



Ethnic density effects on psychological distress among Latino ethnic groups: An examination of hypothesized pathways

Laia Bécaries*

Centre on Dynamics of Ethnicity, University of Manchester, Oxford Road, Manchester M13 9PL, UK



ARTICLE INFO

Article history:

Received 21 February 2014

Received in revised form

10 September 2014

Accepted 16 September 2014

Available online 8 October 2014

Keywords:

Ethnic density

Latinos

Social cohesion

Racism

Psychological distress

ABSTRACT

Studies among US Latinos provide the most consistent evidence of ethnic density effects. However, most studies conducted to date have focused on Mexican Americans, and it is not clear whether ethnic density effects differ across Latino sub-groups, generational status, or measures of ethnic density. In addition, the mechanisms behind ethnic density are not well understood. This study uses a multi-group structural equation modeling approach to analyze the Latino sample from the National Latino and Asian-American Study ($n=1940$) and examine ethnic density effects on psychological distress among Latino sub-groups, and explore two hypothesized mechanisms: increased neighborhood cohesion and reduced exposure to interpersonal racism. Results of the main effects between ethnic density and health, and of the hypothesized mechanisms, show clear differences across Latino ethnic groups, generational categories and measures of ethnic density. Findings highlight that ethnic density effects and their mechanisms depend on the current and historical context of Latino sub-groups, including reasons for migration and rights upon arrival.

© 2014 The Author. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/3.0/>).

1. Introduction

It is now well established that living in deprived neighborhoods is associated with increased mortality and morbidity, independent of individual-level attributes (Pickett and Pearl, 2001; Riva et al., 2007). Due to limited socioeconomic resources and other consequences of entrenched institutionalized racism, ethnic minorities are more likely to live in deprived neighborhoods, a factor which contributes to longstanding ethnic inequalities in health (Williams and Collins, 2001). Given the high correlation between area-level deprivation and the percentage of ethnic minorities living in a neighborhood, the concentration of ethnic minorities in an area is often used as a proxy for deprivation, and considered an indicator of deleterious neighborhood effects. However, studies that have examined the association between the concentration of ethnic minorities in a neighborhood (ethnic density) and health, while adequately adjusting for area deprivation, have reported that increased ethnic density is often associated with improved health among ethnic minority residents (Bécaries et al., 2012b; Shaw et al., 2012), a phenomena termed the ethnic density effect.

Recent years have seen an increase in the number of studies examining ethnic density effects on health, but the literature is

still characterized by inconclusive findings, whereby ethnic density effects are not consistent across ethnic groups, neither within nor between countries. Investigations of ethnic density effects among the Latino population in the US provide the most consistent evidence of protective ethnic density effects, with associations between increased Latino ethnic density and improved health reported across several indicators of physical and mental health (Bécaries et al., 2012b; Shaw et al., 2012).

However, studies have mainly centered on the Mexican American group, so results are not generalizable to the overall US Latino population or to other Latino ethnic groups. Only two studies to date have examined ethnic density effects across different Latino sub-groups, reporting differential ethnic density effects across Latino ethnic groups. A study of Puerto Rican and Mexican Americans in Chicago found an association between segregation and increased depression and anxiety among Mexican Americans, but not among Puerto Ricans (Lee, 2009). The other study found a suggestion of a protective effect on preterm birth for Spanish Caribbean and Central American mothers living in New York City, but not for South American women (Mason et al., 2011). This difference in findings may reflect the heterogeneity within the broad US Latino categorization. Latinos are the largest ethnic minority in the US, representing 16.7% of the total population (Ennis et al., 2011). The Latino population is composed of a variety of different sub-groups, with the major groups being Mexican, Puerto Rican and Cuban Americans, respectively encompassing the 63%, 9.2% and 3.5% of all Latinos (Ennis et al., 2011).

* Tel.: +44 161 275 4721.

E-mail address: laia.becaries@manchester.ac.uk

The complexity of Latino ethnicity results from their diverse national origins and migration histories (Portes and Truelove, 1987), which has led to differences in sociodemographic characteristics and lived experiences of ethnicity and minority status among the various groups. This diversity is subsequently reflected in different health profiles, with Puerto Ricans reporting worse health than Cuban Americans and Mexican Americans across a wide range of outcomes (Alegria et al., 2007; Zsembik and Fennell, 2005). Large heterogeneity in health status also exists among US Latinos across immigrant categories; the health of Latino immigrants and subsequent generations deteriorate with length of stay in the United States, as Latinos acculturate and are exposed to discrimination, prejudice and other the pernicious effects of minority status (Vega and Amaro, 1994).

Differences in Latino sub-groups play out in relation to neighborhood-related outcomes and processes, including ethnic density effects (Lee, 2009; Mason et al., 2011), which are also expected to differ across immigration categories. Due to obstacles in obtaining social services and citizenship rights for immigrants, family and social networks play a critical role in adaptation to life in the US (Vega et al., 1991). Geographic concentration fosters resource exchange in meeting immigrant needs (Alba and Nee, 1997), and first generation immigrants might benefit greatly from the social, instrumental and financial capital existent in areas of greater ethnic density (Chiswick and Miller, 2005; Portes and Zhou, 1993). However, the opposite effect may be exerted on later generations, for whom residence in a neighborhood of higher immigrant and Latino ethnic density might indicate downward assimilation (Portes and Rumbaut, 2000) and be associated with detrimental health and socioeconomic outcomes.

