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## Health, Well-being, and Social Connectedness of Rural Hispanic Populations

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### **Abstract**

Studies explored two rural Kansas communities with Hispanic populations that ranged from 30% to 51%. This research addresses a social capital literature that traditionally targeted a White majority population in the United States. Hispanic and other merging populations have not been primary survey respondents in most studies. The goal of these studies was to understand how growing, foreign-born populations in rural Kansas, as compared to Euro/Anglo populations, experienced different levels of health, well-being, and social connectedness. In addition, one of the studies addressed health needs of its widely diverse communities.

Using mixed methods approaches, surveys were sent to selected households in English and Spanish, focus groups were conducted in four languages (English, Spanish, Burmese, and Somali), and online surveys were offered. The findings had some surprises in terms of health conditions, general needs, and social connectedness. The studies did not always reflect the mainstream opinions of how minority populations connect in their communities or how they fare in terms of health outcomes. Implications of the results will be discussed along with culturally appropriate recommendations for reaching these populations with Extension and other educational programs.

*Keywords:* social connectedness, Latino health, multicultural populations

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## Introduction

Disparities in health and well-being are some of the inequalities experienced by low-income individuals, families, and ethnic minorities (Smedley, 2009). Social connectedness is another disparity for these groups as well (Hero, 2007). Also, researchers are challenged to reach underrepresented groups because of a lack of multilingual professionals. Sample sizes of targeted underrepresented groups may be large, but too often they are not representative. For example, when a multilingual population is studied in a language other than the respondents' mother tongue, the researcher is dependent on what others think about the target population. That is a type of indirect sampling (Marshall, 1996).

This paper will illustrate the findings of an in-depth, multilingual study in the densely settled rural, minority-majority community of Finney County, with a 51% minority and 46% Hispanic population and Kearny County, with a 31% Hispanic population. Both counties are in Southwest Kansas. The goal was to uncover unmet health needs, assess general well-being, and discover types of social connectedness. The Finney County study followed previous research that used indirect methods, and thus did not reach understanding of this region's multilingual, multiethnic, multicultural populations. Using questions that probed for an individual's or family's health status, well-being, and social connectedness, we used demographics, education, country-of-origin, gender, and other information as independent variables. Social connectedness was measured using Robert Putnam's social capital inquiries. However, since Putnam's questions tend toward racial bias (Hero, 2007), they were changed to reflect language and culturally appropriate wording. The Finney County reached about 10% of the population in four languages, and the Kearny County reached 2% of the population in English and Spanish.

### Social Connectedness

McBride, Sherraden, and Pritzker (2006)

noted that varying types of community involvement are a means for developing skills and capacity for "increasing tolerance among people, building society, supporting collective action for greater well-being, and strengthening autonomy" (p. 152), and are the prime sources of social trust and bridging, interconnected social networks. Daily face-to-face interactions with one another are able to transcend subcultural barriers that exist within societies (Putnam, 2000). The lack of social interconnectedness can contribute to unemployment, poor education, poor health, and low socioeconomic status.

Recent immigrant Hispanic populations of the past 25 years have been especially vulnerable to lacking those important interconnected networks as they struggle with language barriers, acculturation, and income challenges (Parra-Cardona, Bullock, Imig, Villarreal, & Gold, 2006). Many of the rural-bound are Hispanic/Latino immigrants (Allensworth & Rochín, 1996). Rodney Hero (2007) said that Hispanics/Latinos do not measure up to Anglo populations in terms of social connectedness (capital) outcomes, because survey instruments do not measure specific *types* of social connections especially important to a culture that is building new places in new lands.

The 2012 Finney County study answered a 2007 study that did not reach a representative sampling of respondents. In the final report of the 2007 study, Garden City, a heterogeneous community, was listed as having the lowest social connectedness scores as compared to similar-sized homogeneous communities, which scored the highest in terms of social capital indicators. Kearny County, population 4,169 (31% Hispanic) and receiving area for Hispanic émigrés, was studied to look at social connectedness in a heterogeneously growing population.

### Health and Well-being

A Kaiser Family Foundation (2008) study reported that health disparities are prevalent among the nation's poor and ethnically diverse. In rural communities of Southwest Kansas, three major

population centers are minority-majority. Health disparities can be evident. Two charitable foundations in the area wanted to make sure that their granting dollars went to the most efficient uses. The Finney County study also was launched to identify health status and well-being in the general population, with an emphasis on reaching the racially diverse populations.

### **Hispanic and Other Communities in Southwest Kansas**

The changing demographics of Southwest Kansas are a result of immigration related to the availability of low-skill jobs in agriculture and to a lack of economic opportunity in Mexico and Central America. The most recent heavy Hispanic migration to Southwest Kansas began in the early 1980s because of the beef processing plants. The processing plant recruited people from Mexico and Central America who were looking for employment opportunities and willing to work in these low-paying jobs. Finney County and its neighboring counties, such as Kearny County, have steadily growing populations of immigrants because of beef processing and other agriculture-related jobs (Stull & Broadway, 2004).

Those same agriculturally based jobs also appealed to political refugees from East Africa and from Burmese refugee camps. Those communities are steadily growing as long as there are jobs and schools for their children.

