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A different look at the epidemiological paradox: Self-rated health, perceived social cohesion, and neighborhood immigrant context☆

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ABSTRACT

We use data from Waves 1 and 2 of the Los Angeles Family and Neighborhood Survey to examine the effects of neighborhood immigrant concentration, race–ethnicity, nativity, and perceived cohesion on self-rated physical health. We limit our sample to adults whose addresses do not change between waves in order to explore neighborhood effects. Foreign-born Latinos were significantly less likely to report fair or poor health than African Americans and U.S.-born whites, but did not differ from U.S.-born Latinos. The main effect of immigrant concentration was not significant, but it interacted with nativity status to predict health: U.S.-born Latinos benefited more from neighborhood immigrant concentration than foreign-born Latinos. Perceived cohesion predicted health but immigrant concentration did not moderate the effect. Finally, U.S.-born Latinos differed from others in the way cohesion is associated with their health. Results are discussed within the framework of the epidemiological paradox.

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The epidemiological paradox refers to evidence that Latinos experience better mortality outcomes than are expected based on their socioeconomic status (Markides and Coreil, 1986). A significant body of research exists on this topic, and suggests that the paradox applies particularly to Mexican-origin Latinos born outside of the United States, although it applies to other immigrant groups also (Markides and Eschbach, 2011). On average, foreign-born Latinos experience lower socioeconomic status than whites, but have mortality and health outcomes that are equal to or better than whites (Markides and Eschbach, 2011). Most work focuses on mortality or infant mortality (Hummer et al., 2007; Palloni and Arias, 2004; Patel et al., 2004; Turra and Goldman, 2007), yet recent research has focused on broader outcomes such as healthy food consumption and physical activity (Osypuk et al., 2009). Less work has considered whether the paradox applies to self-rated health (SRH), probably because (1) some data preclude the ability to distinguish between U.S.- and foreign-born Latinos, and (2) SRH has been questioned as a valid predictor of mortality among Latinos with low levels of acculturation (Finch et al., 2002). As such, the evidence regarding the paradox and SRH is not conclusive (Viruell-Fuentes et al., 2011). Yet perceptions of global health are still important when examining predictors of health within and across groups.

Explanations of the paradox center on data artifacts, including errors recording ethnicity and return migration (Arias et al., 2010; Palloni and Arias, 2004; Patel, Eschbach, Ray et al., 2004), the healthy migrant effect, wherein immigrants are selected for better health (Palloni and Arias, 2004), and cultural explanations. Cultural explanations highlight the assumption that immigrants have strong family and community ties that engender social cohesion, serve as sources of health-related social control, and support healthy behaviors (Cagney et al., 2007; Markides and Eschbach, 2011; Portes and Rumbaut, 2006; Reyes-Ortiz et al., 2009). Thus, conceptually, the paradox applies not only to differences in health between

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race–ethnic and nativity-based groups, but also to differences across communities based on immigrant concentration.

Although much literature has examined the paradox, several questions remain about its relevance within a neighborhood context. Firstly, despite scholarship linking local immigrant concentration to the paradox, there is still uncertainty about how these associations play out for *self-rated health*, especially among residentially stable persons (whose neighborhood characteristics are likely most salient), because longitudinal data on these samples are scarce. Secondly, there is theoretical ambiguity in *how social cohesion is linked to the paradox*: levels of cohesion are assumed to be higher in immigrant neighborhoods, but poverty and disorder can impede this benefit. Thus, it is imperative that scholars explore the nuanced associations among neighborhood characteristics, cohesion, and SRH. Thirdly, we know little about whether the influences of immigrant concentration or cohesion on health *apply equally across nativity status or race/ethnicity*. Thus, we contribute to the literature by exploring the potentially complex ways that structural and individual factors influence SRH. We focus on neighborhood immigrant concentration and perceived cohesion, and fill an additional gap by examining their association with SRH across race/ethnicity and nativity. Importantly, our data allow us to focus on residentially stable individuals.

1. Immigrant enclaves and self-rated health

Although the bulk of prior paradox research has focused on mortality, recent scholarship points to the need to focus on alternative health outcomes. Especially noteworthy is that research on ethnic disparities has highlighted the need to distinguish disparities in mortality from disparities in SRH, because the risk factors for each differ; as such, scholars encourage a "conceptual disentangling" of SRH from other outcomes (Sudano and Baker, 2006). Thus, in order to better understand the paradox, we must first step back and examine the link between immigrant groups and perceptual assessments of health, which are a known predictor of mortality (Drum et al., 2008).

