

OLD STRATEGIES, NEW DESTINATIONS

INDIANA'S LATINO INFLUX APPRAISED

by Robert Aponte¹

Until quite recently, large concentrations of Latinos could be found in only one area of Indiana, the Lake County area in the northwest corner of the state. Such Lake County communities as Gary, East Chicago and Hammond, have served as the main areas of Latino settlement in the state since the time of the first world war, when large numbers were recruited to work in the areas' steel mills. While a number of other areas around the state have hosted Latino residents over the years, particularly after World War II, as recently as 1990, Lake County accounted for nearly half of the entire state's Hispanic population. A recent influx of Latinos has drastically, and perhaps permanently, altered that pattern!²

Matricula Consular

Lansing Approves Mexican IDs

by Danny Layne and Brendon Comer

Lansing joins a growing list of Midwestern cities, including Chicago, Toledo and Pontiac, officially acknowledging foreign-issued identification cards, called "matricula consulars," for Mexican citizens living in the United States.

Lansing City Councilman and JSRI Associate Director Nino Rodriguez and City Council colleague Tony Benevides, backed by Lansing Mayor David Hollister, were instrumental in getting the resolution passed.

The challenge now is to get state and municipal agencies, including all local and state police, to recognize the cards as valid and legitimate forms of identification.

The matricula consular is a \$29 laminated identity card that bears the Mexican citizen's photograph, name, address in the United States, and the card carrier's birth date and birth place in Mexico. It does not replace a visa or passport but, in some cases, has already been accepted as a secondary source of identification.

The need for the cards is quite widespread. About 8.5 million Mexicans currently live in the U.S., according to

Figure 1 shows the change in the Latino population in Indiana from 1990 to 2000. The sizable increase been phenomenal. From less than 100,000 Hispanics in 1990, the Latino population increased to nearly 215,000 in 2000, more

than doubling in the process. Without a doubt, this stemmed from inward migration since "natural increase" (excess of births over deaths) alone could not have produced such growth.

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POPULATION

250,000

Fig. 1. Latinos in Indiana, 1990 and 2000

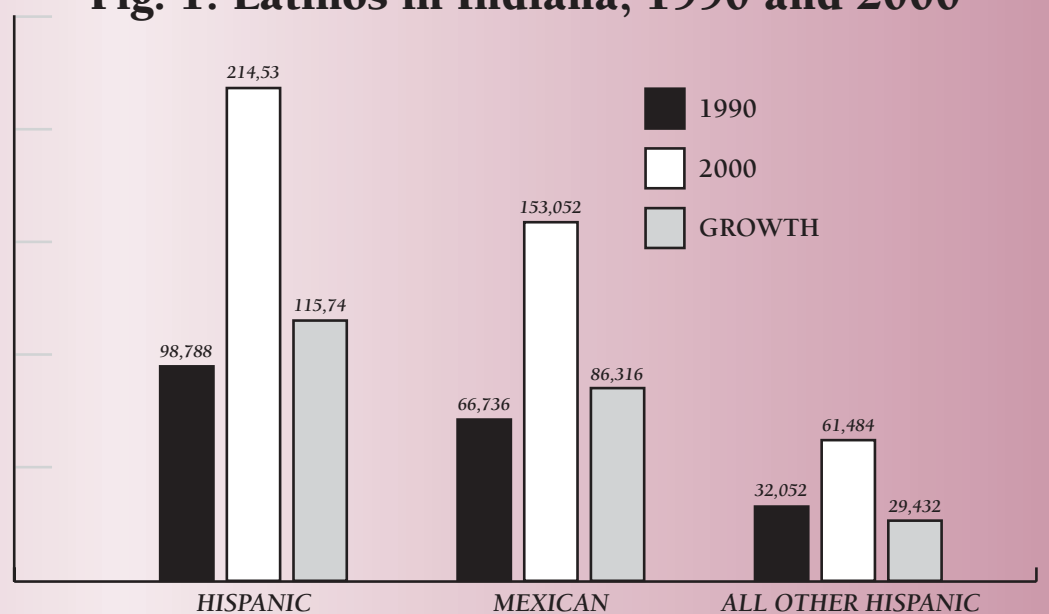
200,000

150,000

100,000

50,000

0



HISPANIC

MEXICAN

ALL OTHER HISPANIC

figures provided by the Mexican Consulate's office in Detroit. Many of these residents will benefit from the availability of the cards. Many of Michigan's farmworkers, the majority of whom are of Mexican origin, should also benefit.

In unanimously voting to recognize the cards as a legitimate form of identification, the City Council's vote made Lansing the second Michigan municipality, and the second state capital in America, to officially accept the cards as proof of identification for city services.

Representatives from the Mexican Consulate have met with many prime players in Michigan's political power base to discuss and promote the matricula consulars around the state. Some of the people included in the discussions were Gov. John Engler, Lt. Gov. Dick Posthumous, Governor-elect Jennifer Granholm, and the mayors of Detroit, Lansing, Dearborn, Grand Rapids, Holland, Wyoming and Kalamazoo.

Cities around the country already accepting the matricula consular cards as official identification include Austin, Los Angeles, San Francisco and Oakland.

However, there has been renewed

concern about the issuance of matricula consulars since the Sept. 11 terrorist attacks. However, Mexican officials point to advanced features on the cards as ways to address those concerns.

"In order to make them a more secure document, we use modern technology like digital photos, lamination and magnetic strips on the back of the cards," said Antonio Meza Estrada, Mexico's consular general in Detroit.

Information on the card is also noted in both English and Spanish, he added.

Moreover, it is difficult enough to navigate, reside and to make a living in a foreign country when one does not speak or read the language, noted Israel Cuéllar, the director of the Julian Samora Research Institute at Michigan State University. "To add to this handicap the absence of other identification makes even the most routine tasks enormously problematic," he said.

