

Community Assistantship Program

**Cultural Diversity: A Case Study on Assessing the Present
and Planning for the Future**

Cultural Diversity: A Case Study on Assessing the Present and Planning for the Future

Prepared in partnership with
Cultural Diversity Council

Prepared by
Mesut Akdere
Graduate Student

University of Minnesota
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Center for Urban and Regional Affairs (CURA)
University of Minnesota
330 HHH Center
301--19th Avenue South
Minneapolis, Minnesota 55455

Phone: (612) 625-1551

Fax: (612) 626-0273

E-mail: cura@umn.edu

Web site: <http://www.cura.umn.edu>

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Cultural Diversity: A Case Study on Assessing the Present & Planning for the Future

Mesut Akdere
University of Minnesota 2003

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Research Subjects' Protection Programs
Institutional Review Board: Human Subjects Committee (IRB)
Institutional Animal Care and Use Committee (IACUC)*

*Mayo Mail Code 570
6-578 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, MN 55455
612-626-5654
Fax: 612-626-5061
irb@umn.edu
iacuc@umn.edu
<http://www.research.umn.edu/subjects.htm>*

June 18, 2002

Mesut Akdere
425 Erie St. SE Apt. #106
Minneapolis MN 55414

Re: "Cultural Diversity in Montevideo-Assessing the Present-Planning for the Future"
Human Subjects Code Number: 0206E26641

Dear Mr. Akdere:

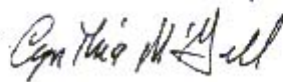
The IRB: Human Subjects Committee determined that the referenced study is exempt from review under federal guidelines 45 CFR Part 46.101(b) category #2 SURVEYS/INTERVIEWS; STANDARDIZED EDUCATIONAL TESTS; OBSERVATION OF PUBLIC BEHAVIOR.

The code number above is assigned to your research. That number and the title of your study must be used in all communication with the IRB office.

Upon receipt of this letter, you may begin your research. If you have questions, please call the IRB office at (612) 626-5654.

The IRB wishes you success with this research.

Sincerely,



Cynthia McGill
Executive Assistant

CM/ac

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This project was initiated by the Cultural Diversity Council serving the Upper Minnesota River Valley, based out of Montevideo, Minnesota, serving the counties of Chippewa, Lac qui Parle, and Yellow Medicine. The Community Assistantship Program (CAP) at the University of Minnesota and the West Central Regional Sustainable Development Partnership funded the project. CAP administered the project. In the preparation of this report, I would like to offer my special thanks and acknowledgements to the following individuals and institutions:

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Purpose

Cultural Diversity Council (CDC) is a rural community- based nonprofit organization, serving the Upper Minnesota River, formerly the Hispanic Outreach Task Force. It was organized in 1999 to strengthen the network of intercultural human relationships and thereby to keep communities welcoming, peaceful, trusting, and respectful. The Council strives to maintain a multicultural commitment to lovingly built communities that embrace the gifts of every member of the community it serves. The CDC serves the counties of Chippewa, Lac qui Parle, and Yellow Medicine in the Western Central Minnesota. According to the US Census Bureau (2000), the total population of these three counties is 32,235 with a total minority population of 1,151, which is approximately 3.57% of the total population (2000). The breakdown of the minority population for each county is as follows: Chippewa County 4.1%; Lac qui Parle County 1.3%; and Yellow Medicine County 4.6%. The census results also indicate that in these three counties the largest groups of minorities include Hispanic/Latino (467) and Native American (375). Additionally, in recent years (after the 2000 Census) there has been an increasing migration of the Somalian groups to the area from the Twin Cities.

The aforementioned statistics indicate an increase in the number of diverse populations in the area and the trend is likely to continue implying more culturally diverse people will be migrating into the communities in these counties. As such, there are increasing issues in the areas of housing, education, health care, banking and credit, socialization, recreation, language assistance, citizenship, legal advocacy, food, and spiritual issues. However, at present there are not adequate infrastructures to properly address such issues. Thus, the purpose of this study is to develop an understanding of the

realities of people of color in these counties. The study further attempts to develop an understanding of the interactions of these diverse individuals and the community at large. The results of the study will also enable the CDC to better understand the social structures within the community in these counties; how the CDC can work with other community providers and networks to better promote and utilize the strengths of the residents; support their goals; and respond to the needs and issues that most concern them. This report will be instrumental in determining the utility of the current services by the CDC; the demand to these services; how to recruit volunteers to assist with the CDC's efforts; and the appropriate community development and skill building opportunities for the members of the communities in these counties.

