship patterns with whites	8%	Almost all
	24%	Most
Current friendship patterns with American Indians	44%	Almost all
	32%	Most
Current friendship patterns with whites	0%	Almost all
	16%	Most
Political activity	16%	Somewhat active in general politics
	5%	Very active in racial/ethnic politics

Table 51 (Continued)

Characteristic	Responses	
Ability to speak language	86%	Speak English excellent/good
	24%	Speak tribal language excellent/good
Ability to read language	78%	Read English excellent/good
	22%	Read tribal language excellent/good
Ability to write language	73%	Write English excellent/good
	14%	Write tribal language excellent/good
Ability to speak compared to English	5%	Speak tribal language: much better
	74%	Speak English: much better
	0%	Speak equally well tribal language and English
Ability to read compared to English	5%	Read tribal language: much better
	68%	Read English: much better
	5%	Read equally well tribal language and English
Ability to write compared to English	5%	Write tribal language: much better
	74%	Write English: much better
	0%	Write equally well tribal language and English
Language spoken in home when growing up	16%	Only tribal language
	16%	Mostly tribal language
	26%	Equally tribal language and English
	10%	Mostly English
	32%	Only English
Language spoken in home currently	0%	Only tribal language
	5%	Mostly tribal language
	0%	Equally tribal language and English
	32%	Mostly English
	63%	Only English
Language prefer to speak in home	10%	Only tribal language
	10%	Mostly tribal language
	0%	Equally tribal language and English
	21%	Mostly English
	58%	Only English
Language in which thinks	5%	Only tribal language
	10%	Mostly tribal language
	26%	Equally tribal language and English
	16%	Mostly English
	42%	Only English

Personal Substance Use

Most of the respondents reported that they have used tobacco, and half said they have felt dependent on tobacco at some point. Every respondent reported some use of alcohol. Two-thirds had used alcohol within the last 18 months, and 49% had used within the last year. (See Table 52.)

More than half of the respondents reported that they had engaged in binge drinking. Even more, 76% reported that they had ever felt dependent on alcohol. Furthermore, 57% of those interviewed met the clinical criteria for current alcohol dependence, using either the DSM-III-R or the DSM-IV criteria. Obviously, the sample is not randomly selected, but these figures suggest high rates of alcohol dependence exist in this population. Community advisors agree with this assessment unequivocally.

Most of the respondents also reported at least once using an illegal drug. About one-third of them had used an illegal drug within the last 18 months, and 19% had used an illegal drug within the last month. Only 14%, however, said that they have ever had a problem with an illegal drug. These figures, when combined with the levels of alcohol dependence, suggest that polydrug problems may be a particular treatment concern for American Indians in Sioux City.

Table 52. Personal Substance Use
Sioux City American Indians (n=37)

Characteristic	Responses	
Personal tobacco use	86%	Have ever used tobacco
	78%	Currently use tobacco
	51%	Ever felt dependent on tobacco
Personal alcohol use	100%	Have ever used alcohol in their lifetime
	65%	Have used alcohol within the last year and a half
	49%	Have used alcohol within the last month
Personal alcohol abuse	57%	Have engaged in binge drinking
	76%	Ever felt dependent on alcohol
	57%	DSM-III-R clinical alcohol dependence
	57%	DSM-IV clinical alcohol dependence
	14%	Drinking more now than five years ago
Personal drug use	65%	Have used any illegal drug in lifetime
	32%	Have used any illegal drug within the last year and a half
	19%	Have used any illegal drug within the last month
	14%	Have had a problem with any illegal drug in lifetime

Attitudes About Substance Abuse in the Community

Respondents seemed to recognize that alcohol abuse is a problem for American Indians in the Sioux City area. An overwhelming majority (86%) defined drinking as a big problem for their group. Most (57%) said that it is a bigger problem for their group than for other groups. (See Table 53.)

The most frequently cited serious problems caused by drinking were: problems with the law (60%), problems with family functioning (46%), and crime (43%). Advisors concurred that these are common problems within the cultural community.

No clear pattern is discerned regarding what the respondents defined as "usual and acceptable" uses of alcohol. The most frequently mentioned response (by 14%) was "partying."