In addition to whether ethnic density differs among Latino sub-groups and immigrant status, the literature is uncertain in relation to what type of ethnic density is more relevant, own-group, overall Latino, or Latin American immigrant ethnic density. Although studies generally operationalize the measure of ethnic density as the percentage of Latinos or Hispanics in an area, residential concentration in many Latino communities in the US is caused largely by the inflow of immigrants into one same area (Alba and Nee, 1997). Immigrants tend to initially settle within their ethnic community to facilitate communication with ethnic members and benefit from location-specific human capital acquired by neighborhood residents (longer term migrants or natives of the same country of origin), including information obtained directly and indirectly through established networks (Chiswick and Miller, 2005). For a population mostly composed of relatively recent migrants, it is possible that Latin American immigrant ethnic density is more relevant than own sub-group ethnic density or overall Latino ethnic density, and that these measures of ethnic density perform differently in relation to health outcomes and/or mechanisms linking ethnic density to health. Only one study to date has examined two measures of Latino ethnic density (overall

Latino and immigrant ethnic density, albeit only among US- and native-born Mexican people) which reported that whereas increased Latino residential concentration was protective for US-born mothers (but not among Mexico-born mothers), increased immigrant residential concentration exerted a detrimental effect (Osypuk et al., 2010). This finding indicates a complex interaction between individual-level nativity status and neighborhood immigrant composition. Although this study found null associations for foreign-born Mexican mothers across measures of ethnic density, other studies have reported that the health benefits of Mexican immigrants only occur when they live in neighborhoods with greater concentrations of other immigrants (Cagney et al., 2007), signaling the relevance of same-group (nativity in this case) concentration in ethnic density effects. Studies that have compared measures of own and overall ethnic density show that whereas the effect sizes are larger for own ethnic density, associations are most often statistically significant for overall ethnic density (i.e., Latino ethnic density), which is likely a result of increased statistical power (Bécares, 2009).

As described above, the literature to date shows that ethnic density effects on health are complex, varying across ethnic groups, nativity status and conceptualizations of ethnic density. A recent review highlighted that further research is necessary to better understand whether, how, for whom, and under what conditions areas with greater concentrations of immigrant are health protective, in addition to measuring and examining the specific pathways through which enclaves are hypothesized to impact health outcomes (Viuell-Fuentes et al., 2012). Despite the recent rise in ethnic density research, the mechanisms operating behind the ethnic density effect are still largely unknown. Possible explanations behind the ethnic density effect include a decreased exposure to racism and discrimination (Bécares et al., 2009; Halpern and Nazroo, 2000), and enhanced social cohesion, mutual social support and a stronger sense of community and belongingness, which in turn provide protection from the consequences of discrimination on health (Bécares et al., 2009; Bhugra and Becker, 2005; Daley, 1998; Halpern and Nazroo, 2000; Smaje, 1995; Stafford et al., 2010). Among studies examining the ethnic density effect, only a few have empirically explored hypothesized pathways (Bécares et al., 2009; Stafford et al., 2010), and these have examined individual pathways separately, failing to understand the independent contribution of different hypothesized mechanisms to the association between ethnic density and health. In the case of US Latinos, there is an additional need to understand whether ethnic density effects, and their mechanisms, vary across sub-groups, and across measures of ethnic density.

The present study aims to contribute to the literature by: (1) examining the association between ethnic density and mental health across Latino sub-groups and immigration status; (2) exploring the mechanisms behind ethnic density effects on mental health among Latinos; (3) establishing whether these

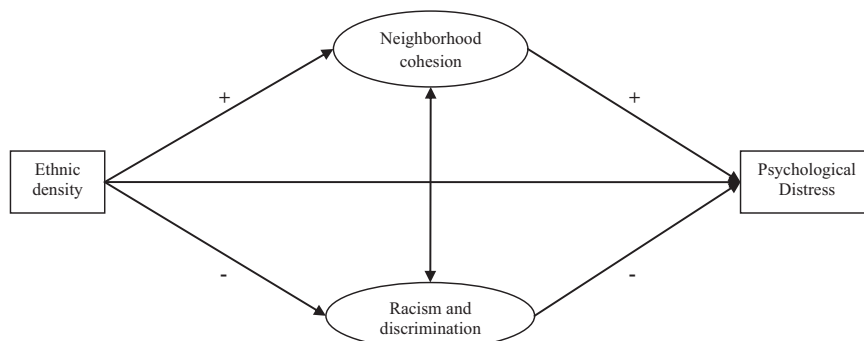


Fig. 1. Conceptual model.

Download English Version:

<https://daneshyari.com/en/article/7458475>

Download Persian Version:

<https://daneshyari.com/article/7458475>

[Daneshyari.com](https://daneshyari.com)