Executive Report

This study was conducted between May and August 2002. The research process includes literature review on backgrounds of the major minority groups: Mexico to represent the Hispanic/Latino population, the Dakota Tribe to represent the Native American population, and Somalia to represent the Somalian community; focus group interviews with the aforementioned minority groups; interviews with community service providers in the area; and recommendations for future studies. The report aims to develop and facilitate focus group discussions with diverse individuals in the three county area to learn about their realities, strengths and needs, as well as to identify what they are able to contribute to the community and what they would like to see available from the community. Consequently, based on the focus group discussions, the results are compiled, interpreted and developed for recommendations for the CDC Board of Directors to utilize as they make future plans. Furthermore, the report includes

developing and facilitating phone interviews with service providers and community members, such as schools, health care, law enforcement, family and human service organizations, city and county government, local businesses, churches, and youth centers to determine their perceptions of the diverse audiences, the needs of this population, and resources needed to better serve these groups. The report indicates the findings from the focus group discussions and the phone interviews as well as recommendations on addressing the issues and concerns identified in the process. This report will further assist the Board of Directors as they plan and evaluate the work of the Council.

Research Process

Research Methodology

This study is based on the case study methodology, an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between the phenomenon and context are not clearly evident; and in which multiple sources of evidence are used (Yin, 1994, p. 33). Thus, the researcher is neither aims to predict nor attempts to generalize the findings. The researcher that embarks upon case study research is usually interested in a specific phenomenon and wishes to understand it completely, not by controlling variables but rather by observing all of the variables and their interacting relationships (Dooley, 2002, p. 336). As such, case study research has the ability to utilize multiple cases, to analyze quantitative and qualitative data, and to implement multiple research paradigms in which the conduct of case study research can be expanded to engage multiple and simultaneous studies using multiple research paradigms. In this study, the participants are identified upon the suggestions of the CDC. The participants are selected using convenient sampling method. They are

individually invited to the focus group interview sessions via phone by the Cultural Diversity Council. The advantages of the case study method are its applicability to real-life, contemporary, human situations and its public accessibility through written reports (p. 344). Case study results relate directly to the common reader's everyday experience and facilitate an understanding of complex real-life situations (Soy, 1996). Furthermore, the major point about case studies to keep in mind is that they are richly descriptive in order to afford the reader the vicarious experience of having been there (Merriam, 2001, p. 238)

Among the data collection processes that case study research employs are participant observation, document analysis, surveys, questionnaires, interviews, and Delphi processes (Dooley, 2002, p. 338). For the purposes of this study, the data collection processes include document analysis from of the U.S. Census Bureau records to quantify the minority groups living within the scope of the study; focus group interviews with three significant minority groups; and phone interviews with community service providers in the area. The power of case study research is the ability to utilize all methodologies within the data collection process and to compare within case and across case for research validity (p. 338). As such, the study utilizes a number of methods to compare and analyze for research validity. Studying the government records to find out the factual figures about these groups; conducting focus groups to obtain intensive descriptions and analyses of a single unit or bounded system (Smith, 1978); and conducting phone interviews with community service providers to understand the issues from their perspective can only be achieved with multiple techniques that only case study research enables. Case study research enables the researcher to study the observations of

a single unit or subject, or contextual case, as the focal point of a study, along with its plurality as a research method (Dooley, 2002, p. 338). Thus, it is a process of scholarly inquiry and exploration whose underlying purpose is to create new knowledge (Herling, Weinberger & Harris, 2000). For the purposes of this study, case study research is considered as a research strategy in which a contemporary phenomenon and the associated contexts that are not clearly evident are examined to achieve methodological rigor, validity, and reliability (Dooley, 2002, p. 338). Consequently, this study includes the following six steps:

1. Determine and define the research questions.
2. Select the cases and determine data gathering and analysis techniques.
3. Prepare to collect data.
4. Collect data in the field.
5. Evaluate and analyze the data.
6. Prepare the report.

