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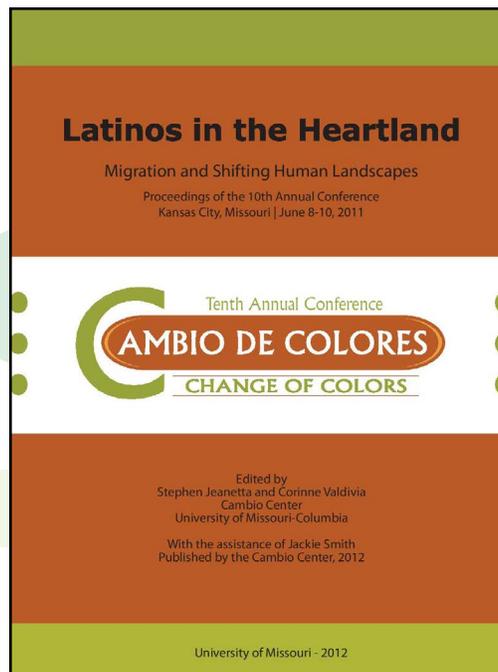
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Transnationalism and Housing and Health Risks of Rural Latino Immigrant Families

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Keywords: transnationalism, immigrant migration, immigrant housing and health

Conclusion:

As the United States continues to struggle with its own immigration policies, the MIPEX index offers policymakers, and the public, a framework for analyzing our best and worst practices on immigrant integration compared to other countries in the world. MIPEX invites a conversation on immigrant integration and offers both scholars and advocates a chance to analyze the impact of existing and potential laws and policies. As Richard Florida points out, “Americans like to think of their country as the world’s great melting pot. But this new immigration index and our analysis suggest that’s no longer an assumption that can be taken for granted.”²⁰

References

- 1 Richard Florida, “The Melting Pot That Isn’t: Why America Needs Better Immigration,” *The Atlantic*, April 19, 2011.
- 2 MIPEX is led by the British Council and the Migration Policy Group. 37 national-level organizations, including think-tanks, non-governmental organizations, foundations, universities, research institutes and equality bodies are affiliated with the MIPEX project.
- 3 MIPEX at 10-11.
- 4 For each question, there are 3 answer options. The maximum of 100 points is awarded when policies meet the highest standards for equal treatment. A score of 50 is given when policies lie halfway to the highest standards, and a score of 0 is given when they are furthest from the highest standards.
- 5 MIPEX Blog, “How MIPEX was used to reform Greek citizenship laws,” March 29, 2011.
- 6 MIPEX at 24-25.
- 7 MIPEX at 210.
- 8 MIPEX at 208.
- 9 MIPEX at 208
- 10 MIPEX at 209.
- 11 MIPEX at 209.
- 12 MIPEX at 210.
- 13 MIPEX at 210.
- 14 MIPEX at 211.
- 15 MIPEX at 207.
- 16 The new ranking is calculated by changing the answers to two questions on the U.S. MIPEX survey. Under Access to Nationality, Eligibility, the answers for “second generation immigrants (born in the country)” and “third generation immigrants (born in the country)” are changed from “automatically at birth” to “naturalization procedure,” with the U.S. score in both categories going from 100 to 0. This recalculation is made because if constitutional citizenship was repealed, sons and daughters of immigrants born on U.S. soil would no longer automatically be citizens at birth, and instead would have to go through a naturalization process.
- 17 MIPEX at 208.
- 18 The Uniting American Families Act of 2011, H.R. 1537, S. 821.
- 19 The new ranking is calculated by changing the answer to one question on the U.S. MIPEX survey. Under Family Reunion, Eligibility, the answer for “eligibility for partners other than spouses (average)” is changed from “only one or only for some types of partners” to “both” (registered partnership and stable long-term relationship, which includes homosexuals), moving the score on that question from 50 to 100. This recalculation is made because UAFSA would allow eligibility for persons in stable long-term relationships to be eligible for immigration benefits.
- 20 Richard Florida, “The Melting Pot That Isn’t: Why America Needs Better Immigration,” *The Atlantic*, April 19, 2011.