Sixteen percent of the respondents reported that others in their household had binged on alcohol within the last month.

Drug use was also seen as a serious problem in this American Indian community but not as much as alcohol. Crime was the most commonly cited problem attributed to illegal drug use in the community.

Table 53. Attitudes About Community Substance Use
Sioux City American Indians (n=37)

Characteristic	Responses	
Perception of drinking problem among own cultural group	86%	Thinks drinking is a big problem among own cultural group
	57%	Thinks drinking among cultural group is a bigger problem than that among other groups
Household drinking	16%	Reports others in household have had 5 drinks or more on at least one occasion during the last month
Serious problems caused by alcohol use are:	60%	Problems with the law
	46%	Problems with family functioning
	43%	Crime
Thinks usual and acceptable uses of alcohol are:	14%	Party with others
	3%	Informal relaxation or recreation
Perception of drug problem among own cultural group	54%	Thinks drug use is a big problem among own cultural group
	40%	Thinks drug use among cultural group is a bigger problem than that among other groups
Serious problems caused by drug use are:	73%	Crime
	42%	Problems with the law
	39%	Problems with health

Treatment Experiences

Given the high levels of alcohol abuse reported by these respondents, it is not inconsistent that most of them (70%) reported having received some type of treatment for alcohol use (Table 54.). Yet, advisors consider alcohol problems to persist for most of the population. Only 8% personally have been treated for drug use, while over one-third reported that someone else in their household had received substance-abuse treatment. Community advisors suggested that recognition of other drug problems is low precisely because so much attention is given to alcohol abuse. Polydrug users are viewed to not recognize their other (non-alcohol) drug use as part of their problem until they do get into formal treatment.

Slightly over one-fourth of the respondents thought they needed treatment in the last year. Almost as many reported that someone else in their household had unmet treatment needs. Among those who are alcohol dependent according to the DSM-III-R criteria, 67% had ever received treatment for alcohol dependence. Somewhat surprisingly, several respondents who were not clinically dependent reported that they thought they needed treatment in the last year. The types of treatment being referred to include the range from self-help groups to formal treatment.

All but a couple of the respondents knew of a local treatment service. Most (63%) reported that local treatment services provided culturally-specific programs. While only 20% thought that treatment programs are very effective, 68% felt they are moderately effective.

Table 54. Treatment Experiences
Sioux City American Indians (n=37)

Characteristic	Responses	
Has received treatment	70%	Has received treatment for alcohol use
	8%	Has received treatment for drug use
Thought needed treatment	27%	Thought needed treatment for alcohol or drugs in the last year
Household treatment	37%	Reports others in household have gotten help or treatment for alcohol or drug problem
	21%	Thinks others in household need help or treatment but did not get it
Treatment programs	95%	Knows of local treatment services
	63%	Thinks local treatment services have culturally specific programs
	20%	Thinks treatment programs are very effective
	68%	Thinks treatment programs are moderately effective
	12%	Thinks treatment programs are ineffective
Prevention programs	89%	Knows of local prevention services
Would seek advice about appropriateness of drinking from:	22%	Close friend
	19%	Spouse or partner
	17%	Religious or spiritual leader

When asked who they would seek advice from regarding their drinking, 22% mentioned a close friend, 19% a spouse or partner, and 17% a religious or spiritual leader. Advisors commented that drinking norms are not highly ambiguous or an issue of much contemplation, hence the indistinct pattern to these responses is to be expected.

Attitudes Concerning Treatment

Given that only 20% of the sample reported that treatment programs are very effective, it is informative to consider what the respondents suggested could improve treatment. (See Table 55.) The most common responses,

Table 55. Attitudes Concerning Treatment
Sioux City American Indians (n=37)