Determine and Define the Research Questions

The first step in case study research involves establishing the focus or the intent of the project. The focus and the intent of this study have already been recommended by the CDC prior to the beginning of the project. The focus or intent is established once an intensive literature review has been completed and the problem has been well identified which should be something that the research can refer to as grounding during the process of the study (p. 339). As such, the previously recommended focus and intent of the study has been modified in the light of the extensive literature review to supply the necessary

information to address the research questions. Objects—organizations, groups or teams, and individuals—involved in case study research are usually associated with political, social, historical, and personal issues, making the case much more complicated than at first glance (p. 339). Thus, the objects of this study are organizations as service providers, groups such as CDC, and individuals from the minority groups. The following is some general background information on Mexico as the largest minority group among the Hispanic/Latino population is consisted of Mexicans; the Dakota Tribe as the members of the second largest minority group, Native Americans are from this tribe; and Somalia as there is an increasing influx of Somalian labor force to the area. This further helps to refine the research questions and to also discover if past research has been done that will add to the study (p. 339), which may also add face validity to the project. This brief information is included in the study to provide some facts and understanding about the background of these groups.

Mexico



The following information on Mexico has been adopted from the World Factbook (2002). Mexico is located in Middle America, bordering the

Caribbean Sea and the Gulf of Mexico, between Belize and the U.S. and bordering the North Pacific Ocean, between Guatemala and the US. It is slightly less than three times the size of the state of Texas. It has a 103,400,165 population with a 1.47% population

growth rate. In terms of ethnic population, there are 60% Mestizo (Amerindian-Spanish), 30% Amerindian, and 9% white. It is nominally 89% Roman Catholic and 6% Protestant. Spanish is the official and the largely spoken language.

The site of advanced Amerindian civilizations, Mexico came under Spanish rule for three centuries before achieving independence early in the 19th century. A devaluation of the peso in late 1994 threw Mexico into economic turmoil, triggering the worst recession in over half a century. The nation continues to make an impressive recovery. Ongoing economic and social concerns include low real wages, underemployment for a large segment of the population, inequitable income distribution, and few advancement opportunities for the largely Amerindian population in the impoverished southern states.

Mexico has a free market economy with a mixture of modern and outmoded industry and agriculture, increasingly dominated by the private sector. Recent administrations have expanded competition in seaports, railroads, telecommunications, electricity, natural gas distribution, and airports. Income distribution remains highly unequal. Trade with the U.S. and Canada has tripled since the implementation of NAFTA (North America Free Trade Agreement) in 1994. Following 6.9% growth in 2000, real GDP (the gross domestic product) fell 0.3% in 2001, with the U.S. slowdown the principal cause. Positive developments in 2001 included a drop in inflation to 6.5%, a sharp fall in interest rates, and a strong peso that appreciated 5% against the dollar. Mexico City implemented free trade agreements with Guatemala, Honduras, El Salvador, and the European Free Trade Area in 2001, putting more than 90% of trade under free trade agreements. Foreign direct investment reached \$25 billion in 2001, of which \$12.5

billion came from the purchase of Mexico's second largest bank, Banamex, by Citigroup. Purchasing power parity is \$9,000. 40% of the population is below poverty line. Among the export commodities are manufactured goods, oil and oil products, silver, fruits, vegetables, coffee, cotton.

Current environmental issues include scarcity of hazardous waste disposal facilities; rural to urban migration; natural fresh water resources scarce and polluted in north, inaccessible and poor quality in center and extreme southeast; raw sewage and industrial effluents polluting rivers in urban areas; deforestation; widespread erosion; desertification; deteriorating agricultural lands; serious air and water pollution in the national capital and urban centers along U.S.-Mexico border; land subsidence in Valley of Mexico caused by groundwater depletion.

The Dakota Tribe



The following information on the Dakota Tribe has been adopted from Kevin Callahan's personal page. The terms Dakota, Nakota, and Lakota refer to dialects of the Siouxan language and also groups of people. Lakota, for example, is generally spoken in the western part of South Dakota (The Oglala on the Pine Ridge Reservation are an example). Nakota is spoken in the eastern part of South Dakota, Montana, and Canada and

