



## Neighborhood Hispanic composition and depressive symptoms among Mexican-descent residents of Texas City, Texas



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### ABSTRACT

Substantial research shows that increased Hispanic neighborhood concentration is associated with several beneficial health outcomes including lower adult mortality, better self-rated health, and fewer respiratory problems. Literature on the relationship of Hispanic composition and depressive symptoms is more equivocal. In addition, few studies have directly investigated hypothesized mechanisms of this relationship. This study uses data from a probability sample of 1238 Mexican-descent adults living in 48 neighborhoods in Texas City, Texas. Multilevel regression models investigate whether Hispanic neighborhood composition is associated with fewer depressive symptoms. This study also investigates whether social support, perceived discrimination, and perceived stress mediate or moderate the relationship, and whether results differ by primary language used at home. We find that individuals living in high Hispanic composition neighborhoods experience fewer depressive symptoms than individuals in low Hispanic composition neighborhoods. In addition, we find that these beneficial effects only apply to respondents who speak English. Social support, perceived discrimination, and perceived stress mediate the Hispanic composition–depressive symptoms relationship. In addition, discrimination and stress moderate the relationship between Hispanic composition and depressive symptoms. Our findings support theories linking higher neighborhood Hispanic composition and better mental health, and suggest that Spanish language use, social support, discrimination and stress may play important roles in the Hispanic composition–depressive symptoms relationship.

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### Introduction

Substantial research demonstrates that neighborhood social context contributes to the development of health disparities (Diez Roux & Mair, 2010; Sampson, Morenoff, & Gannon-Rowley, 2002). In particular, concentrated disadvantage is associated with poor social, physical and mental health outcomes, and contributes to health disparities among racial and ethnic groups (Franzini, Caughy, Spears, & Fernandez Esquer, 2005; Ross, 2000; Subramanian, Chen, Rehkopf, Waterman, & Krieger, 2005). Concentrated disadvantage frequently clusters with contextual risk factors including social and physical disorder, residential turnover, and single parent households (Sampson et al., 2002). Spatial overlap of structural risk compounds the negative outcomes associated with these factors (Diez Roux & Mair, 2010).

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Concentrated disadvantage is also associated with racial concentration (Massey, Gross, & Eggers, 1991); however, the health effects of racial concentration vary by race and ethnicity. For example, African American residential concentration is associated with increased rates of poor outcomes such as mortality and infectious disease (Acevedo-Garcia, 2000; Polednak, 2010). In contrast, Hispanic residential concentration is associated with improvements in respiratory problems, mortality, cancer, self-rated health and birth outcomes despite similarly low socioeconomic status and educational attainment (Cagney, Browning, & Wallace, 2007; Eschbach, Mahnken, & Goodwin, 2005; Eschbach, Ostir, Patel, Markides, & Goodwin, 2004; Hummer, Powers, Pullum, Gossman, & Frisbie, 2007).

An increasing number of studies investigate mechanisms linking Hispanic neighborhood composition and better health (Almeida, Molnar, Kawachi, & Subramanian, 2009; Osypuk, Diez Roux, Hadley, & Kandula, 2009; Vega, Ang, Rodriguez, & Finch, 2011; Viruell-Fuentes, 2007; Viruell-Fuentes & Schulz, 2009) though few have directly tested the mediating or moderating role of hypothesized mechanisms (Kwag, Jang, & Chiriboga, 2012; Rios, Aiken, & Zautra, 2012). This study contributes to this literature by

investigating the role of social support, discrimination and stress in the relationship between neighborhood Hispanic composition and depressive symptoms.

### Factors underlying Hispanic concentration

The complexity of ethnic concentration effects on Hispanic health likely reflects the complexity of the sources of Hispanic self-segregation. Hispanic residential segregation reflects both historical and contemporary processes of discrimination, exclusion and avoidance (Telles & Ortiz, 2008) as well as voluntary self-segregation that emerges as part of the process of chain migration (Portes & Zhou, 1993). While residential patterns of any racial and ethnic group derive in part from voluntary choices and external barriers, the balance of these influences was very different in the settlement history of African Americans and Mexican Americans in the United States (Massey & Mullen, 1984).

The diverse roots of Mexican American residential concentration lead to uncertain expectations about its effects. Discrimination, isolation and concentration of economic disadvantage may create barriers to social mobility and concentrate the impact of multiple stressors, just as they do for African Americans. However, concentrated Hispanic neighborhoods, even when poor, exhibit evidence of stable social organization, including high rates of residential stability, employment, two-parent households, and home and car ownership (Moore, 1989; Moore & Pinderhughes, 1993).

