



Ethnic density, immigrant enclaves, and Latino health risks: A propensity score matching approach



Kelin Li ^{a,*}, Ming Wen ^b, Kevin A. Henry ^{c,d}

^a Department of Sociology, California State University-Dominguez Hills, Carson, CA, United States

^b Department of Sociology, University of Utah, Salt Lake City, UT, United States

^c Department of Geography and Urban Studies, Temple University, Philadelphia, PA, United States

^d Fox Chase Cancer Center, Philadelphia, PA, United States

ARTICLE INFO

Article history:

Received 26 February 2017

Received in revised form

20 July 2017

Accepted 22 July 2017

Available online 25 July 2017

Keywords:

Racial composition

Neighborhoods

Health

Latino

Immigrants

Sample selection

Propensity score matching

ABSTRACT

Whether minority concentration in a neighborhood exposes residents to, or protects them from, health risks has generated burgeoning scholarly interests; yet endogeneity as a result of neighborhood selection largely remains unclear in the literature. This study addresses such endogeneity and simultaneously investigates the roles of co-ethnic density and immigrant enclaves in influencing high blood pressure and high cholesterol level among Latinos, the largest minority group in the United States. Pooled cross-sectional data that included both native and foreign-born Latinos of Puerto Rican, Mexican, and other origins ($N = 1563$) from the 2006 and 2008 Southeastern Pennsylvania Household Health Survey were linked to census-tract profiles from the 2005–2009 American Community Survey. Results from both multilevel regression and propensity score matching analysis confirmed the deleterious effect of residential co-ethnic density on Latino adults' health risks over and above individual risk factors. We also found selection bias associated with the observed protective effect of immigrant concentration, which is likely a result of residential preference.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

During recent decades, the Latino population in the United States has grown rapidly and is currently the largest group of all racial/ethnic minorities. They are also projected to increase from 17.4% of total US population in 2014 to 28.6% by 2060 (Colby and Ortman, 2014). Parallel to their growth, there is also evidence of rising residential segregation and co-ethnic density within Latino communities (Charles, 2003). While segregation is defined as the degree to which two or more racial/ethnic groups live separately from one another in a geographically defined area (Massey and Denton, 1988), co-ethnic density refers to proportions of people of the same ethnicity in such an area (White and Borrell, 2011). Although Latino segregation from whites is not yet as high as black-white segregation, the 2010 census data shows that Latinos have seen persistent segregation compared to thirty years ago, and concentration among their co-ethnics has been more widespread (Logan et al., 2013). Residential patterns also have significant

* Corresponding author. Department of Sociology, California State University-Dominguez Hills, 1000 E Victoria St, Carson, CA 90747, United States.

E-mail address: kli@csudh.edu (K. Li).

implications for the overall health status of Latinos as well as the total US population (Diez Roux and Mair, 2010; Gee and Payne-Sturges, 2004; Williams and Collins, 2001).

About half of Latino adults in the US are foreign-born (Pew Research Center, 2014). Upon arrival, they are often constrained by social, cultural, or financial barriers and prefer to live in areas clustered with other immigrants, in order to seek affordable housing, familiar culture, and social networks (Iceland and Scopilliti, 2008). Although immigrant enclaves may also see high co-ethnic concentration, historically, they tend to be inclusive of residents of various origins and are not homogeneous to one specific group (Williams and Collins, 2001). This difference might be due to distinct mechanisms driving these two separate yet concomitant patterns. Whereas race-based residential segregation may be prompted by macro-level structural forces, immigrant enclaves could be a result of self-preference at the initial stage of immigrant's assimilation process (Logan et al., 2002). It is thus important to distinguish *co-ethnic density* from *immigrant concentration* in researching neighborhood contexts.

Health risk factors such as high blood pressure and high cholesterol level serve as early physiological indicators for cardiovascular diseases and other health problems later in the life course.

Despite their unexpected advantage in certain health indicators such as mortality, which is often referred to as the “Hispanic paradox” (González Burchard et al., 2005), health risks including high blood pressure and high cholesterol level have hit Latinos disproportionately compared to whites (Crimmins et al., 2007). There is urgent need to identify multilevel determinants of these risk factors among Latinos, yet current research attempting to disentangle the differential roles of Latino co-ethnic density and immigrant concentration has been limited. More importantly, existing work analyzing observational data to date has often ignored the endogeneity in the neighborhood–health link, making results more vulnerable in generating causal inference.

This study specifically addresses such endogeneity as a result of neighborhood selection, and simultaneously investigates the roles of co-ethnic density and immigrant enclaves in shaping health risks among Latino adults. We used a sample collected from Pennsylvania, a region that had seen drastic increase of Latino populations. During the years of 2000 and 2010, Latinos had grown 46% in the city of Philadelphia and 83% in Pennsylvania overall, and as of the year 2012 they represented 12.3% of the city of Philadelphia’s population and 5.7% of Pennsylvania’s population (City of Philadelphia, 2012). By utilizing propensity score matching, we are able to analyze two comparable samples of Latinos who share similar individual characteristics that contribute to their likelihood of living in a co-ethnic or immigrant-concentrated neighborhood. This allows us to reduce neighborhood selection bias before investigating neighborhood effects. We then compare results from propensity score analysis to those obtained from multilevel regression models.