Dakota is generally spoken in Minnesota. The original homeland during historic times for the Dakota people was in Minnesota. The dialects changed as the Dakota people moved west. The word "Sioux" is thought by many to be a disparaging term created by the Ojibway meaning "snakes" and is generally not now preferred by Dakota people for that reason although it so permeated the historical literature that it is still used in terms like the "Siouxan language family." The Eastern Dakota were woodland people with canoes, and wild rice harvesting. The later plains culture resulted in part from the wars with the Ojibway and partly from the Dakota Conflict in 1862—the largest Indian War in American history—and the subsequent removal of the Dakota from Minnesota. It has been estimated that about 500 treaties were entered into with the United States government by Native Americans. About 270 these were never ratified. About 230 treaties were ratified but then the edicts were broken. To review the history of the last century is generally painful for both sides. Problems with chemical dependency, alcoholism, poverty, hopelessness and despair, and dysfunctional families are also continuing present day problems in many areas. There have been many gross misrepresentations and inaccurate stereotypes of the Dakota throughout history and this has been a real problem both with the lurid press and with negative representations of the Dakota in film. The Dakota culture as described by Luther Standing Bear arguably had many superior qualities and many superior customs and ways of doing things to the culture that frequently replaced it.

In general terms, and like some other Native American groups, Dakota spirituality centers around certain customs and beliefs, concepts, events, and objects. These include

the sweat lodge, pipe, drums, singing, the naming ceremony, prayer, vision questing and guardian spirits, the ceremonial pow wow (such as the Sun Dance), the medicine man or woman (shamans), medicine bags, dream articles and traditional stories regarding the Great Spirit. Ritual and spiritual objects include sage, sweet grass, tobacco, and cedar. Four is a sacred number. There are 4 seasons and four powers of the universe sit at the four cardinal directions of North, South, East, and West. The symbolic "four colors of man" are red, yellow, black, and white. Stones are considered the oldest people and spiritual people talk to them and refer to them in curing and finding lost objects.

Somalia



The following information on Somalia has been adopted from the World Factbook (2002). Somalia, also called the Somali Democratic Republic, is located on the Horn of Africa, the easternmost part of the African continent. The total area is 637,657 sq km, and the capital is Mogadishu. The estimated population is

7,488,773. A Siad Barre regime was ousted in January 1991; turmoil, factional fighting, and anarchy followed for nine years. In May of 1991, northern clans declared an independent Republic of Somaliland, which now includes the administrative regions of Awdal, Woqooyi Galbeed, Togdheer, Sanaag, and Sool. Although not recognized by any government, this entity has maintained a stable existence, aided by the overwhelming

dominance of the ruling clan and economic infrastructure left behind by British, Russian, and American military assistance programs. The regions of Bari and Nugaal comprise a neighboring self-declared Republic of Puntland, which has also made strides towards reconstructing legitimate, representative government. Beginning in 1993, a two-year UN humanitarian effort (primarily in the south) was able to alleviate famine conditions, but when the UN withdrew in 1995, having suffered significant casualties, order still had not been restored. A Transitional National Government (TNG) was created in October 2000 in Arta, Djibouti, which was attended by a broad representation of Somali clans. The TNG has a three-year mandate to create a permanent national Somali government. The TNG does not recognize Somaliland or Puntland as independent republics but so far has been unable to reunite them with the unstable regions in the south; numerous warlords and factions are still fighting for control of Mogadishu and the other southern regions.

One of the world's poorest and least developed countries, Somalia has few resources. Moreover, much of the economy has been devastated by the civil war. Agriculture is the most important sector, with livestock accounting for about 40% of GDP and about 65% of export earnings. Nomads and semi-nomads, who are dependent upon livestock for their livelihood, make up a large portion of the population. Livestock and bananas are the principal exports; sugar, sorghum, corn, and fish are products for the domestic market. The small industrial sector, based on the processing of agricultural products, accounts for 10% of GDP; most facilities have been shut down because of the civil strife. Moreover, ongoing civil disturbances in Mogadishu and outlying areas have interfered with any substantial economic advance and with international aid

arrangements. Due to the civil strife, economic data is susceptible to an exceptionally wide margin of error.

The Somalis, a Cushitic people, share the same language, religion and culture but are divided into groups by a deeply ingrained clan structure, such as the Dir, Iqsaq and Digil. The indigenous population is nomadic or traditional pastoralists. The rest are either crop farmers, fishermen, or urban dwellers. About 70% of all Somalis are nomads who travel with their herds through Somalia, Kenya and Ethiopia. Of the 7.4 million Somalis living in Somalia, 80% belongs to the Somali or Samaale group in the north; the remaining 20% belongs to the Sab, or southern Somali. All believe they are descended from the same male ancestor and his two sons, Somali and Sab. Such a closeness has brought a long history of both strong alliances and bloody feuds. Communities are united into a larger social and political unit called a *rer*, each with its own elected leader. Marriages to more than one wife and a dowry system are mainly secular contracts but Somalis tend to follow Islamic cultural patterns. The Somali people speak an Afroasiatic language as well as Arabic. The official language of Somalia is Somali, which, despite attempts to introduce Arabic script, uses the Roman alphabet. Arabic and English are also used widely. The official religion is Islam. About 99% of Somalis are Sunni Muslims. Islam has the greatest influence on the Somali culture and the daily lives of the Somalians.

