

ASSESSMENT OF A *COLONIA* LANGUAGE INTERVENTION ON
HISPANIC IMMIGRANT ACCULTURATION AND EMPLOYMENT STATUS

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NOTES FROM THE FIELD

ABSTRACT

The purpose of this investigation was to assess the effectiveness of a *colonia* English-language intervention on acculturation and employment status. Participants were adult Hispanic immigrants, mean age 36.4 years, residing in a *colonia* community located three miles from the Texas-Mexico border. Intervention length was nine months and consisted of a minimum of four hours instruction per week in conversational topics. Pre- and post-intervention acculturation and employment status measures were obtained for all enrolled (N=103). At its nine-month conclusion, 25 participants completed the program and 78 had dropped out. Analysis indicated significantly greater acculturation gain for completers as well as a significantly greater probability of his or her being currently employed. The intervention's impact on participant long-term well being remains to be determined; however, by positively affecting English-language usage and economic status, its results are encouraging.

Key words: acculturation, *colonias*, English language, health care access, Hispanic populations, Texas-Mexico border. (Texas Journal of Rural Health 2003; 21(2): 5-12)

INTRODUCTION

Acculturation is the social process of becoming adapted to a new or different culture and is considered to be a prominent step toward assimilation (Gordon, 1964). This process allows persons to effectively function in a society by distancing their culture of origin and accepting the host country's mainstream beliefs and customs (Mungia, 1975). Landrine and Klonoff (1996) view acculturation as a continuum from traditional to acculturated; traditional persons remain immersed in many of the beliefs, practices, and values of their own culture whereas highly acculturated persons have rejected the beliefs and practices of their own culture of origin in favor of those of the mainstream culture.

In describing Hispanic Americans, English-language use has been associated with varying acculturation levels; Hispanics may completely shift to English, become bilingual, or maintain Spanish as the primary language (Evans, 1996). In recognition of its reliability in evaluating acculturation, instruments designed for use with Hispanic populations have relied heavily on measuring changes and preferences in language use as an indicator of integration into the mainstream (Cuellar, Arnold, & Maldonado, 1995; Kim & Abreu, 2001; Marin & VanOss-Marin, 1991).

The concept of acculturation is important because it has a direct effect on the health of an individual. An assumption regarding assimilation is that life improves for immigrants the longer they reside in the United States. However, recent studies among foreign-born Mexican-Americans have found them to be healthier overall, eat slightly better diets, and have lower infant mortality rates than United States-born Mexican-Americans with United States-born parents, despite

higher poverty rates and less access to health care (Collins & Shay, 1994; Harris, 1999; Schaffer, Velie, Shaw, & Todoroff, 1998). Attempts to explain what Williams (2002) refers to as the epidemiological paradox, i.e., poor socioeconomic status and favorable health indicators, among United States-Mexico border Hispanic populations have included suggestions of selective migration (only the healthy come to the United States) and underreporting of infant deaths (Kittler & Sucher, 2001). Unfortunately, information dealing with the relative health of those who choose to immigrate and hidden deaths is difficult to document. The more widely accepted hypothesis for this paradox, however, is the impact of acculturative status on Hispanic immigrant health behavior. In studies comparing United States-born Mexican-Americans with foreign-born Mexican-Americans, the United States-born Mexican-Americans had significantly higher rates of obesity, mental health problems, alcohol and substance abuse, and sexual experience than foreign-born (Acevedo, 2000; Fraser, Piacentini, Van Rossem, Heim, & Rotheram-Borus, 1998; Harris, 1999). Results of these investigations suggest the less acculturated the individual, the less likely he or she is to engage in health risking behaviors common to the mainstream culture.

Although the negative consequences of acculturation are well-documented, the inability of the Hispanic immigrant to speak English presents formidable obstacles to both health care acquisition and employment opportunities. An estimated 26% of Hispanic-Americans and significantly more new immigrants do not speak English as their primary language and most medical practitioners are not bilingual (Commonwealth Fund Survey, 1994). Limited employment prospects and the resultant poverty pose significant

risks for the development of health problems, notably in the behavioral health areas (Reed, Darity, & Robertson, 1993). Additionally, poverty dramatically affects health and wellness, and, in particular, the ability to afford preventive and routine medical care.

