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Latino residential segregation and self-rated health among Latinos: Washington State Behavioral Risk Factor Surveillance System, 2012–2014

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ABSTRACT

The relationship between Latino residential segregation and self-rated health (SRH) is unclear, but might be partially affected by social capital. We investigated the association between Latino residential segregation and SRH while also examining the roles of various social capital measures. Washington State Behavioral Risk Factor Surveillance System (2012–2014) and U.S. Census data were linked by zip code and zip code tabulation area. Multilevel logistic regression models were used to estimate odds of good or better SRH by Latino residential segregation, measured by the Gini coefficient, and controlling for sociodemographic, acculturation and social capital measures of neighborhood ties, collective socialization of children, and social control. The Latino residential segregation – SRH relationship was convex, or 'U'-shaped, such that increases in segregation among Latinos residing in lower segregation areas was associated with lower SRH while increases in segregation among Latinos residing in higher segregation areas was associated with higher SRH. The social capital measures were independently associated with SRH but had little effect on the relationship between Latino residential segregation and SRH. A convex relationship between Latino residential segregation and SRH could explain mixed findings of previous studies. Although important for SRH, social capital measures of neighborhood ties, collective socialization of children, and social control might not account for the relationship between Latino residential segregation and SRH.

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1. Introduction

U.S. residents of Latino ethnicity have lower self-rated general health (SRH) compared to U.S. residents of non-Latino ethnicity, even after adjustment for numerous factors (Anderson and Fullerton, 2014; McGee et al., 1999; Shetterly et al., 1996). This is an important health disparity as SRH is a consistent predictor of mortality (DeSalvo et al., 2006; Idler and Benyamini, 1997). A growing body of research has investigated whether residential ethnic composition – Latino density (percent of residents identifying as Latino) and Latino segregation (variation of where Latinos reside within an area) (Massey and Denton, 1988; James and Taeuber, 1985) – contributes to SRH disparities by ethnicity (Rios et al., 2012; Anderson and Fullerton, 2014; Nelson, 2013; Patel et al., 2003; Shaw and Pickett, 2011). Higher Latino density and segregation have been associated with adverse mental health (Rios et al., 2012; Hong et al., 2014), health care access (Gaskin et al., 2012; Dinwiddie et al., 2013), food access (Powell et al., 2007), and physical activity facilities and outcomes (Osypuk et al., 2009) – factors that have been associated with worse SRH among Latinos (Anderson and Fullerton, 2014; Nelson, 2013; Patel et al., 2003). However, higher Latino density, but not segregation, has also been associated with better health behaviors and outcomes (Osypuk et al., 2009; Bécares, 2014).

Similarly, studies of SRH among Latinos are mixed with two indicating that SRH declines with higher Latino density (Rios et al., 2012) or segregation (Anderson and Fullerton, 2014) and one

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finding that SRH improves with higher Latino density (Patel et al., 2003). Additionally, studies have reported that gender or ethnic subgroup moderate the relationship between SRH and Latino density (Shaw and Pickett, 2011) or segregation (Nelson, 2013). Notably, Nelson (2013) found that higher Cuban segregation was associated with better SRH among U.S. Cubans. Greater understanding of these mixed findings can be reached through conceptualization of Latino residential composition and the mechanisms potentially affecting the relationship between Latino residential segregation and SRH.

1.1. Latino residential composition

Residential segregation is defined as, "… the degree to which two or more groups live separately from one another … " (Massey and Denton, 1988). A recent review of racial-ethnic residential segregation differentiates between "formal versus proxy measures" (White and Borrell, 2011). The "formal" construct has five dimensions, *evenness, exposure, concentration, centralization, clustering*, that are conceptually distinct and each with multiple measures (Massey and Denton, 1988; White and Borrell, 2011). White and Borrell (2011) report that evenness and isolation are overwhelmingly the most commonly studied dimensions. *Evenness* measures the over(under)-representativeness of Latinos in an area (James, Taeuber, 1985). *Exposure* reportedly measures the physical contact or 'experience of segregation' between groups – somehow without personal accounts – and is a weighted average of Latino density (Massey and Denton, 1988). Although some have recommended exposure measures (Acevedo-Garcia et al., 2003; Lee, 2009), James and Taeuber (1985) use the above definition of 'segregation' synonymously with evenness measures and explicitly distinguishes them from measures of exposure. Exposure measures fail a criterion of an ideal segregation metric in that two areas with identically distributed Latino populations will have different segregation values if the areas have different overall Latino densities (James and Taeuber, 1985).