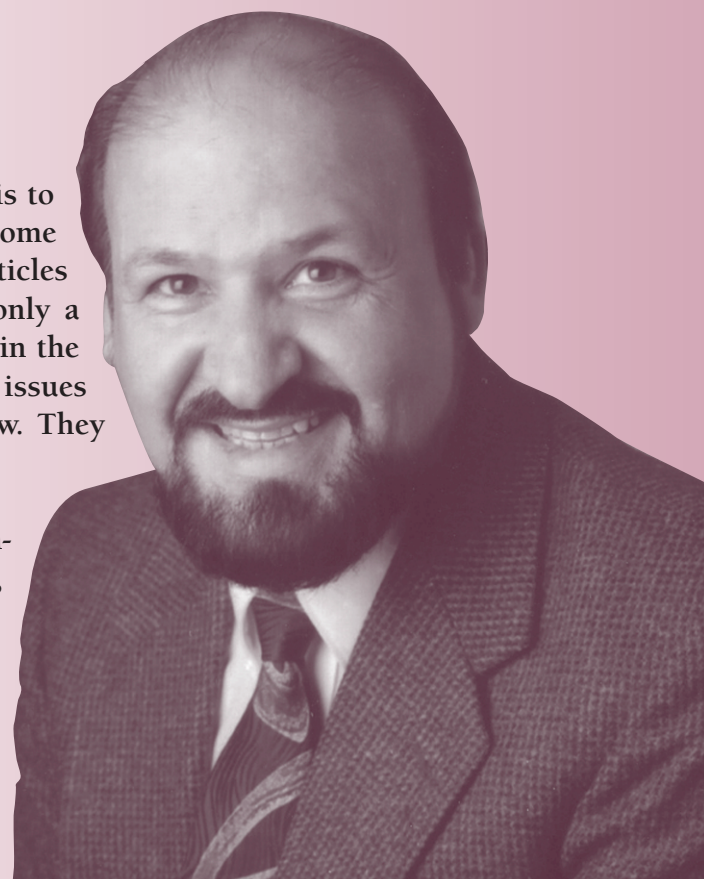
The matricula consular cards are designed to allow immigrants to enter public buildings, directly pay for utilities, register their children in schools and open bank accounts, Cuéllar said.

"It goes a long way in establishing legitimacy" Cuéllar added.

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Chicano/Latino Issues Retain Focus at JSRI

In this message, my first since assuming the directorship of JSRI, my goal is to convey to our readership the kinds of research issues we at JSRI are pursuing. Some of these will be obvious from even the most cursory glance at the additional articles we have published in this issue of *NEXO*. However, those items represent only a fraction of the numerous, and very serious, concerns of Chicanos and Latinos in the Midwest. A brief listing of some, but certainly not all, of the most important issues being confronted by Latinas/os in the Midwest, as elsewhere, are listed below. They represent the essence of what we, at JSRI, consider our research mandate:



- The poverty rate for Latinos (22.8%) was nearly three times that of non-Hispanic Whites (8.0%) at the time of the most recent census. The official rate, however, almost certainly understates the extent of deprivation among Latinos not only because the measure itself is flawed, but also because of the substantial undercount which is known to be, by far, disproportionately Hispanic and poor.
- As revealed in Census 2000, Hispanic per capita income is significantly lower than that of either non-Hispanic Whites or African Americans.
- Latinos sustain significantly higher rates of death on-the-job than either African Americans or Whites. Figures compiled by the Bureau of Labor Statistics show their lead in this regard to be on the order of 20%!
- Hispanics sustain significantly higher proportions of their population without any health coverage than other groups for whom we have data. While “only” 10% of non-Hispanic Whites, and 19% of non-Hispanic Blacks lack coverage, fully 33.2% of Latinos -- a third of the entire group - lack coverage.
- Latino educational attainment, when measured as the percentage of adults (aged 25 or greater) with at least 12 years of schooling, lags substantially behind that of Blacks or Whites. Moreover, the gap is widening and, evidence suggests, the continued lag is not merely a function of recent immigrants weighing down the group’s overall average. What’s more, Latinos of Mexican-origin, the largest of the Latino groups by far, exhibit the highest percentage lacking high school completion of all!
- Latino youth are significantly over-represented among those charged and processed by the nation’s justice systems and receive harsher treatment than Whites receive, even when charged with the same offense.
- According to the U.S. Surgeon General, Latinos and other minorities experience higher rates of mental health disorders at the same time that they confront greater barriers to obtaining the appropriate care.
- Hispanics comprise the vast majority of migrant and seasonal farm workers in the U.S. and Michigan. At least 61 % of migrant workers have incomes below the poverty level. Yet, such workers produce a harvest valued at over \$2 billion in Michigan alone.
- Latinos are less likely than Whites to receive needed services and more likely to receive poor quality of care. By not receiving effective treatment, they have greater levels of disability in terms of lost workdays and limitations in daily activities. Further, minorities are over-represented among the Nation’s most vulnerable populations, which have higher rates of mental disorders and more barriers to care.
- Latinos’ disproportionate poverty, which results at least partly from their exposure to racism and discrimination, has a tremendous effect on their health status. Latinos in the lowest strata of income, education, and occupation are about two to three times more likely than those in the highest strata to have a mental disorder.
- Strong epidemiological evidence indicates that both psychiatric disorders and substance abuse disorders increase among Mexican immigrants the longer they remain in residence in the U.S.
- Mexican American elders have been found to have among the highest rates of diabetes mellitus of any ethnic group in the United States and they suffer disproportionately from all the secondary complications of diabetes including strokes and heart attacks.

It should be apparent from all of this that JSRI, being among the few behavioral science research institutes of its kind in the nation, has a lot of work ahead. The challenges are great, but I believe we can make a difference and, in the process, help to develop a cadre of Latino scholars to carry on this most important work. In the meantime, JSRI will continue to dedicate itself to pursuing strategies to better understand, ameliorate, moderate, intervene and prevent the many educational, social, health, economic and criminal justice challenges noted above.

Israel Cuéllar, Ph.D.



Meeting the Mexican President -- Dr. Israel Cuéllar, JSRI Director (left), presents a memento to President Vicente Fox (right) during a meeting in Mexico City. President Fox presided over an inaugural ceremony officially launching the newly formed National Council for Mexican Communities Abroad, which serves as an Inter-Secretarial Commission for multiple Mexican government agencies. The National Council further strengthens ties between the government and Mexicans living in the U.S. To Dr. Cuéllar’s immediate left is Dr. Jamie Chahin, Dean of Applied Arts at Southwest Texas University in San Marcos, Texas.

Mexican ID Cards

(continued from Page 1)

Immigrants and U.S. financial institutions are especially interested in identity cards, such as the matricula consular, because of the massive amounts of money earned in the country and transferred to Mexican accounts. Immigrants who have no state-issued identification cards have been unable to open bank accounts; the issuance of the matricula consular cards changes that.