While acculturation may lead to adoption of unhealthy behaviors, it nonetheless must occur in order that structural assimilation, gaining access into the health care system, can take place. For the Hispanic immigrant, achieving health care assimilation requires English-language acquisition and economic self-sufficiency (Delgado, Metzger, & Falcon, 1995; National Center for Health Statistics, 1991). The purpose of the present study was to assess the effectiveness of a *colonia* community English-language development intervention. Specifically, the intervention's impact on acculturation and employment status was evaluated.

METHODS

Setting

Las Milpas, Texas, the intervention site, is a *colonia* community of 9,000 residents located in Hidalgo county three miles from the United States-Mexico border with approximately 35% of its inhabitants 13 years of age or younger (United States Bureau of the Census, 2000). In 1981, Su Casa de Esperanza, an educational health promotion project, was begun in Las Milpas through a grant from the Trull Foundation. Su Casa is a 501(C) non-profit project whose mission is to affect the spiritual, physical, intellectual, emotional, economic, and social needs of the community. The Su Casa project utilizes a collaborative approach to programming, in which the target population participates in initiation, develop-

ment, implementation, and evaluation, thus ensuring programs are grounded in local issues. Project planning and policies are determined by a board of 12 people, nine of which reside in the Lower Rio Grande Valley region. Project staff is composed of the executive director, who is responsible for daily program operation and supervision, and 11 part-time staff, all of whom reside in the community and are former program participants. Additionally, some 30 community volunteers assist in program activities.

Intervention

The goal of the language intervention was conversational English development. Instructional lessons utilized the *Ingles Sin Barreras* (English without barriers) curriculum, a well-known and tested program designed for the Spanish-speaking adult (Lexicon, 1998). The curriculum package is composed of 12 books, each containing three lessons, with supportive activity workbooks and corresponding audio/video ancillaries. The program length is nine months and classes typically met two to three times weekly for a minimum of four hours per week. Instruction consisted of daily lessons presented in both English and Spanish with a corresponding activity book on conversational topics. Lesson topics included time and date concepts, money and economic transactions, job and work situations, family and social interaction, shopping and purchasing planning, social services agencies, and health care providers. Four ongoing classes, each staggered in terms of initiation, were conducted, thus allowing for considerable flexibility in participant entry and placement, advancement and/or retention, and exit. Two bilingual instructors co-taught each class with class size ranging from 20 to 25 participants. All classes were held at the

Su Casa community education center.

Participants

Due to the length of time the Su Casa program has been in place, intervention recruitment was primarily through word-of-mouth information from relatives, friends, and neighbors. Intervention classes began in September 2001 with 103 participants, 19 males and 84 females, ranging in age from 19 to 71 years. All participants identified themselves as non-English-speaking Hispanic immigrants.

Procedures and Measures

All data were gathered by one-on-one interviews conducted by bilingual field researchers trained in interview techniques. All Human Subjects Research Board stipulations were observed and researchers were reminded to protect the confidentiality and rights of the respondents. To accommodate these non-English-speaking participants, measures designed to assess acculturative status were translated into Spanish and back-translated to ensure accuracy, clarification, and content preservation. Additionally, demographic information pertaining to age, educational background, employment status, and length of time in the United States was ascertained.

Acculturative status. English-language use, which measures functional integration into the United States mainstream, is recognized as one of the most powerful indicators of acculturation (Betancourt & Lopez, 1993). Accordingly, each participant's acculturation level was determined through the Marin and others (1987) language-use acculturation scale. This scale, developed specifically for Hispanics, correlates highly with the accul-

turation criteria of a respondent's generation ($r = 0.69$), length of residence in the United States ($r = 0.76$), and age at arrival ($r = -0.72$) (Marin & VanOss-Marin, 1991). The instrument consists of four statements: 1) In general, what language do you read and speak?; 2) What language do you usually speak at home?; 3) In which language do you think?; and 4) What language do you usually speak with your friends? Each statement is rated on a five-point response scale ranging from Spanish only, Spanish better than English, both equally, English better than Spanish, to English only. The instrument's theoretical range is 4 to 20, with a higher score indicating greater acculturation. The scale's internal consistency alpha for the present study was 0.80.

Pre- and post-intervention tests were administered for acculturation and current employment status and descriptive statistics were obtained for all investigated demographic variables. Paired t-tests of significance were used to determine pre- and post-test differences and Pearson correlations were computed to ascertain relationships among variables.