Select the Cases and Determine Data Gathering and Analysis Techniques

According to Dooley (2002, pp. 339-340):

This is a very important phase and sets the tone for the rest of the study. The researcher must select single or multiple cases that reflect the research questions in step 1. Moreover, this step also involves selecting the instruments and other data gathering strategies that will be used... The researcher must also decide how

to select the cases; will they cover similar or different geographic regions, will they be the same size or different... A major strength of case study research is the ability to use multiple sources and techniques. Tools used in this type of data collection are usually surveys, interviews, document analysis and observation, although standard quantitative measures such as questionnaires are also used.

Thus, the case selected for this study is diversity. The data gathering techniques include focus groups with the members from the minority population; phone interviews with the service providers in the community; and government documents. The data analysis techniques are bracketing which describes the act of suspending one's various beliefs in the reality of the natural world in order to study the essential natural structures of the world; determining the themes which are essential qualities that make a phenomenon what it is and without which the phenomenon cannot be what is; and consequently, imaginative variation which is the process for determining which themes are essential and which are incidental to a phenomenon and in which the theme has to be looked at from several directions and be considered in different ways to discern whether or not it is essential to the phenomenon.

Prepare to Collect the Data

Dooley suggests that case study researchers will typically begin a study using only one method of data collection and will add others as the situation warrants it (p. 340). In this case, the first method of data collection is government documents to analyze the population demographics. Due to the nature of case study research, the researcher generates large amounts of data from multiple sources (p. 341). Consequently, larger and more in-depth data are generated from the focus groups and phone interviews in regarding to the phenomenon under study. Brief comments by the researcher about his or her background and experiences relevant to the case study may facilitate data collection

and the reader's ability to better understand the findings (Gall, Borg, & Gall, 1996).

Being an international student living in the United States for almost five years, the researcher possesses adequate first-hand experience as a minority, substantial knowledge in the content area, and scholarly-performed research expertise.

Collect Data in the Field

Dooley (2002, pp. 341-342) states that:

Data collection is emergent in case study research. That means what the researcher learns from the data collected at one point in time often is used to determine subsequent data collection. The researcher therefore must collect and store multiple sources of data, in a systematic manner. The storing of the data is critical so as to allow for patterns and themes to emerge. One must always keep the original object in mind and observe causal factors associated with the observed phenomenon. It is important to make formative evaluation checks so arrangements can be made in the event that factors arise causing the manner in which the case is evaluated to change. Case study research is flexible, but when changes are made, they must be documented systematically. Field notes document this process; they record feelings, hunches, pose questions and document the work of the case.

Taken this into account, the researcher collects the data from a variety of resources as indicated earlier. The government documents collected for this study are not only authentic and accurate but also instrumental in determining the groups to include in the study. The focus groups have been established through collaboration with the CDC and the minority community leaders. Every effort has been made to accommodate the needs of the participants during the process. The participants are individually invited and are provided with an interpreter when needed. Due to the regulations of the Institutional Review Board at the University of Minnesota, each participant is asked to complete a consent form before the focus groups begin. They are further explained about the nature and the purpose of the study as well as how the study is to benefit their community. Since the groups decline to be taped the data collection is conducted in the form of note taking.

Initially, two largest minority groups were identified to participate in the study, the Hispanic/Latino and the Native American communities. However, the initial literature review indicated a new trend of Somalian workforce migration to the region from the Twin Cities area. As such, a third focus group is established to study these new comers. An interpreter from the community has been present for the focus groups with the Hispanic/Latino and the Somalian focus group participants. The consent forms are also translated into their native languages so as to ensure an effective communication and authentic agreement. The focus groups are designed to be representative of both age and gender among the community. Thus, the participants for the focus groups were equally divided in terms of age and gender. Such balance of demographics among the participants is important to achieve validity and reliability in case study research.