1.1. Neighborhood racial/ethnic contexts and Latino health

Whether neighborhood minority concentration is protective or detrimental for minority health has spurred burgeoning scholarly interests in recent years (Becares et al., 2012; Kramer and Hogue, 2009; Pickett and Wilkinson, 2008). One strand of argument centers on the deleterious effects of residential segregation that persistently produce health risks as a result of area deprivation and socio-political adversities (Anderson and Fullerton, 2014; Frank et al., 2007; Kershaw et al., 2013). The other strand points to potential benefits of residing with co-ethnics or other minorities, which may foster stronger social ties, provide health-promoting cultural and economic resources, and protect minorities from discrimination or migration-related stress (Alvarez and Levy, 2012; Nobles et al., 2017; Yang et al., 2017). In their study of immigration concentration and neighborhood violence, Graif and Sampson (2009) pointed to the two equally important aspects associated with the immigration effects, the component of *segregation* and the component of *diversity*. Their argument provides insight into the health literature on the debate about minority concentration and health outcomes. Studying the Latino population offers a great opportunity to address this debate and to look at the effects of both co-ethnic density and immigrant concentration. On the one hand, many Latinos in the US are socio-economically disadvantaged compared to whites and Asians, and neighborhoods concentrated with Latinos have witnessed adversities comparable to segregated black neighborhoods (Charles, 2003). On the other hand, Latinos account for the largest share of all foreign-born in the US (Colby and Ortman, 2014); thus the health benefits of living in immigrant enclaves are supposed to manifest among them.

Regarding co-ethnic density, existing evidence is mixed on its impact on Latinos’ cardiovascular health risks. For example, one study in Chicago found that a higher proportion of Latinos and foreign-born individuals (combined together) in a neighborhood was associated with a lower likelihood of reporting hypertension among Latinos (Viruell-Fuentes et al., 2012). But the same study also found that, among those living with hypertension, Latino- and immigrant-

concentration were associated with having worse hypertension care and treatment. Since this study did not differentiate Latino density and immigrant concentration, complexities between these two neighborhood characteristics remain to be explored. Another study looking at sociocultural features of Mexican American neighborhoods in Texas applied items such as Mexican nameplates and placards in Spanish to measure the Mexican cultural environment within residential neighborhoods (Salinas et al., 2012). The authors found that persons living in neighborhoods with greater Mexican cultural environment had higher risks of having diabetes and unstable blood glucoses. Indeed, a recent review focusing on Latino density and diabetes in the US failed to find a converging pattern in this literature (Durazo et al., 2016). Theoretically, living in high Latino density areas could exert both health-promoting and health-demoting influences on cardiovascular factors such as blood pressure and cholesterol level. On the beneficial side, these communities may offer more opportunities for residents to establish ethnic social ties that help promote culturally specific resources such as ethnic grocery stores and social gatherings and activities among co-ethnic friends which can be preventive of cardiovascular risk factors. In addition, they could provide a shelter for ethnic minorities buffering against anxiety and distress from exposure to discrimination, which has been found to be linked to elevated blood pressure (McClure et al., 2010; Ryan et al., 2006). On the negative side, however, Latino density has also been found to be associated with higher prevalence of certain unhealthy practices such as decreased consumption of fruits and vegetables (Reyes-Ortiz et al., 2009) and reduced outdoor physical activities as a result of neighborhood disorder, limited access to facilities, or concerns about safety (Li and Wen, 2013; Mellerson et al., 2010; Wen et al., 2013). As these hypothesized mechanisms have suggested paradoxical consequences on cardiovascular-related outcomes, whether Latino density positively or negatively affects their health risks warrants further investigation.

Review of the past literature did not show much empirical evidence on the link between immigrant concentration and Latino’s blood pressure and cholesterol level. However, research on other health outcomes suggested that immigrant concentration could, indeed, be beneficial for Latinos. One study in Chicago found that neighborhoods with higher proportions of immigrants witnessed significantly lower prevalence of asthma and other breathing problems among foreign-born Latinos (Cagney et al., 2007). Another nationwide study also suggested that immigrant neighborhoods conferred salubrious effects on immune functioning among Latino young adults (Ford and Browning, 2015). Similarly, research on obesity confirmed potential benefits of immigrant concentration among Latino children and adults (Kimbrow and Denney, 2013; Nobari et al., 2013; Wen and Maloney, 2011). These findings are not surprising given previous evidence that a healthier food environment surrounds immigrant communities (Osypuk et al., 2009), which could encourage healthful dietary intake and reduce risk factors elevating cholesterol level. From a psychosocial perspective, living in a more familiar social and cultural environment with co-ethnics nearby may provide opportunities of initial adjustment for those newly arrived foreign-born, which could potentially reduce acculturative stress and health risks.

1.2. Endogeneity in neighborhood effects

Residential selection bias is a thorny methodological challenge in assessing contextual influences on individual health outcomes (Diez Roux and Mair, 2010). That is, where people live is not the result of a random process; rather, personal factors such as lifestyle preferences often influence individuals’ residential location decision. For instance, cross-sectional studies may suggest that neighborhoods with more favorable recreational resources, such as better accessibility to parks and open space, should have positive influences on their residents’ engagement in physical activities

Download English Version:

<https://daneshyari.com/en/article/5046428>

Download Persian Version:

<https://daneshyari.com/article/5046428>

[Daneshyari.com](https://daneshyari.com)