### **Bonded Social Interactions**

People who function in bonded groups interact with family, close friends, and other near-kin (Putnam, 2000a). There is very little sharing of information outside of the bonded relationships. In the rural United States, Mexican immigrants exhibited robust intragroup and extended family ties (Sarkisian, Gerena, & Gerstel, 2006). *Homophily* is a sociological phenomenon in which people are more likely to form friends with others who are alike in race/ethnicity, social class, education, age, etc. (Flora, Flora, & Fey, 2004).

### **Bridging Social Interactions**

Bridging social interactions link people from one close-knit group to other groups outside the immediate bonds. *Bridging* from one group to another tends to generate broad and interconnected circles (Putnam, 2000). When social circles intersect, new information is shared, and new ideas are formed, and bridging takes place.

### **Methodology**

Most studies done in Finney County are carried out in English. Researchers use caution when studying ethnic groups. There needs to be proficiency in other languages available, and care must be taken not to project the values of the culturally dominant group onto another group (Hero, 2007; Kao, 2004). Research should use research tools that reflect the language(s), sentence syntax, and vocabulary of the group(s) to be studied (Hero, 2007). The survey was written in four languages: English, Spanish, Karen (the language of one of Burma's major clans - pronounced, Kaw-ren), and Somali based on recommendations from service providers. The translated surveys were taken from the original English questionnaire. Once the questions were translated, they were back-translated to English to assure that the integrity of the original questions remained and meaning was not lost. Steps were taken to guarantee a representative sample of Finney and Kearny counties' populations. Most of the surveys were distributed in a focus group format. Gathered groups were given surveys to complete, and completion was proctored by trained facilitators. Online surveys were available.

Thirty interviews were completed in English and Spanish, and any open-ended questions from the surveys were translated from Karen, Somali, and Spanish and analyzed with other qualitative data. Analyses included frequencies, test of proportions (t-test), test for independence ( $X^2$ ), ethnographic samples, and qualitative interviews.

<p><b>Finney County Data Analyses:</b></p> <ul style="list-style-type: none"> <li>➤ Total Surveys Completed: 464</li> <li>➤ Surveys completed in focus group setting: 327</li> <li>➤ Surveys completed online: 136</li> <li>➤ Interviews: 25 (analyzed separately)</li> <li>➤ Language of survey:</li> </ul> <p>English: * 359      Spanish: 87  Somali: 8      Karen (a Burmese language): 10</p> <ul style="list-style-type: none"> <li>➤ *26 Survey respondents who completed English surveys did not list English as their primary language at home</li> </ul>	<p><b>Kearny County Data Analyses:</b></p> <ul style="list-style-type: none"> <li>➤ Interviews: 5 in Spanish</li> <li>➤ Surveys Completed: 91(29 Spanish)</li> </ul>
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**Social Connectedness in Hispanic and Latino Communities**

Nadia Flores (2006) noted that solidarity relations are prevalent among Mexican rural dwellers and in those Hispanic/Latino populations emigrating from urban to rural settings (Flores, 2006). That solidarity also enforces social norms. Siles, Robison, Cuéllar, Garcia, and LaHousse (2006) showed that Latino immigrants in Michigan use their social capital, mostly bonding, during the entire process of emigrating from their countries of origin to the United States. “If immigrants did not have social connections, they would not make it to the receiving community in the first place,” said anthropologist Donald Stull (personal communication, February 27, 2011). They would not find jobs. They would not find housing. They would not be able to find schools and other resources necessary for living.

**Demographics of Finney and Kearney Counties**

The population of Finney County was 37,000, with 51% minority with 46% Hispanic. Those who completed written surveys: 131 males (28%) and 321 females (69%). Twelve (12) survey respondents did not list gender (2.6%). Languages spoken at home included English (69%), Spanish (23%), Somali (2.2%), Burmese languages (3%), Chinese (.6), and Vietnamese (.9). 47.2% of respondents reported being born in United States. Females dominated completion of the surveys, but that did not make a significant difference, mathematically, in terms of results, so no measures were taken to give extra weight to males.

Numbers were analyzed as they were presented.

The study of Kearny County was completed in the summer of 2011. At the time, Kearny County was populated with 4,169 people, and 31% reported being of Hispanic ethnicity and 49% were female.

**Results**

**Race/ethnicity in Social Interactions and Health Outcomes**

In Kearny County, results showed that Hispanic/Latinos had medium bridging and bonding social connections. There did not appear to be vast differences among Anglo and Hispanic respondents regarding bridging, bonding, and trust. The greatest difference in levels of bridging social capital was church attendance. Hispanics were 53% more likely to attend church than Anglos. The qualitative interviews supported the idea that close friends and family are essential to the survival of newly developing populations of immigrants.

Initially, analyses examined Anglo (anyone of European, Scandinavian, or Russian descent) compared to non-Anglo (people of color) outcomes. Later data were examined with other factors such as age, income, job type, education, gender, etc. In terms of a protective factor, we saw that around 15% of respondents said they used tobacco. Tobacco use was not high enough to merit further analysis with other factors. Garden City implemented a smoking ban about 6 years ago, so it would have been better to have a baseline of tobacco use before the ban.