Community service providers, on the other hand, are contacted by the researcher via phone. They are told the nature of the study and the value of their voluntarily participation to the study. Over fifty-six service providers from the three counties are contacted and forty-two of them agreed to participate in the study. Such large percentage of participation does not only increase the validity and reliability of the study but also allow a large spectrum of professionals to express their concerns and problems about the minority groups from their own perspective.

Evaluate and Analyze the Data

Dooley (p. 342) describes this stage as:

The researcher now evaluates the data using an array of interpretations in order to find any and all relationships that may exist with reference to the research questions. The discovery of constructs in qualitative data can be a significant outcome to a case study. The case study method, with its many different data collection and analyzing techniques, allows researchers opportunities to triangulate data in order to strengthen the findings.

The following section includes the evaluation and analyses of the interviews with three focus groups and the phone interviews with the community service providers. Each group is evaluated separately to allow individualized analysis and prevent any possible exclusion of findings due to generalization.

Focus Groups

The Hispanic Community

The focus group for the Hispanic community includes eight individuals, four males, and four females. Five of the participants are from Mexico, two are from Honduras, and one is from Guatemala. Since they all speak Spanish as their native language, a Spanish-speaking interpreter has been present during the focus group interview. It should be noted here that according to the U.S. Census Bureau, people from the Latin American countries are classified as Hispanic/Latino. As such, participants from different countries in Latin America allow the study to provide a better representation of the Hispanic/Latino community at large.

The first question asks the group how long they have been living in the area. The average is two years, which is an indication that the majority of the Hispanic population is new to the area. Such indication should further be taken into account by the CDC while determining the needs of these people as well as planning the programs and services for this group. This concern is also related to socialization, which is described as to adapt to social needs and uses or to participate actively in a social group (Merriam-Webster Collegiate Dictionary, 1997, p. 1114). As such, programs and policies should be adapted to enhance the socialization process of this group.

The second question asks the group what they like about living in the area. Some state that it is more secure and peaceful as well as it provides better living conditions when compared to metropolitan areas. Some others further indicate that a majority of the residents are friendly; there are good job opportunities; and the schools provide quality education for their children.

The third question inquires about the problems they have come across in the area. Many complain about the bureaucracy for the immigrants; lack of adequate utilization of information pertaining to immigrants; lack of bilingual staff in the health care facilities; lack of equal access opportunities to public services; lack of sufficient food shelves; lack of public transportation; lack of bilingual manuals, descriptions, and directories for public services; lack of sensitivity towards Hispanic students in schools, and general stereotypes among the residents. Such issues and concerns need to be addressed by the CDC since one of its primary missions is to help immigrants with their problems and concerns.

The fourth question asks about whether they believe that they have a good relationship with their neighbors in the community. They all agree that they have good relationships within the neighborhood. Local people have generally been very friendly to them. However, some of them have occasionally experienced discrimination and ignorance in the form of racism. Nevertheless, over all, they believe that community helps each other and provides a significant support to them. This is a great opportunity for the CDC to achieve a larger participation to its programs and services to the community at large.

The next question asks them about their familiarity with the Cultural Diversity Council (CDC). Their answers somewhat differ. While half of them state their familiarity

and active involvement to the CDC's programs and services, the remaining half indicate that they are not familiar with the organization. It seems appropriate for the CDC to make further efforts to more effectively advertise its programs and services to include a larger group of minority groups.

The sixth question is asking what services and program of the CDC they are using or participating. Since only half of the participants indicated familiarity, they answer only to this question. However, the responses indicate that the remaining half of the group has only heard of the CDC. As such, they are not using or participating any of the CDC's programs or services. Consequently, the next question, which asks about the services and programs they like most is left unanswered. This situation further supports the previous statement on the need for better and extensive advertisement efforts to make the community members become aware of and familiar with the CDC and its programs and services.

The following question inquires about any other programs or organizations that they go to for services or assistance in the area. Only two groups are indicated, Community Action, and St. Joseph's Catholic Church. It would be rather helpful for the CDC to collaborate with these groups as to increase resources and provide a larger variety of services and programs.

The ninth question asks the participants what they would suggest the CDC do to better serve their community. Among the responses are informing the community about the services available to the Hispanic/Latino population; provide more individualized services; more programs for the community at large to help increase awareness for Hispanic culture; recruiting bilingual employees to public services; attracting more

interpreters to the area; offering more English as a Second Language courses; and lobbying for equal access opportunities to education. These responses should be further considered by the CDC members and immediate steps should be taken to address such needs.