It is projected that Mexicans living in the U.S. send more than \$9.5 billion back to families in Mexico and most pay widely varying fees to transfer the money. Sending the remittances through standard banks should be cheaper, easier and safer.

More than a dozen major banks, with hundreds of branch offices across the Midwest, are now providing saving and checking accounts and automated teller machine services to immigrants with matricula consular cards.

For the state police, the integrity of both the card and the information provided is key to recognizing the matricula consulars as legitimate

sources of identification during traffic stops and questioning, according to a state police spokesman.

"If a trooper stops a person and the card is presented, it will be considered another form of picture ID — just like a student ID — but it does not replace a legitimate driver's license," said Michael Prince, a state police public affairs manager, said. "Officers are trained to understand that any ID can be fraudulently obtained or illegally manufactured, so they have to take that into consideration when any identification card is provided."

Estrada said the Mexican government has made great strides in reaching its citizens living in the Midwest by organizing and providing "mobile consulates" that routinely venture to various cities. The mobile consulates provide greater access to consulate services, including the issuance of the matricula consulars, to Mexican citizens living and working in the United States.

"It means that we move all consular services to another city, like

Kalamazoo, Hart, Grand Rapids, Holland and more," Estrada said.

Mobile consulates were set up in Shelby, Holland and Pontiac and in South Bend, Ind. and Columbus, Ohio. More than 12,000 matricula consulars have been issued in the last two years, Estrada said, and more than a third of those — about 5,000 — have been issued in western Michigan during the last six months.

"The mobile consulate reduces the problems for Mexican nationals to travel, lose a working day and incur all the problems associated with getting services for all of their family members," he added.

The success in getting matricula consular cards recognized as valid forms of identity has not gone unnoticed by other foreign governments. The government of Guatemala has begun issuing its own form of identity cards for its citizens living and working in the United States. The governments of El Salvador, Honduras and Poland are considering similar moves.

Progress noted on Kellogg Community Health Project

by Dr. Israel Cuéllar

The W.K. Kellogg Foundation's "Community Voices" project was launched to engage community members in a meaningful dialogue to facilitate their mobilization toward the goal of improving the health of their communities. Toward that end, a series of summits was conducted in Ingham County, Michigan (e.g., Voices of Northwest Lansing, Jan. 2001; South Lansing Community Action Plan, Oct. 2000; and African American Health Summit, Nov. 2000). Each of the gatherings generated action plans to improve the health of the greater Lansing community.

A critical element in the success of the project has been the inclusion of "the voices" of the Native American and Mestizo (mixture of Indian and European ancestry) communities, because the groups previously had little input on matters of this type. Their concerns were heard, along with those of the area's Hispanic community, through a series of focus groups and health surveys conducted by the Mestizo-Anishnabe Health Alliance (MAHA), a community organization comprised of representatives of the health care system and the indigenous communities of Ingham County ("anishnabe" means the "original people/inhabitants"). MAHA's goal is to improve the health status of the Hispanic/Latino and the Native American communities.

JSRI played a meaningful role in the project in a variety of ways. In particular, Dr. Israel Cuéllar, JSRI Director, and former JSRI faculty affiliate Dr. Rose Colón, were key players in organizing the focus groups, administering the health surveys, analyzing the responses and presenting the findings. In addition, a booklet summarizing the research's findings was developed by Danny Layne, technical specialist with JSRI. Entitled "Native American and Hispanic Health Concerns in Ingham County, Michigan," the publication was produced as a part of this MAHA project.

In addition to providing valuable perspectives on the health needs of the Mestizo and Anishnabe communities in the greater Lansing area, the project generated hearty accolades from the community participants. In the Spanish language focus groups, and in the Native American focus groups, deep appreciation was expressed by the participants for the interest shown in them and in their concerns. They especially thanked the focus groups leaders for allowing their voices to be heard, an unprecedented experience for many.

A good deal of substantive knowledge on health questions was also generated in the course of these processes. It was learned, for example, that Hispanics in Ingham County sustain many "lost years" of life due to their unusually high rates of diseases such as hypertension, diabetes mellitus, cirrhosis of the liver, strokes and heart attacks. By comparison, the Native American community suffers particularly from alarmingly high rates of tobacco dependence and alcoholism, along with diabetes mellitus. Both groups were found to have problems of access to health care services, including cultural barriers.

The problems identified by the focus groups and health surveys were presented at the MAHA Summit held at Christo Rey Community Center in Lansing. Dr. Israel Cuéllar was the keynote speaker and presented an overview of the findings. Action plans were also formulated at the summit that strongly reflected items identified in the project. Following the summit, a report on the findings was presented to the Human Services Advisory Committee.

One of the many recommendations made was for the health department and other health-provider agencies to ask clients/patients to provide their own ethnic or tribal affiliations on the various relevant administrative forms, rather than having clients check off on pre-designated categories (or forgo the ethnic identifications completely). There are good reasons for this recommendation. First, doing so makes it possible to evaluate patterns in health indicators by the actual ethnic or tribal groups being seen. In addition, it avoids catch-all categories that may be deemed insulting to many of the clients.