Non-Anglo respondents were four times more

likely to say that “more education” and “access to medical care” would help them live better lives. Non-Anglo respondents also showed a greater need for transportation, improved health, affordable child care, public services (phone, lights, sewage, etc.), public assistance (SNAP, WIC, etc.), and children’s services than Anglo respondents. Non-Anglo respondents said that “improved English skills” would help them to live better lives (38% vs. 0%). The nonsignificant outcomes are important to look at, too. For example, Anglo and non-Anglo respondents showed equal need for elderly care and senior services.

When education was tested with “needs,” we found that 52% of respondents with less than high school and 29% of respondents with a high school diploma said that more education would help them live better lives. Those two groups also reported a higher need for medical care, transportation, improved health, and affordable child care. Education did not have an effect on the need for mental health counseling, affordable child care, and senior services. However, 42% of those with less than high school (<HS) and 15% with a high school diploma said that improved English skills would help them live better lives.

When income was factored in with needs, respondents who earned less than \$12,000 and up to \$50,000 per year showed greater need for more education and access to medical care. Those earning less than \$12,000 and up to \$25,000 needed transportation and improved health. The need for mental health counseling, affordable child care, elderly care, children’s services, and senior services appeared to be similar across income levels. However, those earning from \$25,000 to more than \$100,000 said they needed more recreation and park access to live better lives.

When primary language was factored in with needs, those who spoke Spanish or languages other than English in the home were nearly twice as likely as those who speak English as a primary language to say that more education, medical care, transportation, improved health, public assistance, and child services would help them improve their lives. Primary language did not have an effect on the need for elder, public, and senior services.

## **Education and Income**

Educational attainment was related to bridging and bonding social capital. These data showed people with lower education as having more social connections and being engaged in the community. The qualitative interviews revealed that social connectedness was not necessarily correlated to education. Four of the five women had either less than 8<sup>th</sup> grade education (2) or a high school diploma (2). Each was actively engaged in her community. Respondents with a high school degree or only some college were more likely to donate money than those with college or graduate degrees.

Overall, 39% of respondents had hypertension. As educational attainment and income increased, so did hypertension, from 30% in those with less than a high school diploma to 52% in those with a graduate degree. Income affected hypertension in a similar way. It went from 30% for those earning fewer than \$12,000 per year up to 53% for those earning more than \$100,000 annually. This helps us to see that there may be a connection between stress and our health outcomes. Perhaps more education could equate with more responsibilities and more income, which leads to more stress, and perhaps less time to focus on a healthy lifestyle.

Income had a significant effect on health outcomes. Respondents’ access to private doctors and health insurance increased as income increased. Results also showed that respondents with lower income had relatively high bonding and bridging social capital.

## **Conclusion**

From these data findings, we can say non-Anglo, undereducated, low-income, underemployed respondents who primarily speak Spanish at home know that it is necessary to acquire more education in order to improve their lives. Qualitatively, respondents did not make the distinction between formal and informal education. Those whom I interviewed made it a point to share that they put a great value on any educational curricula offered

in community settings, in their homes (home visits), and other [non-institutional] settings. This tells us that educational activities in community settings can be very important in gaining access to underserved populations. Acquiring English language skills, a high school diploma (GED), United States citizenship, and education for their children ranked as the top priorities for Hispanic immigrants. Anglo interviewees ranked college for their children, retirement, and mortgage payoff as their top priorities. Adult education centers and home visit programs can be important settings to introduce learning and to provide information for those who have not had access to education beyond elementary or middle school.

### Qualitatively

Qualitatively, voting was more likely in country of origin for immigrant respondents. Faith-based participation was of great importance regardless of income, race/ethnicity, or education. Non-Anglo respondents were least likely to talk to church leaders re: mental health issues. Volunteerism was informal for non-Anglo respondents (like helping neighbors). Donating was informal for non-Anglo respondents (like offering money when friends/neighbors are struggling financially).

### Implications for Practice and Research

Hero (2007) suggested that if researchers studied social connections and civic engagement more appropriate to Hispanic immigrant cultures (close families, close friends, religiosity, and community involvement like volunteering in the schools), we would have a more accurate picture of Hispanic social connectedness. Perhaps researchers could use an anthropological tool called ethnography, and go into targeted communities to spend time with subjects. Make sure respondents are primary sources in their primary languages. When building programs or writing curricula, use target ethnic populations as key informants to describe what their true needs may be. We cannot rely on our assumptions that, for

example, nutrition education will “fix” a family. We must try to understand other needs such as access to education, support in gaining documentation status, connection to educational services for children in school, etc.

Hopefully, we can help policymakers see that Hispanic and other immigrant populations only want better lives for their families. Perhaps a way could be found to “fix” immigration policies. A barrier to cultural, financial, educational, and societal success is the misunderstanding of one another. An increase in understanding could help policymakers be better informed. Then those decisions about immigration would not be based on fear, and reactive decisions would not become laws. The growing Hispanic and other populations in Southwest Kansas add rich cultural and economic value to our society.

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