Characteristic	Responses	
Suggested methods to improve the effectiveness of treatment	21%	Better understanding of the culture
	14%	More cultural programs
Suggested activities or programs that would be most helpful to prevent alcohol or drug problems	51%	School programs
	29%	Family building
	23%	Recreational/dances
	17%	Informational programs
Steps would take to get self to treatment, if needed	51%	Talk with a close friend
	49%	Contact a hospital or doctor
	43%	Talk with a religious/spiritual leader
	29%	Talk with a relative living outside the household
	26%	Talk with spouse or partner
	23%	Talk with another household member
	23%	Talk with a cultural community leader
	20%	Talk with a social service provider
	17%	Contact a hospital or doctor
	14%	Talk with a workplace or EAP counselor
Methods used by others to overcome alcohol or drug problems	47%	Quit on own
	36%	Formal treatment
	36%	Religious/spiritual influence
	19%	Self-help
	14%	Dramatic event caused change
	8%	Age/grow out of it
Special needs for cultural group	72%	Thinks cultural group has special needs for treatment
	77%	Counselors of same background
	62%	Programs that are specifically suited to cultural background
	35%	Personnel need to understand substance abuse within respondent's cultural background
	27%	Other personnel of same background

although not representing a majority of respondents, refer to culture: 21% think treatment personnel need a better understanding of the cultural context of substance abuse by American Indians, and 14% feel that more cultural programs are needed.

Overall, 72% of these respondents reported that American Indians have special treatment needs. Even more (77%) said that there should be additional American Indian counselors available. Most also believe that programs need to be culturally specific. Community advisors agree that there is an enormous need for culturally-specific treatment as current resources are very inadequate. In their view, there are too few treatment opportunities and far too little cultural specificity to the available opportunities.

Respondents were asked what methods were used by people they knew to overcome a substance-abuse problem. Only 36% of the respondents said they know someone who overcame a substance abuse problem through formal treatment. The same percentage reported that religious or spiritual influence was a successful method. The most common response, however, was that the person simply quit on his/her own.

Anticipated Barriers to Treatment

Economic concerns relating to treatment were the most commonly cited anticipated barriers to treatment among the American Indians interviewed. Most reported that paying

Table 56. Anticipated Barriers in Getting Help for Substance Abuse Sioux City American Indians (n=37)

Characteristic		Responses
Anticipated barriers	70%	Paying for the service
	49%	Loss of work or income if you entered treatment
	43%	Waiting period to get help
	40%	Programs are not really suited to the needs of people from your cultural or ethnic background
	40%	Counselors of your cultural background would not be available to you
	38%	Transportation to get to the service
	32%	Hours the service is available
	32%	Programs may discriminate against you because of your cultural background
	30%	What you say in treatment would not be confidential
	27%	Distance to the service
	27%	Programs are not very successful
	27%	Programs may not really fit the needs of my gender
	22%	Getting care for your children
	16%	Getting care for other family members who are dependent on you
	14%	Health problems
	14%	Family would not be very supportive
	14%	Others might learn you were getting treatment
	5%	Physical handicap or disability

for the service would present a problem for them, and half were concerned about the loss of income from missing work. Slightly under half felt that the lack of American Indian personnel and/or culturally-specific programs might prevent them from seeking treatment. (See Table 56).

Summary

American Indians in the Sioux City area are an extremely economically stressed community. Median family income and per capita income are less than a third of statewide and Sioux City medians. Unemployment is five times that of the general population. Half of American Indian families in Sioux City were below the poverty level by 1989 data. There is fairly high residential turnover (in- and out-migration to and from Sioux City). Individuals tend to express great pride in their cultural heritage, although most also report that they interact well with whites.

Among survey respondents, levels of alcohol abuse and dependence are very high, as are levels of illegal drug use. Alcohol abuse is recognized as a big problem in the community; in fact, most respondents stated that drinking was a bigger problem for this group than for other groups. Most of the respondents claimed direct knowledge or experience with substance abuse treatment, but treatment programs were not seen as very effective. The majority believed that American Indians have specific treatment needs, in particular for American Indian counselors. Paying for services was the most frequently cited anticipated barrier to treatment.

Part 10 Summary: Conclusions and Recommendations

In this report, highlights of findings from studies of six cultural minority group communities in Iowa have been presented. Due to differences in instrumentation and sampling, they were presented as six related but separate studies. This summary section draws some overall conclusions from these studies organized by our three main research questions.

In What Ways Are the Substance-Abuse Experiences and Treatment Needs of Cultural Minorities Distinctive?