The complex origins of Hispanic concentration are reflected in the divergent findings of studies on neighborhood Hispanic composition and depressive symptoms. Some studies report fewer depressive symptoms for Hispanic residents (Gerst et al., 2011; Kwag et al., 2012; Mair et al., 2010; Ostir, Eschbach, Markides, & Goodwin, 2003; Vega et al., 2011) while, others find no change (Aneshensel et al., 2007; Rios et al., 2012; Wight, Ko, & Aneshensel, 2011) and others show significant positive change (Lee, 2009) in depressive symptoms. Differences in sample composition by nativity, national origin, linguistic isolation, and region may explain the inconsistency. The effect of ethnic composition on health may vary by nativity and national origin (Finch, Lim, Perez, & Do, 2007; Lee & Ferraro, 2007) or by region due to variations in sociopolitical context and Hispanic health (Sundquist & Winkleby, 2000).

### Hypotheses about mediators of Hispanic concentration effects

Exposure to stress, discrimination and social support are important risk factors for depressive symptoms (Berkman & Glass, 2000; Cook, Alegría, Lin, & Guo, 2009; Finch, Boardman, Kolody, & Vega, 2000; Finch, Kolody, & Vega, 2000; Kessler, 1997). If exposure to these factors varies with neighborhood Hispanic composition, then they may mediate the Hispanic composition–depressive symptoms relationship. Here, we consider evidence and hypotheses on mediators and moderators of the ethnic composition effect on mental health.

#### *Social support*

Access to social support improves mental health (Berkman & Glass, 2000). Ethnic homogeneity may increase social support by increasing neighborhood solidarity, trust and local social ties (Bledsoe, Welch, Sigelman, & Combs, 1995). Dense social networks in Hispanic neighborhoods provide members with instrumental, financial and emotional support (Espinosa & Massey, 1997). Hispanic cultural patterns of reciprocal exchange (Almeida et al., 2009) further increases the likelihood of support networks in Hispanic enclaves.

#### *Stress*

Living in a neighborhood of high Hispanic composition may reduce exposure to stressful experiences. Disadvantaged Hispanic neighborhoods exhibit relatively high social organization, as already described. Ethnically homogenous neighborhoods also frequently share language and social norms (Diwan, 2008; Portes & Zhou, 1993). These factors increase neighborhood stability and provide residents with financial and social resources, which may reduce exposure to stressful experiences in the neighborhood (Carpiano, 2006; Cassel, 1976; Diwan, 2008).

#### *Discrimination*

Discrimination plays a leading role in producing health disparities (Krieger, 2000; Viruell-Fuentes, 2007) including mental health (Finch, Boardman, et al., 2000; Finch, Kolody, et al., 2000; Finch, Hummer, Kol, & Vega, 2001; Umaña-Taylor & Updegraff, 2007). Perceived racism varies with neighborhood demographics (Dailey, Kasl, Holford, Lewis, & Jones, 2010), and Hispanic concentration may reduce exposure to discriminatory experiences (Viruell-Fuentes, 2007). Ethnographic accounts of Mexican women's experiences in a diverse community highlight discriminatory experiences (Viruell-Fuentes, 2007). Low experience of discrimination in high percentage Hispanic neighborhoods could reduce depressive symptoms in those neighborhoods.

### Hypotheses about moderators of Hispanic concentration effects

#### *Social support, stress, and discrimination*

Social support, stress and discrimination may also moderate the effect of Hispanic composition on depressive symptoms. That is, the effect of composition on depressive symptoms may be larger for individuals with lower social support, or higher stress, or higher experience of discrimination. For example, neighborhood solidarity in Hispanic neighborhoods could buffer against low support or high stress and discrimination by providing a sense of connection and ethnic pride despite the absence of supportive ties (Umaña-Taylor & Updegraff, 2007; Viruell-Fuentes & Schulz, 2009). Increased local social ties in Hispanic neighborhoods may buffer the effects of neighborhood disorder on depressive symptoms (Ross & Jang, 2000). Individuals who have experienced ethnic discrimination may perceive neighbors in co-ethnic neighborhoods to be more understanding than neighbors in ethnically diverse settings. Thus, Hispanic concentration may influence depressive symptoms, not by changing the distribution of stress, discrimination and social support, but by ameliorating their depressive effects.

#### *Nativity and language*

The effect of ethnic concentration on depressive symptoms may vary by nativity and by linguistic acculturation (Vega et al., 2011). The direction of these effects is uncertain. Hispanic concentration may buffer challenges in the migration experience by increasing access to co-ethnic ties (Finch et al., 2007; Portes & Zhou, 1993). Alternatively, instrumental assistance in immigrant networks may not depend on spatial proximity (Aguilera, 1999; Espinosa & Massey, 1997). For U.S.-born Hispanics, Hispanic concentration may mitigate acculturation stress by reinforcing a sense of ethnic identity and pride (Umaña-Taylor & Updegraff, 2007; Viruell-Fuentes & Schulz, 2009). Alternatively, for U.S.-born Hispanics, residence in ethnic enclaves may impact perceived social status and reflect limited social mobility (Burnam, Hough, Escobar, et al., 1987;

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