Latino density is a "proxy" to formal segregation measures but is described, more appropriately, as a construct that differs in the social, economic, and political processes captured by measures of racial-ethnic segregation (White and Borrell, 2011). Latino density, is strongly correlated with area-level socioeconomic deprivation, quality and disorder, such that the independent effects and contributing mechanisms of each are difficult to disentangle (Bécares, 2014; Hong et al., 2014; Sampson et al., 1997). Evenness measures, however, are less correlated with socioeconomic deprivation, especially among measures of Latino segregation (Denton, 1994; Holliday and Dwyer, 2009; Jargowsky, 1997; Vélez et al., 2009). The effects of Latino density and Latino segregation are thought to effect SRH through similar mechanisms yet the effects of Latino segregation are more easily separated from potential confounders than are those of Latino density, such that 'formal' segregation measures more clearly describe effects on SRH (White and Borrell, 2011). Notably, these mechanisms detailed below are entirely from studies of Latino density as no known study among Latinos has investigated mechanistic effects of Latino segregation measures under the theories of discrimination or social capital.

1.2. Self-rated health, discrimination and social capital

Increased discrimination is associated with lower SRH among Latinos (Bécares, 2014; Molina et al., 2013). Similarly, increased social capital – informational, emotional and social support, common norms and values and social and economic resources – is consistently associated with higher SRH (Bécares, 2014; Chen and Yang, 2014; Hong et al., 2014; Rios et al., 2012).

1.3. Latino segregation, discrimination and social capital

Historical and current U.S. housing practices that discriminate by ethnic and socioeconomic status constrain housing options and geographically cluster the residential spaces of Latinos and those of lower income (Massey et al., 1994; Pager and Shepherd, 2008; Portes and Sensenbrenner, 1993; Supreme Court of the United States, 2015), including Latinos in Washington State (Seattle Office for Civil Rights, 2015). In this way institutional discrimination causes Latino segregation by disallowing residence within majority non-Latino White areas.

In contrast to institutional discrimination and housing choice limitation, non-Latino Whites' prejudices affect residential preferences resulting in resistance to integration (Bobo and Zubrinsky, 1996; Clark, 1992). Latinos residing in areas with lower same-ethnicity density report higher interpersonal discrimination (Ortiz and Telles, 2012; Bécares, 2014), suggesting that anticipated interpersonal discrimination might lead Latinos to choose areas of residence where discrimination occurs less frequently. Therefore, non-Latino White prejudices might maintain extant Latino segregation or anticipated interpersonal discrimination against Latinos might intensify Latino segregation due to Latino individuals' movement to more Latino-dense areas.

The social capital theory of Latino segregation posits that Latino Americans choose to live in closer proximity to more easily exchange social capital (Alba and Nee, 1997; Muntaner et al., 2000; Portes and Sensenbrenner, 1993; Viruell-Fuentes et al., 2013). Empirical evidence of the relationship between Latino density and measures of social capital are mixed; some studies report lower neighborhood social cohesion with higher Latino density (Osypuk et al., 2009; Rios et al., 2012), while others report that increased Latino density is associated with increased social ties (Almeida et al., 2009) and increased neighborhood social cohesion (Bécares, 2014; Hong et al., 2014).

In response to the unclear and mixed findings, this study assessed the associations between Latino residential segregation, social capital and SRH among Latinos of Washington State. Nearly one in eight Washingtonians are Latino (U.S. Census Bureau, 2011). The Eastern, rural regions of the State exhibit some of the highest ethnic segregation while the urban counties (dotted outline) have some of the lowest (Fig. 1). Using a Statewide representative sample of Latinos, we hypothesized that: 1) SRH will decrease with increased Latino residential segregation, and 2) that controlling for measures of social capital will attenuate the relationship between Latino residential segregation and SRH.

2. Methods

Individual-level data are from the Washington State Behavioral Risk Factor and Surveillance System (BRFSS) 2012–2014 survey data. The BRFSS is the largest, continuously conducted, telephone health survey in the world (Centers for Disease Control and Prevention (CDC) 2012). Random digit dialing is used to contact potential respondents who use land lines or cell phones.

2.1. Individual-level measures

2.1.1. Self-rated health

Self-reported general health status was assessed by asking '*Would you say that in general your health is: Excellent, Very good, Good, Fair* or *Poor*'. Following previous lit, we dichotomized responses into 'good', 'very good' or 'excellent' (hereafter, 'good SRH') versus 'fair' or 'poor' (Anderson and Fullerton, 2014; Chen and Yang, 2014).

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