This question was the main task originally proposed for the Iowa minority community studies. The answer must begin with a caveat: one should not assume that ethnicity and related concepts such as acculturation are synonymous with membership in statistical aggregates. Statistical categories such as "Latino" or "American Indian" include a number of persons and groups with very different cultural backgrounds. For many American Indian respondents, for example, **tribal** identity is more important than being an American Indian. Even within identifiable cultural groups, individuals vary in the extent to which they identify with their cultural heritage and in the particular lifestyle they have adopted. This is especially an issue for those recent immigrants who face the dilemma of wanting to "blend in," yet at the same time try to maintain their cultural identity and traditions.

For recent immigrant groups, such as the Vietnamese and Latino communities surveyed, a highly important barrier to effective treatment is language. Language may also play a role in the etiology of substance abuse. When children learn English in school and become more proficient in it than their parents, it alters the power structure within the family. Children control the flow of information, parents find it harder to monitor their children's behavior, and children's respect for their parents may be diminished. Thus, increasing the adults' proficiency in English through community-based courses in English as a second language could have positive implications for substance abuse prevention and treatment.

All of the cultural communities surveyed have experienced discrimination in one form or another. The extent to which substance abuse is a coping mechanism for dealing with the pains of discrimination and rejection deserves further study and should be taken into consideration in the delivery of treatment. So, too, should "white guilt" over racism be addressed. Unless openly discussed, race and racism can be barriers between white counselors and clients of color.

The findings from the present study provide clues to the extent of the economic hardship

experienced by large segments of these selected communities. High percentages (mostly over 80%) of the individuals in the communities had household incomes below the state median. Both the findings from this study and Iowa Census data show that a greater proportion of persons from these cultural groups suffer under the burdens of poverty and unemployment. The literature suggests that these factors often play a causal role in the etiology of substance abuse.

Gender norms, or expectations about the appropriate behavior of men and women, vary across cultures and are associated with substance use. Among some groups, heavy drinking is an approved activity for males but nearly forbidden for females. Willingness and ability to drink are widely considered a sign of masculinity and positively valued for men but a sign of "loose morals" for women. This does not mean that women do not use substances, but those who do are especially reluctant to discuss it.

When considering treatment for themselves, respondents to the surveys typically said they would consult their spouse or partner. Community advisors in the Latino and Vietnamese communities view this to be inconsistent with their observations and understandings of these cultures. These experts observe that men would "never" admit to their wives that they thought they had a drinking problem. The discrepancy may be explained by the hypothetical nature of the question posed ("**if** you thought you needed help for a substance abuse problem…") to which respondents could not relate. The response, talk to spouse or partner, may have been selected more frequently because it was the first in the response list. Even though interviewers were instructed not to read these response choices, they did prompt reluctant interviewees who were perplexed by the question by reading the list. Another possibility is simply respondent acquiescence, as they attempted to provide what they thought would be an acceptable answer to the researchers and the state. Advisors tended to agree with this latter interpretation.

Another pattern found among all of these groups, and consistent with the findings of the statewide household survey, is that only about one-third (in some cases less) of those who appear to be clinically dependent on alcohol (by DSM-III-R or DSM-IV diagnostic criteria) have received treatment. Many do not define themselves as having a dependency problem, and it is likely that this is a major reason they do not seek treatment. Many do not define heavy or binge drinking *per se* as a problem; drinking is seen as problematic only when it causes other problems, such as conflicts within the family or legal problems.

Financial considerations as a barrier to seeking treatment are commonly reported by all groups. These cultural groups are disproportionately found in the lower economic stratum and often work second and third shift factory jobs. Yet, the cost of the treatment is only one consideration. Many also worry about the time lost from work if they were to enter treatment and have related concerns such as child care and transportation.

There appears to be a high level of distrust of treatment among cultural minority groups. Existing treatment is not widely viewed to be highly effective, and it is common for respon-

dents to anticipate a problematic breach of confidentiality resulting from participation in treatment. While some of these concerns may reflect a general alienation from "white treatment" and a cultural norm of keeping personal troubles from public view, it may also contain elements of literal truth. For some persons treatment, even formal treatment, does not succeed and participation in treatment is not easy to hide. The appropriate point is not determining who is at fault when treatment fails or whether it is "healthy" to hide treatment, but rather whether treatment can be organized in a way that is more sensitive to the cultural norms of its clients.