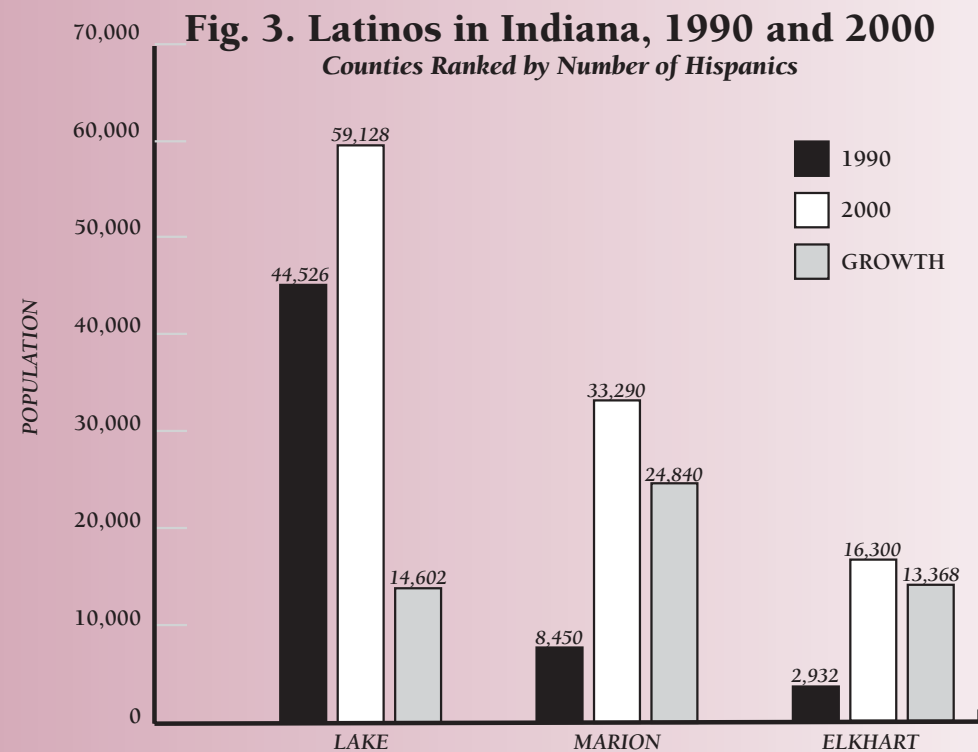
Native Americans repeatedly mentioned they disliked having to always check off on the category "other group," which they interpreted as meaning that their tribal designations have no meaning to health care systems and providers. This only adds to the strong sense of discrimination many have experienced over their lifespan. A related and additional recommendation was that "cultural competency" be incorporated into all training curricula for healthcare providers.

LATINO INFLUX

(Continued from Page 1)

However, Figure 1 also shows that the overall increase in the Hispanic population resulted primarily from growth among Latinos of Mexican origin. As shown in Figure 2, while the state's Latino population has long been predominately of Mexican-origin, the recent round of Latino growth has strengthened that lead. In fact, the Mexican-origin proportion of the population rose from 67.6% to 71.2% of the total Latino group during the 1990s. Likewise, the figures reveal that this contingent accounted for more than three-quarters of all Latino growth over that period. Indeed, the Mexican origin group added more people (88,316) over the 1990s than they even had in place at the start of the decade (66,736). Clearly then, the influx is primarily a Mexican-origin phenomenon.

Figure 3 provides data on the three Indiana counties with the largest number of Latinos in residence at the time of the 2000 Census. There are a number of important points that are clearly in evidence there. First, whereas Lake County continues to host the largest number of Hispanics, it did not sustain the largest increase in the group. Rather, that latter distinction goes to Marion County. While Lake County added about 15,000 Latinos to its population over the period, Marion added over 24,000. Even Elkhart County, which began the decade with less than 7% (2,932) as many Hispanics as did Lake County (44,526), added nearly as many Latinos to its ranks (13,368) as did the latter (14,602).



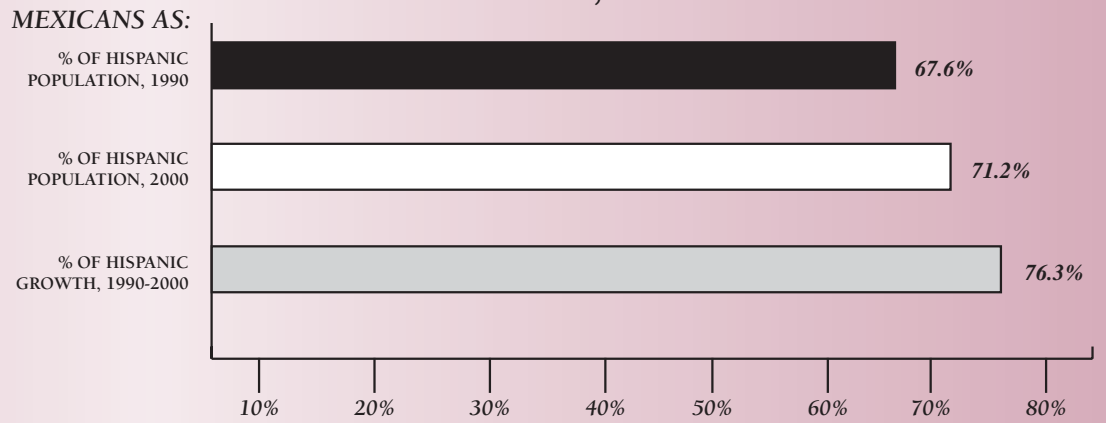
One of the more striking effects of these significant changes is that while Lake County accounted for 45.1% of the Indiana's Latinos in 1990, it only accounted for about 27.6% of the total a decade later. Clearly, a second major pole of growth has materialized around Marion County, while additional areas are also experiencing significant growth. Indeed, 18 counties experienced growth of at least 1,000 persons while 47 counties registered increases of between 100 and 1,000 additional Hispanics. Apparently, the Latino presence is spreading throughout the state.

An important feature of Latino growth not shown in the county-level charts is the trend by nation-origin group. The overall trend for the state has already been shown, but it is worth stressing that the increase in representation by Mexican-origin Latinos is especially strong in the high-growth areas. For example, they accounted for 53.6% of Marion County's Latino population in 1990 and 68.5% of the group in 2000, thereby contributing nearly three-quarters (73.6%) of the county's total increase in Latinos.

Figure 4 shows Latino population trends among the top three Indiana cities in Hispanic population as of 2000 (Indianapolis, Hammond and East Chicago) with the addition of Gary for comparison.

The first of these, Indianapolis, sits squarely within Marion County and accounts for most of that county's population, while the latter three are Lake County towns. The story these data tell is one of growth and

Fig. 2. Mexican-origin Population Growth in Indiana, 1990-2000



decline. First, Indianapolis is shown to have garnered the most growth of all cities by far, rising from third place among cities in Hispanic population in 1990 to first place in 2000. Its lead over second place Hammond in the Census 2000 count is in excess of 13,000 persons. But, while Hammond at least showed some growth, other Lake County cities experienced miniscule (East Chicago) or negative (Gary, which fell to ninth place) growth.

There are two layers of interpretation to these dynamics. First, at the most immediate level, it can easily be seen that a significant population shift is under way. The old traditional Latino stronghold in the Lake County area is no longer drawing Latinos in significant numbers.³ While Lake County did show a fair amount of growth (see Figure 3), that growth could easily be accounted for by natural increase. By contrast, the newer areas of Latino settlement, such as Marion County, are clearly drawing large numbers of migrants and their influxes have been relatively rapid. As earlier noted, the rates of growth shown by Marion and Elkhart Counties could not have resulted from natural increase alone.