Research on immigrant enclaves and SRH is limited, and results are mixed. Some research reports that a higher percentage of Latinos in neighborhoods is associated with better SRH (Patel et al., 2003) but samples are restricted to older respondents. Research in Chicago shows that neighborhood immigrant concentration is rarely associated with SRH (or has an effect that disappears after including individual-level factors) (Browning and Cagney, 2002, 2003; Browning et al., 2003). Due to the sparseness of evidence, it is crucial to further consider *how, why, and for whom* immigrant concentration is related to SRH as a distinct outcome.

Importantly, recent work uncovers some variability in the health benefits of immigrant enclaves. For example, foreign-born Latinos have a health advantage (relative to U.S.-born) in neighborhoods with greater immigrant concentration with regard to asthma (Cagney et al., 2007). A study by Shaw and Pickett found that the protective effects of living in a Latino community were conferred to *non*-Latinos for smoking and infant mortality (Shaw and Pickett, 2013). Similarly, research on Chicago violence found that all youths, regardless of race/ethnicity, benefit from living in neighborhoods with large percentages of immigrants (Sampson et al., 2005). Other work found that non-Spanish speakers had lower rates of depression in immigrant communities (Shell et al., 2013). Research on nativity status also offers support for moderation: analyses using the Health and Retirement Study reveal that immigrants receive a greater health benefit from language diversity than U.S.-born residents (Angel et al., 2001). Thus, it is necessary to examine whether immigrant concentration confers a universal health benefit, or benefits just some groups. Most of the research cited above applies to non-SRH outcomes, so it remains critical to explore whether *perceived* health benefits of immigrant enclaves are universal.

2. Social cohesion in immigrant enclaves

A proposed mechanism for the paradox is that immigrant communities incur health benefits because they are more cohesive (Markides and Coreil, 1986; Palloni and Arias, 2004). Perceived cohesion is linked to health across groups because it theoretically helps individuals obtain health-promoting psychosocial and material resources (Bjornstrom, 2013). At the individual level, perceived cohesion represents an individual's sense of trust, shared norms, and connectedness within her/his community. Residents who report more cohesion should expect to draw more benefits from their community. Immigrant communities are theorized to have more cohesive networks (Almeida, Molnar, Kawachi, & Subramanian, 2009), which should result in better SRH for their residents. Thus, cohesion should mediate, at least in part, the association between immigrant concentration and SRH. However, immigrant communities are also more impoverished, which is associated with a higher prevalence of physical disorder and fear of crime (Ross and Mirowsky, 2001). Thus, they may both serve as stressors and inhibit cohesion (Bjornstrom et al., 2013). Moreover, Almeida and colleagues found, using Chicago data, that residents of Mexican enclaves report lower levels of cohesion (Almeida et al., 2009). Research using Latino samples does not always find support for the contention that social cohesion is related to SRH either (Mulvaney-Day et al., 2007). Thus, there is ambiguity in the expected association between immigrant concentration, cohesion, and SRH.

3. Perceived social cohesion and health across race–ethnicity and nativity

A related question is whether the association between cohesion and SRH is similar for race/ethnic subgroups: Does cohesion increase SRH for everyone, or just members of certain groups? For example, the relationship between perceived cohesion and SRH has been questioned for Latinos not born in the United States (Mulvaney-Day et al., 2007). Research shows that there are race differences in the size, membership, and embeddedness of networks, which are sometimes related to well-being (Ajrouch et al., 2001; Barnes, Mendes de Leon, Bienias, & Evans, 2004; Snowden, 2001). Recent work also suggests that foreign-born Latinos have less diverse and smaller networks than U.S.-born Latinos (Viruell-Fuentes et al., 2013), yet notably, U.S.-born Latinos had an advantage in terms of integration, network diversity, and network size. Whether this social advantage confers different health benefits for U.S. and foreign-born Latinos, however, is unclear. Health scholars have argued that there could be different effects of cohesion by subgroups due to the prevalence of segregation, as well as differential access to resources that might offset adverse environments (Echeverría et al., 2008). Thus, cohesion could benefit SRH to a greater/lesser degree for some groups than others.

4. Study aims

In this research we focus on the following four questions that relate to self-rated health in neighborhood context:

1. Do immigrant Latinos report better or worse SRH compared to U.S.-born Latinos, African Americans, and U.S.-born whites?
2. Is neighborhood immigrant concentration a protective factor against below-average health, and if so, does perceived social

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