The respondents generally believed that their cultural group has special treatment needs that are not being met by current treatment services. For each of the six cultural groups studied, at least one-half of the respondents reported that culturally-specific treatment services are necessary. This finding is similar to that of the 1990 Iowa study (IDPH, 1990), which found (with the exception of Asian Americans) that minority cultural groups often reported the need for culturally-specific substance abuse treatment programs. In both the 1990 and the present studies, American Indians indicated that such programs were now generally available, while the other groups considered them to be lacking. The most specifically expressed cultural need was for counselors from one's own racial or ethnic background. As already noted, minority group members are reluctant to enter, or to cooperate fully with, treatment that is perceived as part of a "white institution." It is not clear to what precise extent these attitudes actually prevent people from seeking treatment or interfere with treatment goals, but they describe an alienation from treatment agencies that needs to be reconciled to make treatment effective.

How Can Reliable Information About the Treatment Needs of Iowa's Minority Groups Be Obtained?

The present study represents an attempt to adapt the telephone survey model advanced by NTC to our selected cultural minority communities. Initially, this project assumed that the telephone questionnaire used in Iowa's statewide survey could be administered face-to-face to minority populations with minimal adaptations and additions. A second assumption was that a random sampling design could be adhered to in these communities. The results of the surveys, the experiences of the research team, the views of the consultants, and the observations of community advisors all cast some doubt on those assumptions.

Similar problems in data collection occurred between the 1990 Iowa study and the current study. The present project had a difficult time obtaining interviews with the Latino population in West Liberty, African Americans in Sioux City, and American Indians in Sioux City and in Tama. (The Tama study was canceled because of these difficulties.) As compared to the 1990 survey, the current study had greater success obtaining interviews with Latinos in the Sioux City area.

A preliminary answer to the question of how to gather reliable information from Iowa minority populations is that it depends on the

specific community-based cultural group. African Americans, for example, tended to be reasonably easy to locate and were mostly cooperative with the Waterloo survey. The Waterloo study met its quota with a strong interviewer effort and with few complaints from respondents. The problems encountered in the Sioux City African American study largely can be attributed to research personnel and logistics in a community less well understood by the researchers. The two African American populations are residentially stable and fairly well connected to general community social life, as evidenced by the larger percentages of African Americans (compared to the other groups) who socialize with whites and who feel they interact well with whites. The sample survey approach, using face-to-face interviews in households, appears to work well for these African American communities in Iowa. However, instruments should yet reflect areas of concern specific to every group, especially experiences with discrimination. Interviewers also are more successful when they take time to socialize and allow respondents to become acquainted with them, rather than taking an overt attitude of academic objectivity.

On the other hand, some groups present greater problems to the survey method. It was difficult, for example, to maintain privacy among the Vietnamese when interviewed in their homes. Wives often would defer to their husbands for answers. Experts who work with this group feel strongly that its norms prevent disclosing negative or embarrassing information to outsiders. Professionals working with this community, and to an almost equal extent, those working in the two Latino communities, strongly suggested that future studies oversample the male population as substance use among the women is thought to be extremely rare. The data in this report lend some support to that suggestion although, of course, the treatment needs of women should not be ignored.

The gender dynamics of the interviewer-respondent dyad should also be taken into consideration. In cultures with high gender norm differentiation, male respondents may not disclose sensitive information to female interviewers, and similarly with female respondents and male interviewers.

A related issue is the optimal selection of interviewers. Candidates drawn from within the targeted communities have the advantages: (1) of greater understanding of the local culture and; hence, (2) perhaps, greater trust may be gained with the respondents and local cultural leaders. Candidates drawn from outside the communities have the advantages: (1) of being viewed as neutral, not part of local social and political networks in which sensitive information is likely to be distributed inappropriately; and (2) of being primarily oriented towards the researchers' goals and norms. Training locals as interviewers can be a special challenge if their primary attribute for having been selected is their local legitimacy rather than their expertise as interviewers. Local legitimacy, sensitivity to local culture, and facility for performing data collection according to established protocols are all needed for the project to succeed.