A second layer of explanation is also important.

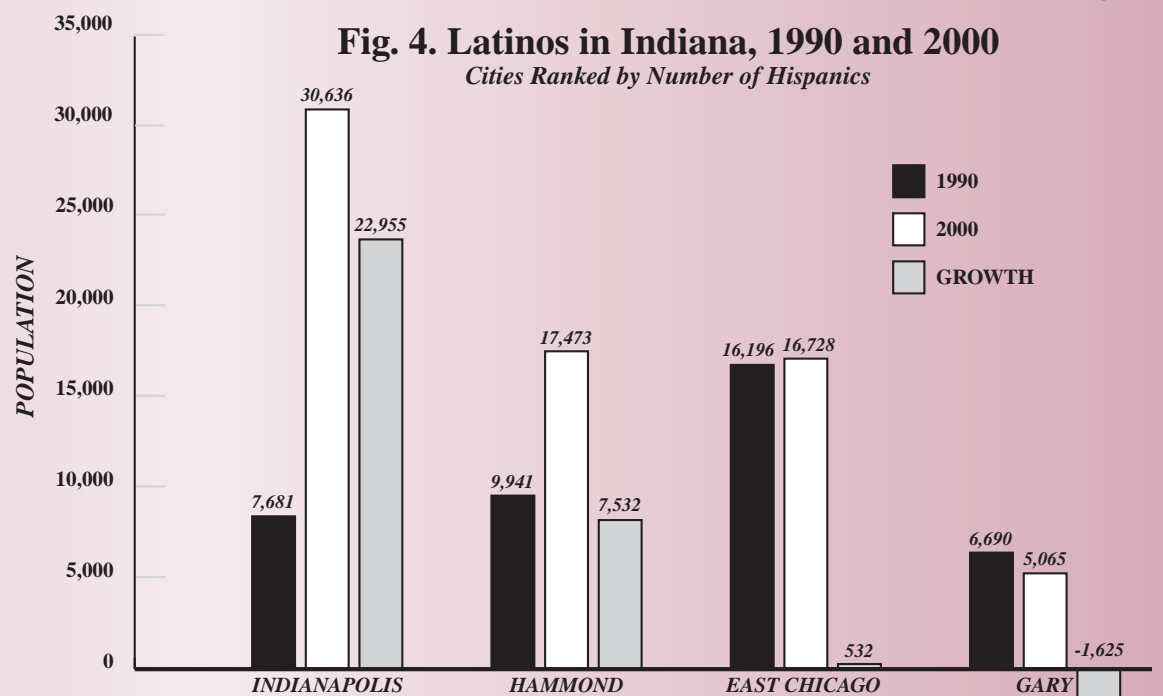
The second part concerns the reason for the changes in settlement patterns. The likeliest interpretation for those changes draws upon three important principles of relatively large migration movements ("labor or "economic" migrations) by working class populations who come to provide low-skilled, low-cost cost labor to employers. First, such migrations are usually initiated by some form of incentive or inducement, such as explicit labor recruitment. The movements are seldom, if ever, completely self-generated. After all, the formation of the traditional stronghold in the Lake County area resulted from just such a process -- recruitment by the steel mills.

While the steel mills are no longer expanding their workforces, other industries (construction, food-processing, etc.) have expanded in recent years and many have undoubtedly sought low-cost labor through direct or indirect (subcontracting) recruitment, but these have been based in other areas of Indiana. Hence, Latino growth ensues in areas outside of the Lake County area.

The final two items that help to explain the patterns highlighted here, items that overlap considerably, concern the processes of migration itself. Specifically, they are "chain migration" and "social networks." The first of these refers to the fact that rapid migration movements generally occur in something of a "chain" process, insofar as friends, relatives, or otherwise socially connected parties migrate from the same areas to the same destinations sequentially.

The second item, social networks, relates to the fact that most (especially early on in the process) migrating parties are also generally tied to others in the chain. These social ties are especially

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Farmworkers prone to worse health, less access to health care

by Robert Aponte

In 2001 a JSRI research team, headed by former MSU Professor Ann Millard and an entourage of Ottawa County collaborators, interviewed 213 adult (aged 18 and over) migrant workers in the 69 migrant camps within Ottawa County.¹ The migrants were queried on a variety of items pertaining to their health status and, especially, their access to and utilization of appropriate services.

The survey results were then compared to a similar survey undertaken earlier on the county's general population. It was found that migrants sustain far more morbidity, but have significantly less access to health care, than the county's overall population. In addition, the migrants are significantly poorer and otherwise more disadvantaged than the county's general population (and that of the U.S. at large). A brief review of some of the study's findings is provided below.

