



Exploring the health consequences of majority–minority neighborhoods: Minority diversity and birthweight among native-born and foreign-born blacks



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ABSTRACT

We examined the association between neighborhood minority diversity and infant birthweight among non-Hispanic US-born black women and foreign-born black women from Sub-Saharan Africa and the non-Spanish speaking Caribbean using 2002–2006 vital statistics birth record data from the state of New Jersey ($n = 73,907$). We used a standardized entropy score to measure the degree of minority diversity (i.e., non-white multiethnic racial heterogeneity) for each census tract where women lived. We distinguished between four levels of minority diversity, with the highest level representing majority–minority neighborhoods. We estimated mean birthweight for singleton births over this 5-year period using linear regression with robust standard errors to correct for clustering of mothers within census tracts. We found significant differences in mean birthweight by mother's country of origin such that infants of US-born black mothers weighed significantly less than the infants of African and Caribbean immigrants (3130 g vs. 3299 g and 3212 g; $p < 0.001$). Adjustments for neighborhood deprivation, residential instability, individual-level sociodemographics, maternal health behaviors and conditions, and gestational age did not reduce these origin differences. Minority diversity had a protective effect on black infant health. Women living in low and moderately diverse tracts as well as those in majority–minority neighborhoods had heavier babies ($\beta = 26.5, 29.8$ and 61.2 , respectively, $p < 0.001$) on average than women in the least diverse tracts. The results for majority–minority neighborhoods were robust when we controlled for neighborhood- and individual-level covariates.

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Introduction

Racial and ethnic differences in birthweight are substantial in the United States (US), with blacks having the least favorable outcomes (Sastry & Hussey, 2003). Racial residential segregation and the proportion of blacks in a neighborhood have been associated with poor birth outcomes among non-Hispanic black women (Baker & Hellerstedt, 2006; Grady, 2006; Grady & McLafferty, 2007; Mason, Kaufman, Emch, Hogan, & Savitz, 2010; Mason, Messer, Laraia, & Mendola, 2009). This literature provides insights into whether and how the geographic separation of racial and ethnic groups and the spatial concentration of blacks in disadvantaged neighborhoods matter for black infant health. Neighborhood racial and ethnic heterogeneity in contrast has received less attention in the literature. Increasingly, however, multiethnic neighborhoods

are becoming more prevalent in urban America even amidst continued racial residential segregation, owing at least in part to immigration and a shrinking non-Hispanic white population (Fastenfest, Booza, & Metzger, 2004; Gould, 2000; Logan & Zhang, 2010). Typically these multiethnic neighborhoods are areas where there are few non-Hispanic whites and racial minorities comprise the majority of the residents, hence the term, 'majority–minority.' Yet, we know very little about how this particular form of neighborhood racial heterogeneity is associated with infant health, particularly for blacks. Our study of neighborhood minority diversity and birth outcomes fills this gap.

Much of the literature on neighborhood racial segregation or composition and birth outcomes has focused on non-Hispanic, US-born blacks (i.e., African Americans) (e.g., Bell, Zimmerman, Almgren, Mayer, & Huebner, 2006) or it has not differentiated black women by place of birth (e.g., Masi, Hawkey, Piotrowski, & Pickett, 2007; Mason et al., 2009; 2011; Reichman, Teitler, & Hamilton, 2009). Even fewer studies have examined the associations between neighborhood conditions and birth outcomes among

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foreign-born non-Hispanic blacks (hereafter black immigrants). Yet, black immigrants have become an important and growing segment of the US black population. The proportion of black immigrants among all US black residents has increased from less than 1% in 1960 to roughly 8% in 2005 (Kent, 2007). This population growth has important implications for perinatal health given that 13% of black births nationwide in 2004 were to foreign-born black women (Kent, *ibid.*). In some states with large black immigrant populations such as Minnesota and New Jersey, the percentage of births to black immigrant women is even higher (17% in 2000 and 23% in 2003, respectively) (McMurry, 2003; NJ Center for Health Statistics, 2003).

In this paper, we use 2002–2006 vital statistics birth record data from the state of New Jersey to examine the association between neighborhood minority diversity and birthweight among non-Hispanic US-born blacks and black immigrants from Sub-Saharan Africa and the non-Spanish speaking Caribbean. We explicitly focus on non-Hispanic blacks because they experience the greatest spatial separation from non-Hispanic whites in the US (Massey & Denton, 1993). Our focus on birthweight stems from its importance as an indicator of perinatal health, having both short- and long-term consequences for society (Conley & Bennett, 2000). For instance, the risk of death or disability is greater among infants born too small (Institute of Medicine, 2007). And although infants of black women weigh less on average than infants of women of all other races (Martin et al., 2011), birthweight is known to vary among black women by mother's country of birth. Black immigrants typically have heavier infants (Cabral, Fried, Levenson, Amaro, & Zuckerman, 1990; David & Collins, 1997) and lower risks of underweight babies (Howard, Marshall, Kaufman, & Savitz, 2006) compared to US-born blacks. Some of this nativity differential is attributable to differences in maternal characteristics. However, individual-level attributes alone are insufficient to explain the variation (Singh & Yu, 1996). We extend research on this foreign-born health advantage by examining how features of black immigrants' neighborhoods influence birthweight among foreign-born black women in comparison to US-born black women.

