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Article

Immigration concern and the white/non-white difference in smoking: Group position theory and health



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ABSTRACT

National data indicate that U.S. whites have a higher prevalence of smoking compared to non-whites. Group position theory and public opinion data suggest racial differences in immigration concern. This study examines whether immigration concern mediates the racial difference in smoking. Drawing on the 2012 General Social Survey, the 2012 American National Election Study, and the 2006 Portraits of American Life Study, immigration concern was associated with smoking, controlling for covariates across all three nationally representative surveys. Mediation analysis indicated that immigration concern partially mediated the higher odds of smoking among whites across all surveys. Immigration concern also presents a possible explanation for the healthy immigrant advantage and Hispanic paradox as they pertain to smoking differences.

1. Introduction

Attitudes about immigration can be contentious. Sizable percentages of the U.S. population agree that immigrants “take jobs, health care,” with 63% in July 1994, 38% in July 2000, 52% in March 2006, and 41% in March 2013 (Pew Research, 2013b). More recent data (June 2013) indicate that 51% agree that legalizing undocumented immigrants in the U.S. “would take jobs from U.S. citizens” (Pew Research, 2013a). Concerns about immigration informed the federal government shutdown and opposition to the Affordable Care Act in 2013 (Greenberg, Carville & Seifert, 2013), and threatened a federal government shutdown at the close of 2014 (Schlesinger, 2014), and a partial federal government shutdown in early 2015 (Sarly, 2015). Immigration can be a source of individual stress and negative emotion in the U.S. (Greenberg et al., 2013), factors proximal to smoking (Kassel, Stroud & Paronis, 2003). Concerns about immigration are also not limited solely to the United States, as they played a key role in the United Kingdom's momentous referendum vote to leave the European Union (Ashcroft, 2016). Drawing upon the social psychological lens afforded by group position theory, a longstanding sociological theory examining intergroup attitudes, the present study examines whether these worrisome attitudes about immigration might shed light on race-based differences in smoking as an emotion and stress-related health behavior.

One of the leading sociological social psychological theories on racial attitudes for over the last half century, group position theory predicts racial group differences on immigration attitudes by attribut-

ing such differences to dominant/subordinate position in a society's racial group hierarchy (Hutchings & Wong, 2014). Group position theory argues that perceived zero-sum competition for scarce resources alongside the dominant group's feelings of entitlement or proprietary access to scarce resources and opportunities can engender emotional hostility towards perceived out-group competitors (Blumer, 1958; Bobo, 1999). According to group position theory, perceived group competition encompasses elements of economic precariousness due to perceived economic competition (Quillian, 1995), and negative affect due to encroachment on the dominant group's perceived group entitlements and boundaries (Bobo, 1999). As a sociological theory of racial prejudice, group position theory's approach to understanding smoking behavior would be similar to research that has found a relationship between smoking and racial resentment, an indicator of contemporary racial prejudice that also highlights group-based negative affect (Samson, 2015b). Perceived economic insecurity and negative group-based emotion potentially link perceptions of group competition and smoking.

Research on substance use has long shown a relationship between smoking and both economic insecurity (Prochaska, Rogers & Shi, 2013; Carroll-Scott, Earnshaw, Ickovics, Rosenthal & Santilli, 2012), and negative emotion (Kassel et al., 2003). Periods of economic crisis have been linked to increased smoking among the unemployed (Gallus, Ghislandi & Muttarak, 2015). Potential mechanisms linking economic insecurity with smoking include feeling a loss of control, with smoking acting as a coping behavior (De Vogli & Santinello, 2005), or as relief for stress or tension (Rosenthal, Carroll-Scott, Earnshaw, Santilli &

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Iekovics, 2012). Individuals who perceive immigrant group competition may similarly experience a sense of low control over the availability of jobs. Likewise, numerous studies have found associations between smoking and negative affect, such as aggression suppression in animal studies and anger reduction in laboratory-based human studies (Kassel et al., 2003). The anger-smoking link is worth particular consideration; a laboratory-based study revealed that random exposure to a demographic prime indicating a future in which whites would be a demographic minority (i.e. a loss in dominant group position) prompted increased feelings of anger and fear towards ethnic minorities among white student participants (Outten, Schmitt, Miller & Garcia, 2012).

Data from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), the U.S. Census Bureau, and the National Longitudinal Study of Adolescent to Adult Health (Add Health) report that non-Hispanic whites in the U.S. typically have a higher prevalence of smoking compared to other ethno-racial groups, except American Indians/Alaska Natives and mixed race individuals (Agaku, Jamal, King, Kenemer, Neff & O'Connor, 2014; Kandel, Kiros, Schaffran & Hu, 2004; Substance Abuse & Mental Health Services Administration, 2014; Trinidad, Pérez-Stable, White, Emery & Messer, 2011). This white/non-white smoking difference is more evident among teenagers and those in their early 20's (Lawrence et al., 2014). Factors tied to the racial/ethnic smoking difference include peer influence, parental smoking, family composition, delinquency, and academic attitudes (Kandel et al., 2004). However, prior research on smoking has not examined the occasionally contentious issue of immigration, as reflected in the aforementioned attitudes towards immigration. Research has already linked political attitudes and smoking, recognizing that attitudes are multidimensional constructs that can capture not only political opinion but stress and emotion as well (Samson, 2015b). Moreover, intergroup attitudes, such as group-based prejudice, have been found to predict both all-cause mortality, cardiovascular-related mortality, and circulatory-disease-related death (Hatzenbuehler, Bellatorre & Muennig, 2013; Lee, Muennig, Hatzenbuehler & Kawachi 2015; Leitner, Hehman, Ayduk, & Mendoza-Denton, 2016).