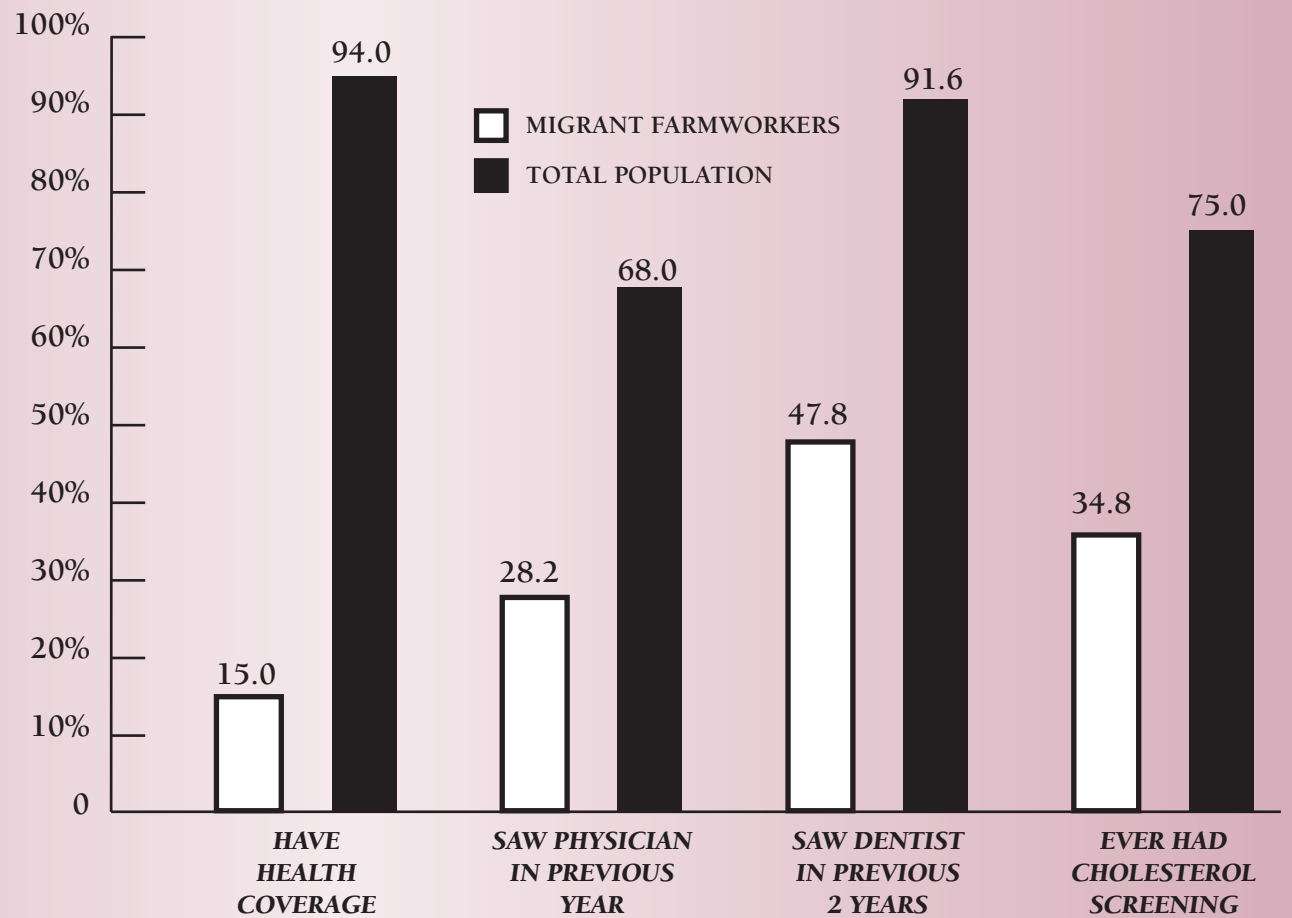
Ottawa county's 2,700 Hispanic farmworkers, who are overwhelmingly from Texas or Mexico, sustain great hardships beyond their long hours at hard work for rock-bottom earnings. For instance, only 64% of the migrants, aged 45 or greater, rated their health as "good," as compared with virtually 90% of the countywide population in that age category. Despite this, fully 85% of the migrants were totally without any form of health coverage as compared with less than 6% of the general population.

This was easily related to the fact that virtually two-thirds of the migrants reported annual household incomes of only \$15,000 or less, while only about 11% of the general population reported such meager earnings.

The study uncovered numerous additional differences in indicators of health-care access that underscored the enormity of the health-related deprivation endured by the migrants. For example, less than half (47.8%) of the migrant farmworker population had visited a dentist in the past two years, while greater than nine in ten (91.6%) of the general population had visited one. Likewise, far fewer migrant workers (45.1%) saw doctors in the previous year than did members of the general population (75.6%). The difference between the males of the two groups in this regard was especially dramatic. Whereas only 28.2 % of migrant workers had seen a physician during the previous year, well over two-thirds (68.0%) of the general male population had done so.

On a variety of important health screenings, major differences between the groups were in evidence. For example, nearly two-thirds (65.2%) of the migrant workers had never received a cholesterol test as compared with only one-quarter (25.0%) of the general county population. Even more striking, 22.9% of the farmworkers had never had their blood pressure checked, as compared with less

Health Related Indicators Among Farmworkers and the General Adult Population of Ottawa County, Michigan



Source: Hispanic Migrant Farmworker Health Survey in Ottawa County, 2002

than 1% (0.8%) of the general population. Likewise, migrant women were far less likely (55.4%) to have ever received a mammogram than were the women of the general population (84.8%) and they were also much less likely (61.3%) to have ever received a clinical breast exam than the comparison women (96.7%).

Health behavior was another category addressed in the study. It was found that on some such indicators, migrants had worse health habits than the comparison population.

Cigarette smoking, for example, was found to be more prevalent among the migrant workers (41.4%) than among the adults of the general population (16.5%). However, those migrant workers who smoked consumed only around five (4.89) cigarettes per day, on average, whereas the smokers within the comparison group averaged nearly one full pack per day (16) of cigarette smoking.

Alcohol consumption was another area where some migrants were more likely to engage in risky behavior but, the study shows, this was only true among males.

The main concern here was in the category of binge drinking. Whereas over half of the male migrant workers (57.3%) participated in binge drinking, less than one-quarter of the comparison men (23.5%) did so. On the other hand, migrant women were far more likely to totally abstain from alcohol consumption (76.4%) than the comparison group women (55.6%).

The report's authors believe the problems uncovered ultimately stemmed from the farmworkers' poor access to resources. These authors adamantly called for reforms in the allocation of health resources that would eradicate the disparities.

As shown in the income findings, migrant farmworkers simply do not have the resources to pay for health insurance, nor do they receive it as a job benefit. Consequently, they seldom see doctors or dentists and rarely get screened for such important items as high blood pressure. Without significant enhancements in the provision of medical services, these workers' problems will worsen.

With regard to financing such enhancements, the authors note that many studies show early screening and treatment saves health care dollars in the long run. Thus, greater medical care access for migrant farm workers may actually save the county money.

Moreover, addressing the problem of unequal access to health care will likely do more than merely improve the health of minorities in Ottawa County. As extensive research has shown, addressing the health needs of the less healthy segments of a community will also confer benefits on other segments (e.g., minimizing potential contagion, enhanced worker productivity) of the community.

¹ The detailed research report on this effort, in which this article is based, is the *Hispanic Migrant Worker Health Survey in Ottawa County: Health Status, Behavioral Risk Factors and Access to Health Care*. The report is available through the Ottawa County Health Department.

LATINO INFLUX

(Continued from Page 4)

important to economically struggling migrant populations because, among other things, such migrants can provide critical assistance for one-another, without which the journeys might be impossible to undertake. For example, fathers send for families after they have established a foundation for settlement, while migrating families can provide food and shelter to relatives migrating later on in the process, until the latter get established, and so forth. Hence, the process unfolds sequentially and primarily encompasses connected individuals.