RESULTS

The language intervention was conducted from September, 2001 through May, 2002. At its nine-month conclusion, 25 of the initial 103 participants successfully completed the program, yielding a retention rate of slightly over 24%. While this rate may be considered relatively low, in view of the difficulties confronted by those enrolled, intervention success must be considered more in terms of goals accomplished than in raw numbers. Follow-up on those dropping out of the program revealed relocation (42%), followed

by lack of interest (25%), gained employment (17%), and other (pregnancy, health problems, family, and legal issues) as reasons cited for discontinuance.

Table 1 presents characteristics of intervention completers and dropouts. It may be observed that both those who completed and dropped out of the intervention were of similar demographic background upon enrollment. The test revealed a small, yet significant, ($p < 0.001$) acculturation gain among those who completed the intervention. Applying statistical analyses to small samples tends to under-power the tests; that is, true differences are not as likely to be detected. However, even with the present study's small sample size, a statistically significant acculturation difference was obtained. This strongly suggests that the effect size were moderately large and that a true difference was likely to be present regardless of the small sample (Hair, Anderson, Tatham, & Black, 1998).

Three significant correlation coefficients between variables were observed among intervention completers. Two of the correlations were expected; pre- and post-intervention acculturation measures were positively associated ($r = 0.53$, $p < 0.01$) and the participant's age was correlated with the time lived in the United States ($r = 0.67$, $p < 0.01$). Of interest, however, was a significant positive association ($r = 0.46$, $p < 0.01$) between post-intervention acculturative status and the participant's being currently employed. As the relationship between pre-intervention acculturative status and current employment was not statistically significant, this suggests completion of the English-language intervention improves the likelihood of one's maintaining and/or obtaining employment.

Table 1. Intervention Participant Characteristics (N=103)

Variable	Completers (n=25)	Dropouts (n=78)
Gender		
Male	20%	18%
Female	80%	82%
Age (Years)	M=36.7, SD=9.1	M=36.2, SD=10.8
Education in:		
Mexico	44%	58%
United States	0%	6%
None	56%	36%
Education (Years)		
Mexico	8.6	9.2
United States	0	1.4
Time in United States (Months)	76	79
Employed at Enrollment	32%	32%

DISCUSSION

The purpose of this study was to assess the impact of a *colonia* community English-language intervention on acculturation and employment status. Results indicated that English-language acquisition, as evidenced by greater acculturative status, increased the Hispanic immigrant's probability of being employed. One of the major goals for Su Casa participants is employment. Thus, this finding becomes particularly significant. The extent to which this intervention influences one's economic status and health care access remains to be seen; nonetheless sustained employment is recognized as a key predictor of realized and equitable access (Anderson, 1995). Additionally, using acculturation level as a proxy measure for language spoken in and of itself infers differences in health seeking behavior. This is supported by the work of Parchman and Byrd (2001) who contend those who speak Spanish only are significantly less likely to seek medical care than those who speak Spanish and English or English only.

As an English-language development intervention, the Su Casa project did favorably affect those completing the program. While this is encouraging, the intervention's low completion rate dictates more needs to be done in order to impact the unique health care environment along the Texas-Mexico border. Study into variables contributing to participant disinterest could provide information helpful in designing strategies that would counter this factor. Identification of those participants at risk for dropping out for reasons other than relocation could be accomplished through use of culturally appropriate assessments dealing with health status, perceived health barriers, existing social support systems, and immediate

physical and emotional health needs. Assessments of this nature could serve as a basis for establishing surveillance and monitoring procedures aimed at detecting potential drop out situations and responding with preventive measures.

While results indicate the program has merit, several limitations must be acknowledged. The primary limitation was the small number of completers and its resultant impact on intervention effectiveness assessment. The validity and attendant interpretation of pre- and post-test measures would be improved with larger sample sizes. Another limitation was lack of follow-up on completers after post-intervention measures were obtained. Of value would have been information on participants exiting the intervention regarding English-language usage, employment status, and possible behavioral changes. Additionally, findings were based on subjects tested at a particular location and time; this cross-sectional design prevented detection of any cause-and-effect relationships. It may be that variation exists in acculturative status and language across other border area *colonias*. Further investigation involving different intervention settings could help clarify whether or not this is the case.

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