The next question asks them how they think the CDC can help create a community that welcomes new people from diverse backgrounds. Among the suggestions are the establishment of a center with a full-time bilingual employee to offer aid with their problems; and providing food shelter, more job opportunities, and public housing. For short term, the establishment of such a center may help this group to address their immediate needs.

The following question asks what ways they would be able to involve in the community activities at large. They response is that they need to become familiar with the CDC's services and programs first. They believe the CDC can play a significant role to help this achieved. Again, this issue needs to be immediately addressed by the CDC so that more people can get involved. One of the ways to achieve this is to establish a data bank through a general membership to the CDC. This not only helps tracking the members but also offers a sense of belonging to its members.

The last question asks them about their interests and strengths to get involved in the community. They believe that a larger participation from the Hispanic/Latino population to the community events will definitely help achieving a diverse community. However, to achieve this a connection between the CDC and the community must be established so that people will become familiar with the CDC and its programs and services. Thus, they can offer both their human and social capital to the CDC such as

their bilingualism, advertising the events and programs, and helping out with the preparations. There is no doubt that the Hispanic/Latino community has a lot to offer to the CDC. However, due to the lack of sufficient networking, this is not adequately achieved. The CDC can recruit more Hispanic/Latino members to initiate such a connection.

The Native American Community

The focus group with the Native American community took place in the Upper Sioux Indian Reservation, which belongs to the Dakota Tribe. Due to the nature of the focus group, the process was somewhat less structured compared to the previous focus group with the Hispanic/Latino population. The participants included three females and three males. One of the problems that they face is the ignorance and lack of awareness within the larger community about the Native American history and culture. They suggest that this can be overcome through various programs and curriculum change in schools. Another problem that the Native American community faces is gambling, alcohol, and drug addiction. More social services are needed in this area to help with the treatment processes. In addition, the CDC can initiate a process with the Leadership Council of the Upper Sioux Board of Trustees, which can help the CDC to offer programs and services geared toward this population. Furthermore, such a connection will increase reputation and participation toward the CDC's programs and services. The Council should look into such possibilities and opportunities and act upon them.

The Somalian Community

The focus group with the Somalian population consisted of two male and two female participants working in a local factory. They all have been living in the U.S. for

more than five years and, as such, their responses to the same questions somewhat differ than the responses of the participants from the Hispanic/Latino population. Overall, they moved to the region for the job opportunities, nice neighborhood, and the English as a Second Language (ESL) support that they receive in the workplace. They all have good relationship with their local neighbors and they all are familiar with the CDC and its programs and services. They suggest that the CDC can help for more ESL programs, electricity and gas aid programs, affordable housing, and translators for public services. This group has expressed need for a new service—electricity and gas aid programs. The CDC can lobby for such services at local, state, and federal level.

Phone Interviews with the Community Service Providers

To honor most of the community service providers' requests, the report will not identify the individuals involved in this study nor will it indicate institutions these individuals are associated with. As such the responses to the questions will be uniformed and unanimous.

The first question asks them the current issues and problems that the community is facing. Among the responses are:

- It is a rural setting and location is geographically spread out.
- Although there is a diverse population, the employees are not as diverse as the population.
- There is a need for further educational programs on compulsive gambling, school attendance, and retention ratio is low and a concern.
- Affordable housing.
- There is a lack of farming employment.

- Acceptance of the people with diverse backgrounds within the community at large.
- There are language related problems.
- Economy.
- Funding for social services.
- Public transportation.
- There is a lack of sufficient services and interpreters available to the minority groups.

These responses, in fact, are almost identical with the responses those of the minority groups. It shows that these problems are equally observed, recognized, and experienced by both the minority groups and the community service providers.

The following question asks them whether these problems or issues they stated in their previous responses are the same for the community members living in urban and rural areas, or whether there are any other concerns. They state that there are more opportunities, programs, and services in urban areas compared to rural areas.

Transportation is a big problem for those living in the rural areas to access these programs and services in the urban areas. As such, the CDC should increase its efforts to include the diverse population living in the rural areas in its programs and services.

The third question asks them how they would describe the working relationship between their organization and the minority groups. They all indicated a good relationship exist between their organizations and the minority groups. Most of them indicated that an interpreter usually solves many problems, without which otherwise would have become more complex and complicated to resolve. A positive relationship

between the community service providers and the minority groups is an indication of future collaborations and larger participations.