One possibility that may fit many situations is to recruit persons who have the scientific training/orientation and who match the racial or ethnic status of the group to be studied but

who are from outside that local setting. This requires an available pool of such talent that is not always present in a situation like Iowa's where a small number of minority individuals exist overall. Further, there will likely be some cultural communities that require unique solutions based on their local expectations and norms.

Another important methodological issue in surveying the Vietnamese, Latino, or any other group where English language proficiency is limited, is the instrument itself. The questionnaires were composed in English, translated into the target language, and then reverse translated for verification. Some English words, of course, do not have equivalent concepts in other languages (and vice versa), and many concepts are difficult to understand without an appropriate concrete context. Interviewers reported that some respondents seemed to agree to the first response category stated as a way of politely facilitating the interview when language was especially problematic.

Historically and regionally, specific events also affect the applicability of the survey method. In the Sioux City Latino study, for example, locating and recruiting respondents was seriously compromised by a law enforcement raid on undocumented workers; previously cooperative residents were suddenly suspicious and hostile of anyone asking questions. The Sioux City American Indians presented special problems in sampling due to the transient nature of the community. While our sample design here did not have the appearance of representativeness and political divisions interfered with data collection, some similar strategy of recruiting subjects at local agencies and community centers is probably the best compromise.

It is worth noting that many interviewers and advisors suggested that much of the survey data matched their views of the communities. Despite the deviations from randomness, the sample data often had face validity. However, one needs multiple data sources to test this assessment in each community.

Ultimately, the survey method has several drawbacks that cannot be overcome if one is to get completely reliable data on cultural minorities. The project team encountered some instances of the "research backlash" described by Singer (1993). In these instances, community members viewed research as irrelevant at best and as oppressive at worst. Access to the respondents and the validity of the data cannot be adequately confirmed without the kind of "inside" knowledge available to community members themselves. Such ethnographic knowledge is more appropriately gained through field studies.

The observations of community advisors and their reactions to some of the data in the present study illustrate the dilemma. For example, when the survey data showed that Latino and Vietnamese men would talk to their wives first if they thought they had a substance abuse problem but the community experts said this would never happen, which set of information is valid? The question would not have been raised without the "emic" or inside perspective of the community advisors, and it cannot be resolved by looking at the survey data alone.

Various suggestions were offered by the study consultants and advisors for improving data collection. Greater use of community organizations and individuals is often mentioned, including seeking more up-front input, endorsements, use for interviewer recruitment, potential lists of respondents, and even as subcontractors who would provide personnel to be trained by the researchers.

A different approach is to develop a long-term relationship with influential members of the community so that scientific rigor and community sensitivity can be combined by a cross-fertilization of perspectives. This could lead either to having trained outsiders enter the community or by recruiting community members to become trained researchers. Additionally, sampling strategies could focus on the major subtypes of community members rather than view the community as a single aggregate to be sampled. This last approach requires a high degree of knowledge of the community beforehand. A commonality to these suggestions is that the traditional quick and direct characteristic of survey research is in tension with the goal of gathering uniformly reliable and valid data from these communities.

The survey data indicate widespread distrust and dissatisfaction with treatment on the part of many cultural minorities. These data do not always indicate precisely what respondents think is problematic with treatment other than the lack of ethnic diversity among counseling professionals. Rather than, or in addition to, attempting random sampling, future studies might yield very useful data by conducting in-depth interviews with minority group members who have experienced substance abuse treatment.

The survey data presented here do not support the conclusion that these minority groups can be assumed to have higher rates of substance abuse or dependence. Some groups report higher rates (African Americans in both sites, American Indians in Sioux City, and Latinos in West Liberty) but others report lower rates (Vietnamese and Latinos in Sioux City), compared to the statewide level of 8.3% alcohol depen-dency. Although varying widely, the findings do suggest that the rates of persons who appear to have a substance abuse problem but have not received treatment are about the same or slightly higher for minority groups than the statewide population (80%).

What Does it Mean to Provide Culturally-Specific or Culturally-Sensitive Substance Abuse Treatment in Iowa?

Again, the answer to the question must start by recognizing that this depends on the group and the individual. Culturally-specific treatment needs likely will be different for different cultural groups generally, for different specific geographic communities of the same racial/ethnic group, and for individuals within groups depending on several factors, e.g., on their level of acculturation and lifestyle. Treatment professionals must walk carefully between being sensitive to the cultural context of their clients' behaviors and culturally stereotyping clients.