Background

The healthy migrant effect and neighborhoods

Infants born to immigrants typically have higher mean birthweights (Forna, Jamieson, Sanders, & Lindsay, 2003) and lower risks of low birthweight (Acevedo-Garcia, Soobader, & Berkman, 2007) and preterm delivery (Cervantes, Keith, & Wyshak, 1999) compared to babies born to US-born mothers. Similarly foreign-born black women also have more favorable birth outcomes, lower infant mortality (Hummer et al., 1999; Rosenberg, Desai, & Kan, 2002), better health behaviors, and fewer medical risk factors than US-born black women (David & Collins, 1997; Fuentes-Afflick, Hessol, & Perez-Stable, 1998; Howard et al., 2006).

Three theoretical frameworks have been proposed to explain this healthy migrant effect. First, because migration favors the movement of healthy individuals, health selection may account for immigrants' health advantage (Redstone-Akresh & Frank, 2008). Research comparing migrants' health to their non-migrant counterparts indicate that positive selection accounts for at least some of the observed foreign-born health advantages among US adult immigrants (Mehta & Elo, 2012). Second, immigrants may be healthier because of health-promoting cultural practices and norms. Immigrants, particularly those from non-Western, developing countries may adhere to lifestyles that are more health promoting, e.g., diets free of processed foods high in fat and sugar and lower rates of smoking and alcohol consumption (Salant &

Lauderdale, 2003). Cultural norms emphasizing family and community cohesion may also produce health benefits via social support (Landale, Oropesa, Lanes, & Gorman, 1999). Third, immigrants' health advantage may stem from the neighborhoods where they live. Migrants tend to reside in homogenous immigrant or ethnic enclaves where there may be dense co-ethnic social networks, protection from discrimination, and availability of healthy ethnic foods (Osypuk, Diez Roux, Hadley, & Kandula, 2009). These enclave environments may help reduce stress and provide social support (Eschbach, Ostir, Patel, Markides, & Goodwin, 2004; Osypuk, Bates, & Acevedo-Garcia, 2010).

The enclave hypothesis points to the importance of neighborhood context as a social determinant of immigrant health. However, immigrants vary significantly in terms of the quality and racial makeup of their neighborhoods which can affect the availability of social and institutional resources in the residential environment. Asian and Hispanic immigrants typically live in more advantageous residential environments and have more residential options than black immigrants (Alba & Logan, 1993; Freeman, 2002). In fact, black immigrants seem to be uniquely disadvantaged when it comes to achieving parity in neighborhood quality and spatial mobility with Asian and Hispanic immigrants (Iceland, 2009). Why are black immigrants uniquely disadvantaged when it comes to their neighborhoods? And how might the residential environments of black immigrants influence their birth outcomes?

The residential environments of black immigrants & black birth outcomes

Black immigrants from the non-Spanish Caribbean and Sub-Saharan Africa face similar residential integration obstacles in the United States as US-born blacks owing to their ascribed racial group membership. Despite efforts by black immigrants to distance themselves socially and spatially from African Americans, race remains a powerful master status limiting their residential options (Waters, 1999). Consequently they often reside in segregated, urban neighborhoods alongside African Americans. For example, in 1990 black immigrants in the New York and Miami metropolitan areas lived in neighborhoods where roughly 40% and 30% of the residents, respectively, were African American (Freeman, 2002). Segregation from non-Hispanic whites across major metropolitan areas is equally high for US-born blacks and black immigrants from the non-Spanish Caribbean and Sub-Saharan Africa (Logan, 2007).

Although spatial separation from whites is similar for US-born and foreign-born blacks, it does not mean that the residential environments of these two black populations are equal in other respects. Research on black immigrants from the West Indies in New York, for example, revealed that segregation from whites did not automatically translate into spatial overlap in the same neighborhoods with US-born blacks. These black immigrants lived in neighborhoods adjacent to neighborhoods occupied by US-born blacks but the immigrant areas were often less socioeconomically depressed than the US-born black areas (Crowder, 1999). Recent studies show similar modest spatial separations between black immigrants from Sub-Saharan Africa and US-born blacks (Logan, 2007; Logan & Deanne, 2003). In Boston, one of the destination cities for black immigrants from Sub-Saharan Africa, African immigrant neighborhoods were also more multiethnic and affluent compared to the neighborhoods occupied by US-born blacks (Vang, 2012). These studies suggest that black immigrants' residential environments may be less advantageous than those of Asian and Hispanic immigrants but are more favorable relative to US-born blacks. Do these moderate differences in neighborhood context between US-born and foreign-born blacks confer health benefits for black immigrants?

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