► Transnationalism and Housing and Health Risks of Rural Latino immigrant Families

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Abstract

In-depth interviews with rural low-income Mexican immigrant mothers explored ‘How, if at all, do the housing and health issues of rural Latino immigrant families vary based on level of transnationalism?’

Transnationalism in this study refers to family relationships that transcend national boundaries and was based on language spoken at home, nature and frequency of contact with family and friends in the country of origin, and the extent and frequency of travel to the country of origin. We examined the notion that support networks among families can be portrayed as existing along a continuum. At one end of the continuum, families have frequent contact with relatives in their country of origin and experience a high degree of solidarity and interdependence with them; they are high in transnational activity. At the other end of the continuum, families who are not in regular contact with relatives in their country of origin and do not feel a strong sense of mutual obligation with them are characterized as low in transnational activity.

Study participants were mothers age 18 or older, had at least one child age 12 or younger, and resided in a household with an annual income at or below 200% of the federal poverty line. Data were drawn from interviews with 78 Latino mothers in three project states (California n=33, Iowa n=28 and Oregon n=17). Families responded to questions in a semi-structured interview protocol, as well as survey questions: Adult and Child Health Survey (Richards, Pamulapati, Corson, & Merrill, 2000), Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977), and the U.S. Household Food Security Survey Module (Nord & Andrews, 1999). Responses were examined to understand the nature and extent of transnational experiences among families and how, if at all, housing and health risks differed by families' degree of transnationalism. Qualitative data were coded and entered into MAXqda2 (2005) and quantitative data were coded and entered into SPSS vs. 15.0. Transcripts were read multiple times to develop sub-codes related to health and housing risks and transnationalism. Researchers reviewed the data several times using the process of constant comparative analysis to identify emerging themes to inform the development of the transnational continuum and the health and housing risk scales.

Findings revealed that most of the families in the study were categorized as low (45 of 78 cases) than high (23 of 78 cases) in transnational activities with 10 families classified 'modestly' transnational. Low and high transnational families differed across characteristics and health concerns; however, both struggled to meet their housing and health needs. Both high and low transnational families strived for home ownership; families low in transnational activity were more likely to be homeowners. Housing risks were present among high and low transnational families; both groups indicated housing quality and affordability problems and little knowledge of programs that could improve their housing conditions. Health risk indicators were present in more than half of the families. There were significant associations with four items in the depression scale and transnationalism, and qualitative findings reveal loneliness and depression in families

Introduction

Research has focused on transnational migration for more than a decade (Portes, Guarnizo, & Landolt, 1999; Vertovec, 1999). Major advances in communication technology and transportation have made it possible to maintain a relationship with the country of origin in ways that were unimagined (Basch, Schiller, & Blanc, 1994; Stone, Gomez, Hotzoglou, & Lipnitsky, 2005). Consequently, transnationalism, the varied means by which migrants maintain connections with the country of origin, is changing rapidly and the subject of much investigation. The fact that Latinos accounted for more than half of the overall population growth in the United States since 2000 (Fry, 2008) and that more than 44 million Latinos (15% of the U.S. population) representing multiple cultures live in the United States (Census Bureau, 2007) amplifies questions about the nature of and the extent to which family relationships and social support in various countries of origin affect families' lives in the United States.

The purpose of this study was to detail associations between transnationalism, defined as family relationships that transcend national boundaries, and housing and health risks experienced by rural Latino immigrants in the United States. We examined the notion that support networks among rural Latino immigrant families can be portrayed as existing along a transnationalism continuum. At one end of the continuum, families have frequent contact with relatives in their country of origin and experience a high degree of solidarity and interdependence with them, they are high in transnational activity. At

the other end of the continuum, families who are not in regular contact with relatives in their country of origin and do not feel a strong sense of mutual obligation with them are characterized as low in transnational activity. While a high degree of transnationalism may provide families with social support from their country of origin, it is not clear to what extent this support provides tangible resources that new immigrant families need to thrive in the United States.