For some American Indians, for example, it may be vitally important to not only have American Indian counselors, but also to incorporate traditional rituals and practices into the treatment regime in some communities (Stubben 1992). However, this may not be useful for other groups. Similarly, while "Africentric" treatment programs may appeal to a growing number of African Americans, others might resent not receiving the same programs as whites. For these latter clients, it may be sufficient to have enough African American personnel on staff so that clients feel they have someone available who can understand and help them as needed. For Latinos, a large portion of the language barrier problem may be resolved by having more bilingual staff. However, counselors should also be aware of the possible roles that gender norms and **machismo** play in Latino substance abuse and attitudes toward treatment. Latino respondents were the only group members who expressed much concern about the gender appropriateness of treatment. However, African American advisors pointed to a need for the sex matching of clients and counselors.

The cultural groups studied all have strong family traditions, but the roles families can be expected to play in treatment vary by cultural context. Vietnamese Americans, for example, may have strong family ties, but the norms against shaming the family should be taken into account before treatment is thrust upon them. An important point was made by more than one advisor to the project; it is erroneous to expect most families of treatment clients to eagerly engage in treatment or to expect them to come to the place of formal treatment. Outreach is the key to obtaining their involvement; the agency personnel should go to the families offering assistance in building family skills and in becoming part of a treatment program for any of its members as the need arises.

It well may not be the case that only a Latino can effectively treat a Latino, and so on. However, the repeated call for counselors of the same racial or ethnic background reflects a view on the part of many minorities that they are interacting with an alien institution which does not really welcome them or recognize their cultural background. While increasing the ethnic diversity of the treatment profession is not a cure-all, it is the surest way to begin making treatment programs more culturally sensitive and competent. It offers the immediate possibility of an interpersonal bond developing between the client and counselor from which a successful treatment program can be developed. If a barrier for agencies is the apparently small pool of such available talent, then it may be time to actively recruit candidates from within the communities to pursue careers in substance abuse services.

U.S. society is rapidly becoming more culturally diverse as racial and ethnic minority populations grow. Although Iowa remains homogeneous in national terms, it is not an exception to the overall demographic trend. The need to accommodate cultural differences is likely to increase dramatically in the near future.

In conclusion, we emphasize two perspectives: **cultural competence** and **systemic context**. Culturally competent treatment involves the incorporation of, awareness of, sensitivity to, and knowledge of the meaning of culture to the individual in treatment

(Dillard et al., 1992). Mason (1996:187) advises us that, "cultural competence takes culture into account as it relates to creating individualized systems of care, planning delivery of treatment, recruitment and development of staff, graduate and professional training, and agency administration."

Cultural competence goes beyond a mere "color blind" approach to providing services. Williams and Becker (1994) describe the major characteristics of culturally-competent agencies as ones that: network with the minority community, use outside consultants with expertise on the community, obtain information concerning service delivery and programming for minority clients, and have bilingual counselors when appropriate. Mason et al. (1996) caution that cultural-competency efforts require specific knowledge of the target population. "Approaches that target minority populations in general may be obsolete" (1996:173). We would add that these components of cultural competence must be adapted to the specific individuals and families within specific cultural communities.

McNeece and DiNitto (1994), after reviewing the literature on treatment effectiveness, suggest that treatment services as a whole suffer from the lack of a systemic perspective that deals with substance abuse in association with a host of related social problems such as poverty and domestic violence. Too often substance abuse is considered to be a single problem amenable to a clinical solution; a systemic approach would deal with substance abuse and related problems "at the level of the client, the community, and the nation" (1994:400). This perspective matches the common wisdom expressed across all the cultural groups studied in the present project; treating substance abuse effectively usually means treating a whole person in their whole environment.

To develop culturally-competent treatment within a systemic perspective requires the implementation of culturally-specific research and the mechanisms for incorporating the results of that research into the daily activities of treatment agencies dealing with cultural minority group members. This kind of treatment is thoroughly integrated with the social life of the cultural community; it is guided by cultural knowledge at the level of the individual, family, and community. This study is intended to contribute to that process.

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