



Intergenerational persistence of health: Do immigrants get healthier as they remain in the U.S. for more generations?☆



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ABSTRACT

It is well known that a substantial part of income and education is passed on from parents to children, generating substantial persistence in socioeconomic status across generations. In this paper, we examine whether another form of human capital, health, is also largely transmitted from generation to generation. Using data from the NLSY, we first present new evidence on intergenerational transmission of health outcomes in the U.S., including weight, height, the body mass index (BMI), asthma and depression for both natives and immigrants. We show that between 50% and 70% of the mothers' health status persists in both native and immigrant children, and that, on average, immigrants experience higher persistence than natives in BMI. We also find that the longer immigrants remain in the U.S., the less intergenerational persistence there is and the more immigrants look like native children. Unfortunately, the more generations immigrant families remain in the U.S., the more children of immigrants resemble natives' higher BMI.

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1. Introduction

Even in a society that is considered highly mobile like the United States, it is well established that socioeconomic status is largely determined by parental income. Several studies have shown that the income of both natives and immigrants is highly associated with the income of their parents (Chetty et al., 2014; Solon, 1992; Zimmerman, 1992; Borjas, 1992), pointing to a high level of persistence in socioeconomic status and limited opportunities for social mobility. These studies, however, have not decomposed the estimated intergenerational income associations into different components. Such decomposition would help to identify factors that promote or delay mobility and also identify possible policies to promote upward social mobility. Human capital theory suggests that education and health are key endowments affecting intergenerational transmission of economic status and earnings (Behrman et al., 1994).

While a substantial literature focuses on the intergenerational transmission of education, much less work has focused on the intergenerational transmission of health. A growing literature has shown that aside from education, health status such as height (Persico et al., 2004; Case and Paxson, 2008), obesity (Oreffice and Quintana-Domeque, 2016; Garcia and Quintana-Domeque, 2007; Cawley, 2004), and health conditions (Currie and Madrian, 1999) are also important determinants of earnings differentials. Health capital is an important component of an individual's stock of human capital affecting labor market outcomes (Mushkin, 1962; Grossman, 1972; Currie and Madrian, 1999). The literature on intergenerational transmission of socioeconomic outcomes has so far focused almost exclusively on cognitive skills and investments in education. Just as importantly, intergenerational persistence in non-cognitive attributes, including individual's physical and mental health, may also provide important insights in understanding high persistence in economic status.

The objective of this paper is to examine the extent of intergenerational transmission in health outcomes including weight, height, the body mass index (BMI), asthma and depression.¹ We investigate these intergenerational associations separately for natives and immigrants from different generations. We address two questions about the intergenerational transmission of

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¹ BMI is defined as weight measured in kilograms divided by the square of height measured in meters.

health status. First, we examine the extent of the intergenerational transmission of health for natives and immigrants and ask whether these intergenerational associations differ between natives and immigrants. Second, we investigate whether those who have been in the U.S. for various generations have lower intergenerational persistence in health outcomes compared to more recent immigrants. Related to this previous point, we ask whether immigrants resemble natives more in terms of health outcomes as they stay in the United States for more generations.

To answer these questions, we use a nationally representative data set, the National Longitudinal Survey of Youth (NLSY), which follows mothers from 1979 through 2004 and their children who are older than 15 from 1994 through 2004. The fact that the NLSY follows mothers and children through time enables us to link mothers' and children's health outcomes and demographic characteristics and observe both generations at the same stage of their lives. In addition, we are able to link sibling mothers and their children in our data, which allows us to compare the health outcomes of cousins, thus controlling for grandparents' fixed effects and accounting for many prominent genetic and environmental attributes that are common in a family tree.

To preview our main results, we find that both native and immigrant children attain an important fraction of their health capital from their mothers. We further show that mothers' health outcomes contribute to generate persistence across generations both in terms of anthropometric measures—weight, height and BMI—as well as specific conditions, such as asthma, and emotional health outcomes, such as depression. This remains true even when we introduce a rich set of controls for children's and mothers' characteristics and grandparents' fixed effects. We find that the persistence of BMI is higher for immigrant children than for native children. In addition, we find that the longer immigrants remain in the U.S. the smaller the persistence coefficient in health status is and the less their health status is determined by their mothers'. In particular, we find less persistence in BMI for the third-generation immigrant children than for second and first generation immigrant children. However, this also means that the longer immigrant families remain in the U.S., the more their children resemble native children in their propensity to be overweight.