Studies on immigration attitudes and national identity have revealed racial differences that confirm group position theory. Five out of six immigration-related attitudes among whites, the dominant group, are associated with perceived zero-sum competition, compared to only two such immigration attitudes among blacks (Hutchings & Wong, 2014). In another study, Asian Americans' opposition to undocumented immigration is positively correlated to their perceived commonality with whites, while support for undocumented immigration is tied to perceived commonality with Hispanics and blacks (Samson, 2015a). The apparently special import of immigration concerns for whites is also reflected in studies finding that whites compared to other racial groups are more likely to see themselves as American, and have a stronger implicit association equating the category "white" and the category "American" (Devos & Banaji, 2005).

In light of group position theory's focus on dominant group entitlement and emotionally laden perceptions of out-group threat, numerous national data reporting a higher prevalence of smoking among whites (the dominant group in the U.S.), and research indicating that immigration concern may be particularly salient for U.S. whites compared to other racial groups, the present study examines the following question: Does concern about immigration mediate the association between race and smoking? This study tests the following hypothesis: *immigration concern mediates the higher likelihood of ever and current smoking among non-Hispanic whites compared to non-whites.*

If this study's hypothesis is confirmed, the present research could provide another vantage point to view both the healthy immigrant effect and Hispanic paradox in health (Blue, 2011). Health researchers have found that despite having lower income and education on average, some immigrants enjoy better health on various health indicators than the native-born (Argeseanu Cunningham, Ruben & Venkat Narayan, 2008). Likewise, despite having lower socioeconomic status on average than non-Hispanic whites and therefore higher health risk profiles, Hispanics, with variation between Hispanic sub-groups, have some health outcomes similar to or better than non-Hispanic whites (Dominguez, Penman-Aguilar, Chang, Moonesinghe, Castellanos & Rodriguez-Lainz, 2015), including cardiovascular mortality (Allison, Cortes-Bergoderi, Erwin, Goel, Murad & Somers, 2014). Differences in the distribution of immigration concern as a health risk factor may distinguish immigrants from the native-born, as well as Hispanics from non-Hispanic whites. Ancillary results will examine both foreign-born/native-born and Hispanic/non-Hispanic white differences in smoking as a function of immigration concern. Restricting the survey samples to only Hispanics and non-Hispanic white respondents will assess the relevance of immigration concern as a mediator of the Hispanic paradox in smoking.

2. Methods

2.1. Samples

Data come from three national, multi-stage probability sample surveys: the General Social Survey (GSS), the American National Election Study (ANES), and the Portraits of American Life Study (PALS). The GSS and the ANES are considered among the three gold standards of U.S. public opinion surveys (Aldrich & McGraw, 2012). The GSS data used for this study are part of the 2010 panel re-interview and were collected in 2012 by the National Opinion Research Center (NORC) using face-to-face and phone interviews (71.4% response rate). The ANES data were collected between September 2012 and January 2013 by the University of Michigan and Stanford University using both face-to-face and Internet modes of interview. As an election survey, the ANES targeted U.S. citizens. ANES response rates were 38% for the face-to-face mode and 2% for the online mode, the latter survey response rate, though low, was as expected with GfK KnowledgePanel surveys (ANES, 2014). Finally, RTI International collected the PALS data from April to October 2006 using an in-home survey administered via laptop (56% response rate).

There are some differences between the national probability samples. The 2012 GSS sampled all 50 states, while the ANES and PALS sample the continental United States. The ANES oversampled addresses from census tracts with high proportions of blacks and Hispanics, while PALS oversampled zip code sampling units with high "minority" concentrations. Table 1 provides descriptive characteristics for each of the survey samples. As can be seen from Table 1, the percentage of non-whites was higher in both the ANES and PALS due to oversampling. The GSS top-codes age at 89 years, the ANES at 90, and the PALS at 80 years of age. All surveys interviewed adult respondents (18 and over), with the exception of two 17-year old respondents in the ANES. The higher percentage of non-whites in the PALS sample may also account for the higher percentages in the PALS data of respondents with a high school degree or lower educational attainment as well as the lower percentage of those who did not identify as politically conservative.

The number of respondents analyzed for each survey was 1063 respondents (GSS), 5399 respondents (ANES), and 2527 respondents (PALS). For the GSS, respondents who were asked about their daily

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