This study builds on previous research that documented food acquisition and the link between quality, safe housing and health risks, as challenges faced by rural Latino immigrants (Greder, Cook, Garasky, & Ortiz, 2007; Greder, Cook, Garasky, Sano, & Randall, 2008). Additionally, Latino immigrant families may face even more challenges due to lack of legal documentation, reduced social networks, lack of knowledge and availability of community resources and language barriers. All of these challenges may result in reduced capacity to meet basic needs (Delgado, Sorensen, & Coster, 2004; Greder et al., 2007; Kandel & Newman, 2004; Long, 2003; Nord, Andrews, & Carlson, 2005; Quinn, 2001). There is little direct investigation of Latino immigrant families in rural communities, and the challenges faced by this growing population or the resources they draw upon to overcome these challenges.

Methods

Sample:

This study drew its sample (n=78) from the multistate Rural Families Speak (n.d.) research project that assessed the circumstances of 523 rural low-income families in the context of the 1996 welfare reforms (Bauer, 2004). Latino mothers who lived in rural communities in California, Iowa, and Oregon participated in annual, in-depth interviews, over a three year period. To participate in the study, the women had to be 18 years of age or older, had at least one child 12 years of age or younger, and reside in a household with an annual income at or below 200% of the federal poverty line. Almost all of the mothers (N=68) were of Mexican origin, and the majority (72%; n=49) were immigrants. To recognize the time and contributions mothers made to the study, they were offered gift cards (\$25-CA, \$35-IA, \$50-OR).

Data Collection:

Bilingual, bicultural Mexican and Mexican-American women who lived in the study communities and were employed by family-serving agencies were trained as interviewers. Interviews were audio taped and transcribed verbatim. Open-ended questions pertaining to social support, family relationships, parenting, access and affordability of housing and health care, adult and child health concerns. Employment and transportation were included in the interview protocol, as well as demographic questions (e.g., age of mother, number and age of children in the household, monthly household income). Additionally, questions from standardized or validated survey instruments were included (i.e., Center for Epidemiologic Studies 20-item Depression Scale (Radloff, 1977); Life Skills Assessment (Richards, 1998); Knowledge of Community Resources (Richards, 1998); USDA six item food security module (Bickel, Nord, Price, Hamilton, & Cook, 2000).

Data Analyses:

Qualitative analyses of the interview responses was used to understand the nature and extent of transnational experiences among families and how, if at all, housing and health risks differed by families' degree of transnationalism. Results from the life skills and knowledge of community resources index (Richards, 1998) were also examined to see how basic life skills and community support supplemented family networks and support gained through transnational activity. Qualitative data were coded and entered into MAXqda2 (2005) and quantitative data were coded and entered into SPSS ver. 16.0 (2007). Each transcript was read multiple times by the research team using the process of constant comparative analysis (Glaser & Strauss, 1967) to identify emerging themes and discrete ideas (Creswell & Brown, 1992) that led to the development of subcodes related to health and housing risks and transnationalism. Continued examination of the subcodes and how they related to one another lead to the development of the transnational continuum and the health and housing risk scales.

Transnational Continuum:

The transnationalism continuum scale was conceptualized as a continuum of practices in which regular and sustained activity over time “shades off into something more erratic and less intense” (Waldinger and Fitzgerald, 2004, p. 1180). The following was considered to identify transnational activity: 1) language spoken at home; 2) whether mothers had friendships with people from their country of origin; 3) how often mothers communicated with family members either in or outside the United States; 4) whether or not mothers and their family members sent money or other resources (e.g., clothing) to family members living in their country of origin; and 5) how often mothers traveled back to their country of origin. The degree of transnational activity was identified through analysis of the transcripts. The transnational continuum scale used a Likert scale range from 1 through 5 with “4 and 5” indicating high level of transnationalism and “1 and 2” indicating low level of transnationalism. Families identified as high or low in transnational activity were the focus of the analyses in order to accentuate differences in the transnational activities, that improved the degree of risk, among study participants.

