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The Hispanic health paradox across generations: the relationship of child generational status and citizenship with health outcomes



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ABSTRACT

Objectives: In examining the Hispanic health paradox, researchers rarely determine if the paradox persists across immigrant generations. This study examines immigrant respiratory health disparities among Hispanic children in terms of current asthma, bronchitis, and allergies using an expanded six-group immigrant cohort framework that includes citizenship and the fourth-plus generation.

Study design: Cross-sectional primary survey data from 1568 caretakers of Hispanic schoolchildren in El Paso, Texas (USA), were utilized.

Methods: Data were analyzed using generalized linear models.

Results: Results indicate that a healthy immigrant advantage lasts until the 2.5 generation for bronchitis and allergies ($P < 0.05$), and until the third generation for asthma ($P < 0.10$). Citizenship was not an influence on the likelihood of a child having a respiratory health condition.

Conclusions: Findings demonstrate the utility of the expanded six-group cohort framework for examining intergenerational patterns in health conditions among immigrant groups.

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Introduction

In spite of low socio-economic status and limited access to healthcare, Hispanic immigrants tend to have better health outcomes than their US-born and white counterparts.¹ For example, Hispanics have the lowest prevalence of asthma in the United States when compared to other racial and ethnic groups.¹ Possible explanations for this Hispanic health paradox include low levels of acculturation (including maintenance of specific cultural practices and strong family

support systems), healthier lifestyles of immigrants (e.g. diet), selective migration, and genetic heritage.^{2,3} Specific to respiratory health, the immigrant advantage may be due to general environmental and socio-economic conditions in the country of origin.⁴ For example, early life experiences in agricultural areas may protect against the development of asthma and allergies (the hygiene hypothesis).⁵

The Hispanic health paradox has been well-documented in terms of health advantages for foreign-born children and those living in the US for fewer years, but less often across immigrant generational cohorts, even though limited

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evidence suggests that protective effects can pass from one generation to the next.⁶ To our knowledge only one study has examined asthma and allergies across generational cohorts.⁷ This study found that US Hispanic children's unadjusted asthma and allergy prevalence increased across first, second and third generations; however, it was limited in that subsequent Hispanic generations were not compared to each other, but to third-plus generation non-Hispanic whites.⁷ This means the effect of Hispanic generational status on Hispanic respiratory health disparities was not assessed, which is our primary goal here. This dearth of research on asthma is a critical gap because nine percent of US children suffer from asthma⁸ and asthma is a health condition for which a Hispanic health paradox has been identified.⁴

Conceptual framework

Children's immigrant generational status has usually been conceptualized based on the child's and parents' nativity in a three-group generational framework.^{7,9–13} This three-group framework is based on the classical immigrant assimilation model, which posits that immigrants gradually adopt the behaviors of the dominant cultural group over time, with linear increases in assimilation occurring progressively across successive generations.¹⁴ More recent models seek to account for alternative immigrant assimilation paths by expanding on the three-group framework. Some have separated out a 2.5 generation, which includes US-born children with one foreign-born and one US-born parent.^{15,16} Others have refined the first generation by considering both nativity and citizenship.^{17,18} While citizenship confers entitlement to federal healthcare assistance programs,² how it translates into actual health advantages has rarely been investigated (see only^{19,20}).

In addition to underemphasizing citizenship, the literature lacks consideration of a fourth generation, i.e., those who are US-born with US-born parents and grandparents (see only²¹). The common practice of aggregating higher generational cohorts within a 'third-plus' generation may mask significant differences between later generational cohorts, especially among immigrant groups with substantial racial/ethnic minority composition that have not generally experienced linear assimilation paths across generations. This has led to a need for a more nuanced framework. Our six-group framework incorporates novel elements as well as facets of previous approaches by distinguishing a fourth generation from the third generation, the 2.5 generation from the second and third generations, and first generation non-citizens from first generation naturalized citizens.

The general aim of this study is to determine if a Hispanic immigrant respiratory health advantage exists across generations and, if so, for how many generations. Surprisingly few studies have examined generational differences in common childhood diseases beyond obesity and developmental delays,^{21,22} despite the relevance for understanding the Hispanic health paradox. We contribute to the immigrant health disparities knowledge base by examining understudied respiratory health outcomes among children using a more nuanced immigrant generational cohort framework.

This study addresses three research questions using data from a population-based sample of fourth and fifth graders in the El Paso Independent School District (El Paso, Texas, USA): (1) What is the relationship between immigrant generational status and Hispanic children's health outcomes, adjusting for relevant covariates? (2) Into which generational status cohort does the healthy immigrant effect persist? (3) Is having citizenship associated with significantly better health outcomes among first generation children?

Methods

Participants and study area

Participants are primary caretakers of fourth and fifth graders attending school in the El Paso Independent School District (EPISD). A total of 6295 households, containing all fourth and fifth graders, were included in our sampling frame. We selected the 1568 Hispanic children whose caretakers responded to the survey for analysis.

EPISD is the largest school district in El Paso County (Texas), which is located on the US-Mexican border, and has an estimated population of 827,398 (2012). El Paso is home to a majority Hispanic population (81%) and the County has substantially lower median household income (2011 US \$36,333) than the national figure (2011 US \$50,502). Just 26% of El Paso County residents speak only English, while 72% speak Spanish; one-quarter were born outside the US. These characteristics make El Paso an ideal laboratory in which to examine inequalities within the Hispanic immigrant population due to the fact that it has substantial numbers of long-term, multigenerational Hispanic families as well as many new immigrants. This composition is less present in US cities outside of the Southwest, Florida, New York City, and Chicago.

Study design

Data were collected through a cross-sectional, population-based mail survey that was approved by our university's Institutional Review Board. Surveys were conducted using the tailored design method by personalizing communication, following-up with non-respondents, and offering incentives.²³ All survey materials were provided in English and Spanish. Mailings were sent in three waves during May of 2012. The first mailing consisted of the survey packet, which included a consent letter and the survey, a \$2 incentive and a postage-paid return envelope. A week later, we mailed a reminder postcard. One week after that, we re-sent the survey packet to all non-respondents (again with \$2 and a postage-paid return envelope).

In total, 1904 surveys were returned for a 30.2% response rate. Research indicates that similar and substantially lower survey response rates can yield representative samples.^{23–27} Descriptive statistics indicate that the sample is generally representative of the EPISD student population in terms of males (49.9% vs 51.4% in EPISD), Hispanics (82.2% vs 82.6% in EPISD) and economically disadvantaged students (60.4% vs 71.1% in EPISD).²⁸

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