The remainder of the paper is organized as follows. Section 2 reviews the previous literature on intergenerational persistence of socioeconomic status. Section 3 lays out the main empirical strategy and Section 4 describes the data. Section 5 presents the main results using Ordinary Least Squares (OLS) for natives and immigrants as well as the OLS results with averages of mothers' health status. Section 6 concludes.

2. Literature review

An extensive literature now exists establishing that individual health is an important component of labor market success. For instance, the effects of obesity on labor market outcomes have been analyzed in a large number of studies in the U.S. and Europe. One of the most robust findings is that U.S. obese women tend to earn less than their non-obese counterparts and there are differences by ethnicity and race (Cawley, 2004). However, results are not as robust for Europe (Oreffice and Quintana-Domeque, 2016; Garcia and Quintana-Domeque, 2007). On the other hand, using Norwegian data, Black et al. (2007) find that lower birth babies have worse outcomes both in the short-run in terms of one-year mortality rate and in the longer-run in terms of educational attainment and earnings. Other studies also examine the relation between height and earnings and document that a person's height is strongly correlated with his or her income. Judge and Cable (2004), Persico et al. (2004) and Case and Paxson (2008) find similar results and report that for both men and women an

additional inch of height is associated with a one to two percent increase in earnings in the United States. Taken together, these studies suggest that labor markets generally reward height and penalize obesity and low birth weight.

Given this widely documented relationship between health and socioeconomic outcomes, the intergenerational transmission of health status can be an important factor contributing to the intergenerational persistence of economic status and income. Yet, while a number of studies examine the degree of intergenerational mobility in earnings and economic status (Chetty et al., 2014; Yuksel, 2007; Ferrie, 2005; Corak, 2004; Solon, 1992; Zimmerman, 1992), few studies have attempted to investigate the intergenerational transmission of health outcomes. The intuition that individuals' health along with their education endowments may provide important insights in understanding persistence in earnings was first argued by Ahlburg (1998).

Coneus and Spiess (2012) and Eriksson et al. (2005) are among the few studies that analyze the intergenerational transmission of health outcomes including anthropometric measures, health disorders, and self-reported health measures. Coneus and Spiess (2012) use the German Socio-Economic Panel and find a significant association between parental health and child health during the first three years of life, even after controlling for parental income, education and family composition. Eriksson et al. (2005) examine data from the Danish Youth Cohort Study and show that the intergenerational persistence of health such as back illness, heart disease, and psychological illness prevails into adulthood.

Several studies examine the intergenerational transmission in birth weight and body mass index (BMI). Emanuel et al. (1992) and Collins et al. (2002) find a positive association between infants' and parents' birth weights using the 1958 British Birth Cohort Study and Illinois Vital Statistics, respectively. Currie and Moretti (2007) revisit the same question using individual birth records from California. They find a substantial intergenerational transmission in the incidence of low birth weight. Moreover, they find that this persistence is higher among children and mothers from high poverty zip codes. Classen (2010) and Dolton and Xiao (2015) instead examine the intergenerational association in BMI. These studies show that there is a significant intergenerational transmission of BMI in the United States and China, respectively. Both papers find that this intergenerational association is stronger at higher levels of BMI, but Dolton and Xiao (2015) find that this association becomes weaker as children get older in China.

Our study also relates to the literature examining the association between mother's socioeconomic status and children's health. This strand of the literature has shown that mothers' educational attainment is strongly associated with infants' birth weight both in U.S. and in developing countries (Strauss and Thomas, 1995, for developing countries; Currie and Moretti, 2003, for the U.S.). These studies find that mothers who are more educated are less likely to have low or very low birth weight babies, and that their babies are less likely to die within their first year of life. Other studies also find that these effects persist well into adulthood. For example, Case et al. (2005) shows that mothers' education predicts self-reported health at age 42. In line with this research, in this paper we also investigate the association between mother's SES and children's health outcomes.

Our study is also related to the studies on immigrant health and their subsequent health trajectories in the host country. It is widely documented that immigrants have better health status, lower mortality rates and lower prevalence of chronic health conditions compared to their native counterparts with the same socioeconomic status (Baker et al., 2015; Antecol and Bedard, 2006; Jasso et al., 2004; Stephen et al., 1994). However, these health advantages dissipate, as immigrants remain longer in the host country due to increased acculturation, repeated exposure of

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