Results

Transnationalism and Study Families:

The majority of the families were identified as low (N=45) in activities considered transnational in nature (23 identified as high; 10 identified as modest). On average, families low in transnational activity had lived in the United States twice as long as families high in transnational activity (17.8 vs. 9.5 years, respectively). In many other ways, families coded as high and low transnational were quite similar. The average household sizes (5.6 and 5.7 persons, respectively) and average number of children (3.2, range 1–8; 2.6 children, range 1–7) were nearly identical. The average number of “other” household members (e.g., friends and relatives) of high transnational families (0.48 persons) was considerably lower than low transnational families (1.31 persons). Despite residing in the United States for fewer years, high transnational families had higher monthly incomes than low transnational families. High transnational families reported an average monthly income of \$2,024 (range = \$756–\$3,247) compared with \$1,578 (range = \$0–\$4,100) for low transnational families. Mothers in high transnational families were less likely than their counterparts to be employed (43.5% compared with 62.2%, respectively). Of employed mothers, 60% in high transnational families and 57.7% in low transnational families were employed full time, while 40% in high transnational families and 42.3% in low transnational families were employed part-time. Families that were high in transnational activity had generally resided in the U.S. fewer years, were less likely to have medical and dental insurance, participate in school lunch programs, and receive child care, housing, or energy assistance. Over half of those engaged in high and low transnational activities received Medicaid and WIC.

Housing Risks Experienced by Families:

High transnational families were more likely to be renters (65.2%), reported more affordability (35%) and housing quality issues (45%) compared to low transnational families (53.5%, 18.2%, and 36.3%, respectively). High transnational families in particular, indicated that their current housing was too small and finding larger housing units that met their families’ needs was difficult because local housing options were too expensive.

Health Risks Experienced by Families:

Results for associations between transnationalism and the family health-risk items were all insignificant, with the exception of the mother or partner needing a Graduate Educational Development (GED) ($r = 0.30, p < .05$). High transnational families had a mother or partner more in need of a GED (87%; $n = 20$), compared with low transnational families (11.1%; $n = 5$). Qualitative analysis revealed that families, regardless of transnational status, frequently reported health issues that resulted from work related injuries (e.g., back and arm pain, allergies). Some health concerns (e.g., alcoholism, drug use, and child asthma) were mentioned more often by low rather than by high transnational families. Given

that only one third of the high transnational families (8 of 23; 34.8%) and about one-half of the low transnational families (25 of 44; 56.8%) had health insurance, and fewer had dental insurance (17.4%, 4 of 23; 40.5%, 17 of 42, respectively), families may not have sought medical and dental care unless it was an emergency. Thus, more health problems may have existed but were undiagnosed.

Forty-one percent of mothers in the study (32 of 78) were identified as depressed. Of those depressed, 56.3% (18 out of 45) were low transnational, 15.6% (5 out of 10) were modestly transnational, and 28.1% (9 out of 23) were high transnational. Four items in the depression scale correlated significantly ($p < .05$) with the level of transnational activity: 1) "I was bothered by things that don't usually bother me" ($r = 0.256$); 2) "I felt depressed" ($r = 0.262$); 3) "I felt everything I did was an effort" ($r = 0.245$); and 4) "I felt lonely" ($r = 0.257$). The positively correlated items indicated that the more transnational mothers were, the more likely they were to score high on the item.

Knowledge of Community Resources:

A significant ($p < .05$) negative association between the total index score of the knowledge of community resources and level of transnationalism was found, suggesting that high transnational families were less likely than low transnational families to be knowledgeable about community resources. Of the 22 individual items in the index, six correlated significantly ($p < .05$) with transnational activity: 1) applying for subsidized housing; 2) finding help for a drug or alcohol problem; 3) finding family planning services; 3) locating job training; 4) finding transportation; 5) applying for child care subsidy; and 6) finding help for a family member with disabilities.