In the long run, as the initial recruitment efforts cease, but knowledge about the pioneering settlements becomes more generalized in the sending communities, in-migration may continue. However, subsequent arrivals will be less likely to be closely connected to the initiating migrants. Still, it is sometimes found that the process gives rise to an interesting phenomenon that has been dubbed “transnational communities.” Briefly put, this concept refers to situations where migration from a specific community in the society of origin accumulates in a common destination community of the other society. In such instances, the social worlds of participants will literally span the international boundaries the migrations crossed so that even non-migrants in the communities of origin will be highly connected to the destination community. Already, one such “transnational community” has been observed in Indiana.⁴

At least some of the ideas expounded above can be considered in relation to the Latino influx to Indiana through examining the appropriate characteristics of the migrants. The fact that the gross trend in Latino growth at the state level is very similar to that for many individual places, particularly Marion County, is a fortuitous outcome for such purposes. This is because the similarities strongly suggest that the characteristics of the migrants contributing to growth in these varying places are likely to also be similar and we have recent survey findings on Marion County’s Hispanic newcomers. Hence, the findings for Marion will almost certainly apply, to at least some extent, to the newly arriving Latinos elsewhere in the state.

A survey conducted by United Way of Central Indiana provided the information on Latinos in the Marion County area featured in Figure 5. Fielded in January of 2000, the survey reached over 600 Indianapolis-area adult Latinos and was based on a purposive sample derived from various sources (e.g., phone records, canvassing targeted neighborhoods). While the resulting sample cannot truly be considered representative of the entire Indianapolis area’s Latino population, it is likely that it approaches that goal to a reasonable degree. Further, the consistency of the findings with widespread anecdotal reports (very rapid and recent influx of Mexican-origin people) around Marion County and other sections of the state (e.g., Elkhart) serves to heighten our confidence in the survey’s findings.

Figure 5 strongly suggests several important points about Marion County’s Latino influx: it was rapid, heavily

immigrant laden, appeared to follow the traditional chain migration strategy and it carried large numbers of educationally disadvantaged persons. Virtually four-fifths (78%) of the sample resided in the Indianapolis area five or fewer years! Even more striking, virtually nine out of 10 (88%) were born abroad – these were almost certainly all Mexican births. Hence, the influx was very likely to have been immigrant dominated. This is all the more striking when considered alongside the fact that in 1990, only around 15% of Indiana’s Mexican-origin population was found to be Mexican-born.

Figure 5 also shows that fully half (49%) of the sample had relatives already in residence in Indiana before they themselves relocated there. Finally, the figure also shows that nearly two-thirds of the group (60%) had attained less than 12 years of schooling (!), a point underscoring their disadvantaged status. Hence, we see that the characteristics of this population show the classic signs of a recently arrived, labor migration stream.

There are some important additional findings from the survey that are not shown in the charts here.

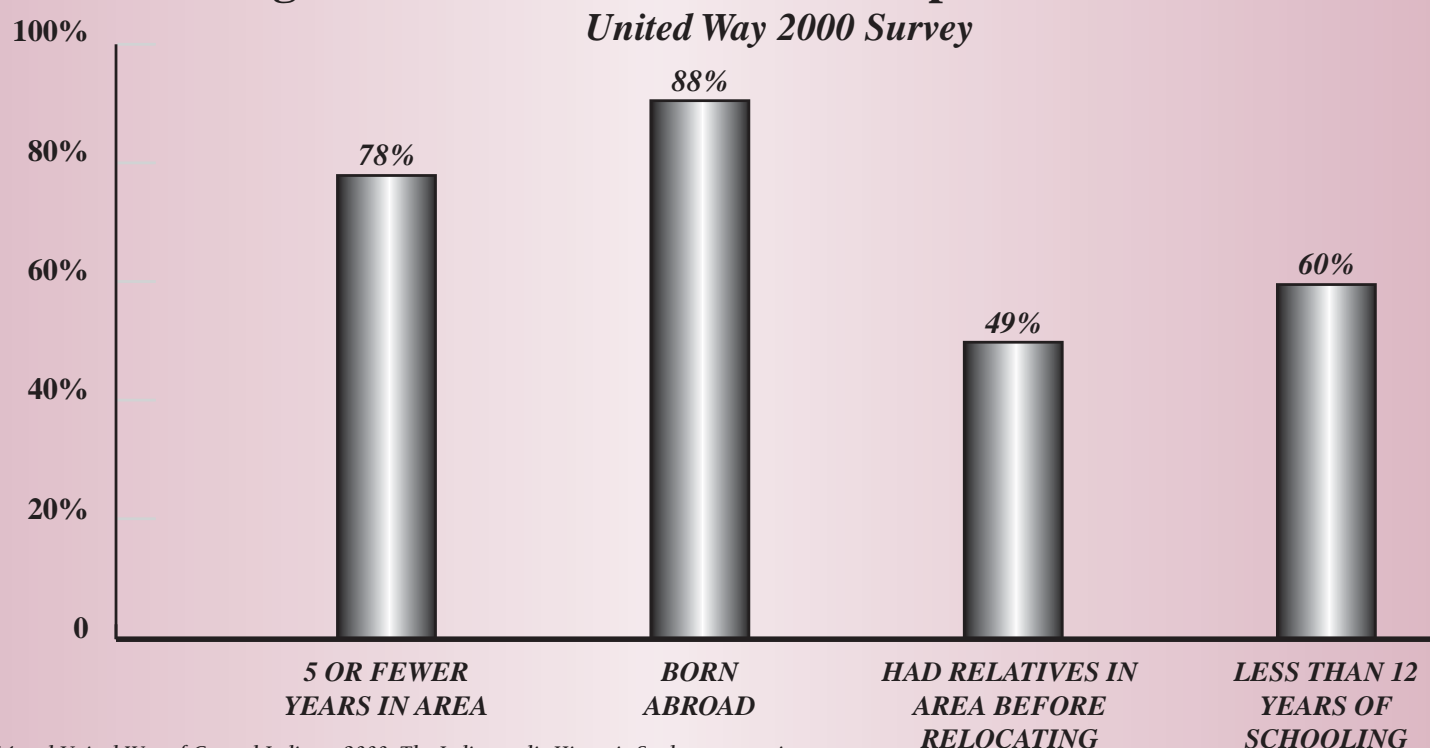
Most Latinos either want to stay in Indiana or are unsure about staying. Only about one-quarter consider their residency there as temporary. Moreover, only the most recent arrivals are unlikely to be sure about staying or believe they will move on. Most of the respondents who have lived in the state for even a few years want to stay. Indeed, as earlier stressed, many came to join family.