The fourth question asks them how can governmental and nongovernmental organizations reach out and serve minority communities and whether they can be of any assistance to minority communities in solving these problems. Among the responses are providing funding to educational programs and services and training the minority groups in basic skills required for many entry-level positions. They also indicate that minority groups require more individualized service, though this may be difficult. Another suggestion is that the Housing Authority can assist with housing issues. The local business can also address the unemployment by providing new job opportunities. English and Spanish language classes can be offered both to the immigrants and the locals. Another suggestion is to develop broader based task forces in form of more specific committees. Legislators can address these needs at political settings. More grants can be offered to organizations to offer programs to the minority groups.

The next question asks them how they would characterize the strengths and assets of their organizations in respect to serving the minority groups. Most of them indicate that their organizations are well aware of the needs of the minority groups; have access to bilingual staff; welcome diverse groups; reflect the multicultural aspect of the community in their organizational policies.

The last question asks them how they would visualize the future of minority groups in their area of service. All of the participants expressed a desire for the growth of minority population and a culturally diverse community, which welcomes people with all different backgrounds. To achieve this, some local policies should be modified and some new laws

have to be made. Furthermore, the business should provide not only new job opportunities but also offer programs for professional and personal development.

Prepare the Report

Dooley (2002, p. 343) suggests that:

The goal of the report is to present the conclusions to the questions posed by the researcher in a way so the reader can understand. Two types of reports are popular for case study researchers. *Reflective reporting*, where the writer will use literary devices to bring the case alive for the reader and the strong presence of the researcher's voice is apparent; and *analytic reporting* which notes an objective writing style (the researcher's voice is either silent or subdued).

In the analytic style, the report generally has a conventional organization: introduction, review of the literature, methodology, results, and discussion (Gall, Borg, & Gall 1996). Thus, this report is written in the analytic style as it is more appropriate to achieve the goals and the purpose of the study.

Recommendations for Future Studies

Studies of this nature require a multiple implementation of research methodologies. Case study research has undoubtedly provided the study with such modes of inquiry to better understand the phenomenon under study. This study is intended to provide an understanding about the cultural and social backgrounds of the minority groups as well as their needs, the problems and issues that they face within the community. The findings presented in this report are suggested to be taken into further consideration by the CDC for program and service planning; for its networking with the other area organizations; for its political lobbying; and for utilization of the skills and strengths of the members of the community at large.

Two major capitals that the CDC needs to address and utilize are human capital and social capital, which are equally critical in community development. Human capital

theory is defined as the knowledge and skills (physical and intellectual) that an individual possesses that make that individual a productive worker (Besanko, Dranove, & Stanley, 1996, p. 641). Social capital is, however, defined as any aspect of social structure that creates value and facilitates the actions of the individuals within that social structure (Coleman, 1990). In addition, the following list includes a general overview of both short-term and long-term needs of the minority groups living in the area.

- a need for interpreter;
- a need for English as a Second Language (ESL) classes;
- a need for offering orientation sessions to the immigrants;
- a need for more frequent community events to involve the entire community;
- a need for policy changes on housing, transportation, and employment;
- a need for a close collaboration with the Native American population;
- a need for more involvement from the minority groups;
- a need to understand the cultures represented within the community; and
- a need to increase cultural awareness within the educational institutions, governmental organizations, and in the workplace.

The Cultural Diversity Council should attempt to address these needs to remain operationally functional, and to achieve its goals and mission, and to strategically align itself with the needs of the community that it serves.

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Figure 1. Perspectives on the Nature of Case Study Research

YES	NO	
X		CASE STUDY RESEARCH <u>IS</u> A LEGITIMATE TYPE OF RESEARCH
X		CASE STUDY RESEARCH CAN EMBRACE ONE OR MORE CASES
X		CASE STUDY RESEARCH <u>CAN</u> RELY ON QUANTITATIVE DATA, QUALITATIVE DATA, OR BOTH
X		CASE STUDY RESEARCH <u>CAN</u> EMBRACE MULTIPLE RESEARCH PARADIGMS (E.G INDUCTIVE TO DEDUCTIVE AND DEDUCTIVE TO INDUCTIVE STRATEGIES) ON A SINGLE OR MULTIPLE CASE
X		CASE STUDY RESEARCH <u>CAN</u> BE APPLIED TO THEORY BUILDING

(Dooley, 2002, p. 337)