Discussion and Conclusions

Despite the longer residence of low transnational families in the U.S., the continuous struggle among low transnational families may be a reflection of the widening gap between the rich and poor, experienced by the nation as a whole, over the past half century. Compared with earlier immigrants, Latino immigrants today experience greater economic inequality and live in poorer communities (Coll (2003). Due to ethnic characteristics, Latino immigrants may experience more difficulty in acculturating to the mainstream culture than earlier waves of immigrants, thus, making it more challenging for Latinos to escape the cycle of poverty. In this study, those most engaged in transnational activity were also those who had lived in the United States for the least amount of time, and mothers were very poor regardless of their level of transnational activity. Transnational activity may include sending money to family members in the home country although it may deprive the senders of needed funds. High and low transnational families indicated housing quality and affordability problems and little knowledge of programs that could improve their housing conditions. High transnational families primarily sought out ethnic enclaves for social support, sent funds home to the country of origin, and shared housing and other resources while they sought stable employment. While the results for the health risk items and scale were not significantly associated with transnationalism, these have been found to have significant impacts on the well-being of low-income, rural families (Ontai, Sano, Pong, & Conger, 2008). Risk factors were present in more than half of the families. It may be that these risk indicators are present in low-income, rural Latino families regardless of level of transnationalism. These issues need to be further explored in future studies of immigrants of various Latino origins. The fact that some mothers felt disconnected from others may have significant impacts on their well-being. Familism research suggests that maintaining a sense of connection to family is important for health (Pabon, 1998; Rodri'guez et al., 2007).

Implications for Policy and Practice:

Rural Latino immigrants, despite their transnational status, face challenges to well-being that may be addressed by policy and practice initiatives. Barriers to adequate housing can be addressed through better opportunities for first-time homebuyers, efforts to reduce housing costs, and improvements in the quality of the rental stock in rural communities. Strategies that help connect immigrants to other families and to resources in their communities may help offset depressive symptoms. Such strategies may include public

organizations i.e., Cooperative Extension, schools, community colleges partnering closely with religious or community organizations accessed by immigrants to help connect them to other local resources. Policies that help to keep immigrants connected to family in their country of origin may also help to offset feelings of loneliness and disconnection that may undermine health and well-being. Policies that facilitate, rather than discourage, travel between Latin countries for those that are not yet permanent residents (e.g., work visas, awaiting permanent status) may be helpful in this regard.

Implications for Research:

More needs to be understood about the extent and nature of transnational activities among rural Latino immigrant families from various countries, as well as immigrants that live in U.S. states that border Mexico. There also needs to be more understanding of how these activities assist them in meeting their own needs, the needs of their host communities, and the needs of their countries of origin. A key aspect of future studies should be the positive contributions made by Latino immigrant families as too often the popular press focuses only on the negative aspects of Latino immigration.

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► Porous Spheres: Direct Observation of Interethnic Interaction in a Small Midwestern Community

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Abstract

Indications of community integration in rural communities, where there has been a large increase of immigrants, are largely based on survey and interview responses of community members. However, as an anthropologist, I know that there is often a difference between what people say they (or others) do and what they actually do. In my research I relied on the direct observation of people interacting (or not) in public places in a small Midwestern community with a sizeable Latino population. This study suggests that multiple methodologies are necessary for understanding the complex social interactions and levels of community integration in these places.

Introduction

The community where this research took place has experienced rapid growth in the number of Latino residents since the early 1990's after the construction of a meat-processing plant. According to the 2010 Census, the town is currently almost 50% Latino. Immigrants also live in the surrounding county but to a lesser extent. County wide, the population is almost 20% Latino. These immigrants come predominately from Mexico but also other Central American countries such as Guatemala and El Salvador, as well as other parts of the United States, and the world. While the majority of the remaining residents are white, there are also small numbers of African Americans, Native Americans, Asians and others. While the total population of the county grew between 1990 and 2000, between 2000 and 2010 the population declined slightly (U.S. Census, 2010).

Rural communities in the Midwest that have experienced increased population growth, due to immigrants coming to work in meat-processing plants, have been the subject of many studies (Stull et al, 1995; Grey, 1999; Grey and Woodrick, 2002; Culver, 2004; Stull and Broadway, 2004; Broadway & Stull, 2006). Research has been conducted within a variety of disciplines using a variety of methods to answer myriad research questions. These studies focus on understanding how immigrants are settling into these communities economically, politically and socially. One facet of this process that has received less attention is inter-group contact between Latinos and whites, which is required for full integration into the social institutions of the receiving community (Welch & Sigelman, 2000). This study examines public interethnic social interactions in one town in the rural Midwest as an indicator of social integration.

For the purpose of this research, social interaction is defined as occurring when two or more individuals come into contact with one another in a public space. These interactions can be brief or