Most of the respondents, however, came for work and hard work is what many have found. For example, some 40% of the households reported having three or more employed adults, while one-quarter had at least one worker holding two jobs or more. Overall, less than 2% of the group’s workers were unemployed. However, their wages are undoubtedly quite low; the median household income among those surveyed was between \$10,000 and \$20,000. Further, over one-third of the respondents lived in shared quarters and over 90% were renters. Very high proportions also had limited English-speaking skills, but virtually all of these were seeking or taking ESL (English as a second language) training.

The data presented here strongly indicate that the Latino population in Indiana has undergone sudden and drastic change in the past decade. Currently, the group is primarily Mexican in origin, a large percentage of them are first-generation immigrants and they can be found throughout the state to a greater degree than previously. While many of them are handicapped by a lack of English proficiency, low income and little formal education, they are nevertheless highly work-oriented, eager to learn the language and striving to achieve self-sufficiency through work, study and determination.

- 1 Adapted from “Latinos in Indiana: Growth, Distributions and Implications,” CIFRAS-14, JSRI (2002) by the author. Sources not specified here are provided in full there.
- 2 Not taken account of here are Latino migrant farmworkers. However, those are, by definition, non-residents and it is unlikely that more than 10,000 were ever at work in Indiana at any one time.
- 3 Another possible interpretation is that Latinos continue to migrate to Lake County, but their numbers are balanced by Hispanic out-migrants. However, there are no indications whatsoever to suggest that.
- 4 See *The Indianapolis Star* special 4-part series, “The Golden Door,” on Mexican immigration to Indiana that began April 2, 2000, especially “Journeys North Set the Rhythm of Life in Town” by Terry Horne (www.starnews.com).

Fig. 5. Characteristics of Indianapolis Area Latinos:



Source: Cifras 14 and United Way of Central Indiana, 2000. *The Indianapolis Hispanic Study*, www.uwci.org.

New JSRI Publications

JSRI has produced 14 new publications, all of which are available on the web, since the last *Nexo* was printed.

Among this list of publications are six working papers, three research reports, three occasional papers and two *Cifras Breves*, or statistical briefs.

The working papers include: WP-50 "Latino Youth: Converting Challenges to Opportunities" by Rudy Hernandez, Marcelo Siles and Refugio Rochín; WP-51 "Mexican-Origin Women's Employment Instability" by Robert De Anda; WP-52 "Gender and Employment among Latino Migrant Farmworkers in Michigan" by Vivian Roeder and Ann Millard; WP-53 "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996: Implications for Hispanic Farmworkers' Access to Federal and State Benefits" by Marvi Lacar; WP-56 "The Direct Impact of Migrant Workers on Southeastern Michigan" by Rene Rosenbaum; and WP-58 "Fatherhood in the Crossfire: Chicano Teen Fathers Struggling to 'Take Care of Business'" by Rudy Hernandez.

The new JSRI research reports include RR-06 "Implications of Medical Insurance Among Farmworkers: A Case Study from Rural California" by Kathryn Azevedo; RR-20 "The Southwest-Midwest Mexican American Migration Flows, 1985-1990" by Rogelio Saenz and Cynthia Cready; and RR-31 "If I Needed It, They Would Have Sent Me: Cancer Screening, Knowledge and Adherence Among Older Hispanic Women" by Linda Hunt.

JSRI's occasional paper series now includes: OC-40 "Mexican-Origin Migration in the U.S. and Mental Health Consequences" by Israel Cuéllar; OC-57 "Bringing Anthropology Home: Latina/o Students, Ethnographic Research and U.S. Rural Communities" by Victor Garcia; and OC-63 "Old Blood, New Blood, Weak Blood: The Nature of U.S. Immigration Laws" by Ronald Fernandez.

The two new *Cifras Breves* include *Cifras-13* "Illnesses of Migrant Farmworkers: A Study of Medical Records from Migrant Health Clinics in Michigan" by Ann Millard, Mary Ann Ladia and Maríaelena Jefferds, and *Cifras-14* "Latinos in Indiana: Growth, Distribution and Implications" by Robert Aponte.

With the addition of this new research, JSRI's publications now total almost 160. The vast majority of them are available in both printed form and on the web in text and PDF format. For a complete list, go to www.jsri.msu.edu on the web.

JSRI Honored for Community Involvement

The Julian Samora Research Institute was honored as the first institutional recipient of the Capital Area Hispanic Community Representatives' annual achievement award. The award is typically presented to two individuals, one each to the area's most notable man and woman who have made meaningful contributions to the area's growing Hispanic communities. Rep. Belda Garza and the late Manny Gonzales are this year's individual recipients, with JSRI garnering the first-ever award presented to an organization. Dr. Israel Cuéllar, JSRI's director, was on hand to receive the award.

You Can Make a Difference

The Julian Samora Research Institute receives donations from friends and supporters. Development funds are used to sponsor student, faculty and community projects that enhance the mission of the Institute. These activities are possible because of your generosity and vision. You can have an impact on JSRI's growing programs by donating to the following tax-deductible funds:

JULIAN SAMORA ENDOWED SCHOLARSHIP

This scholarship fund was established in 1994, with a sizeable donation from Dr. Samora himself, to acknowledge and recognize outstanding Chicano/Latino students at Michigan State University. The scholarships are available to all Chicano/Latino students from all disciplines at MSU. Several scholarships are awarded annually after review by an Awards Committee.

JSRI DEVELOPMENT FUND

Donations to the Institute's Development Fund help support various scholarly endeavors of students, faculty, and community members. Funds are used to help students complete research projects, bring outside speakers, sponsor special events to benefit the Chicano/Latino community, and to promote various educational and cultural activities at MSU.

To make tax-deductible contributions to the Julian Samora Endowed Scholarship or the JSRI Development Fund, mail your donations to the address below. Checks should be made out to "MSU Development Fund" earmarking the donation for JSRI or the Julian Samora Endowed Scholarship on the form below. You can make a 1-time donation, or establish an on-going gift. If you need assistance or have questions, contact us. Please send your contribution to:

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