Does Segmented Assimilation Help Us Understand Hispanic Immigrant Mortality in the U.S.?

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Assimilation and Immigrant Health

- The classic assimilation perspective proposes that as immigrants spend time in the U.S. they gradually take on the cultural and behavioral patterns of the receiving society

- Regarding immigrant health, two ideas stand out in the assimilation literature:

  - (1) The selection or healthy migrant hypothesis
  - (2) The acculturation hypothesis

Assimilation and Immigrant health

- The selection or healthy migrant hypothesis
  - Individuals of better health in other countries are more likely than their less healthy counterparts to immigrate to the United States

  - Existing evidence shows that selection may be behind (at least partly) favorable health outcomes of foreign-born population

- The acculturation hypothesis

  - Health indicators are less favorable among those immigrants who had been in the U.S. longer compared to their immigrant counterparts who had been in the U.S. for a shorter period of time

- This relationship is found within mortality, health behaviors indicators (smoking, drinking and drug use) and infant health outcomes

Assimilation and Health of Latinos in the U.S

Positive Selectivity

Immigrants

Native-born population

Low

High
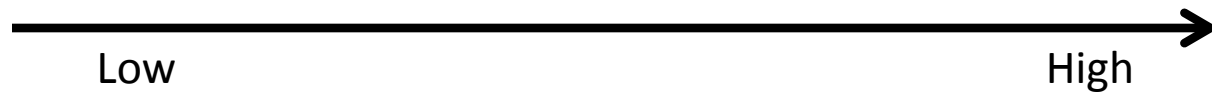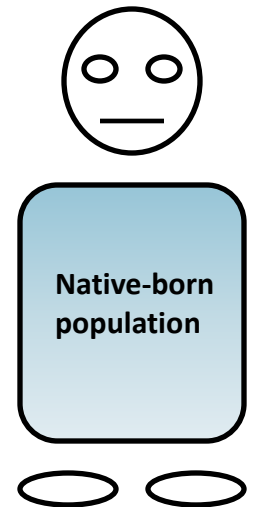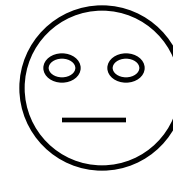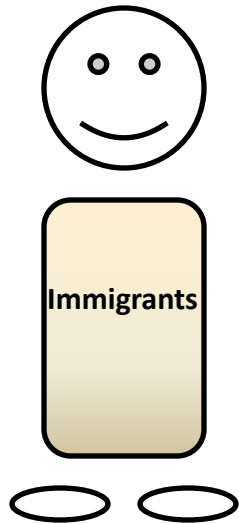
The Degree of Assimilation

The Segmented Assimilation theory

- Immigrants may take at least **three divergent paths of assimilation** (Portes & Zhou 1993)

    - New immigrants and their children assimilate more or less seamlessly into the mainstream middle-class

    - Downward assimilation into marginalized working class or "underclass" communities.

    - Middle-class status is eventually achieved through education and child-rearing practices that are reinforced by the values and sense of cohesion of strong co-ethnic communities

The Segmented Assimilation Theory

Positive Selectivity

Upward
assimilation into
middle-class

Native-born
Population
In Middle class

Native-born
Population
In Underclass

Hispanic
Immigrants

Native-born
population

Downward
assimilation
into underclass

Low — High

The Degree of Assimilation
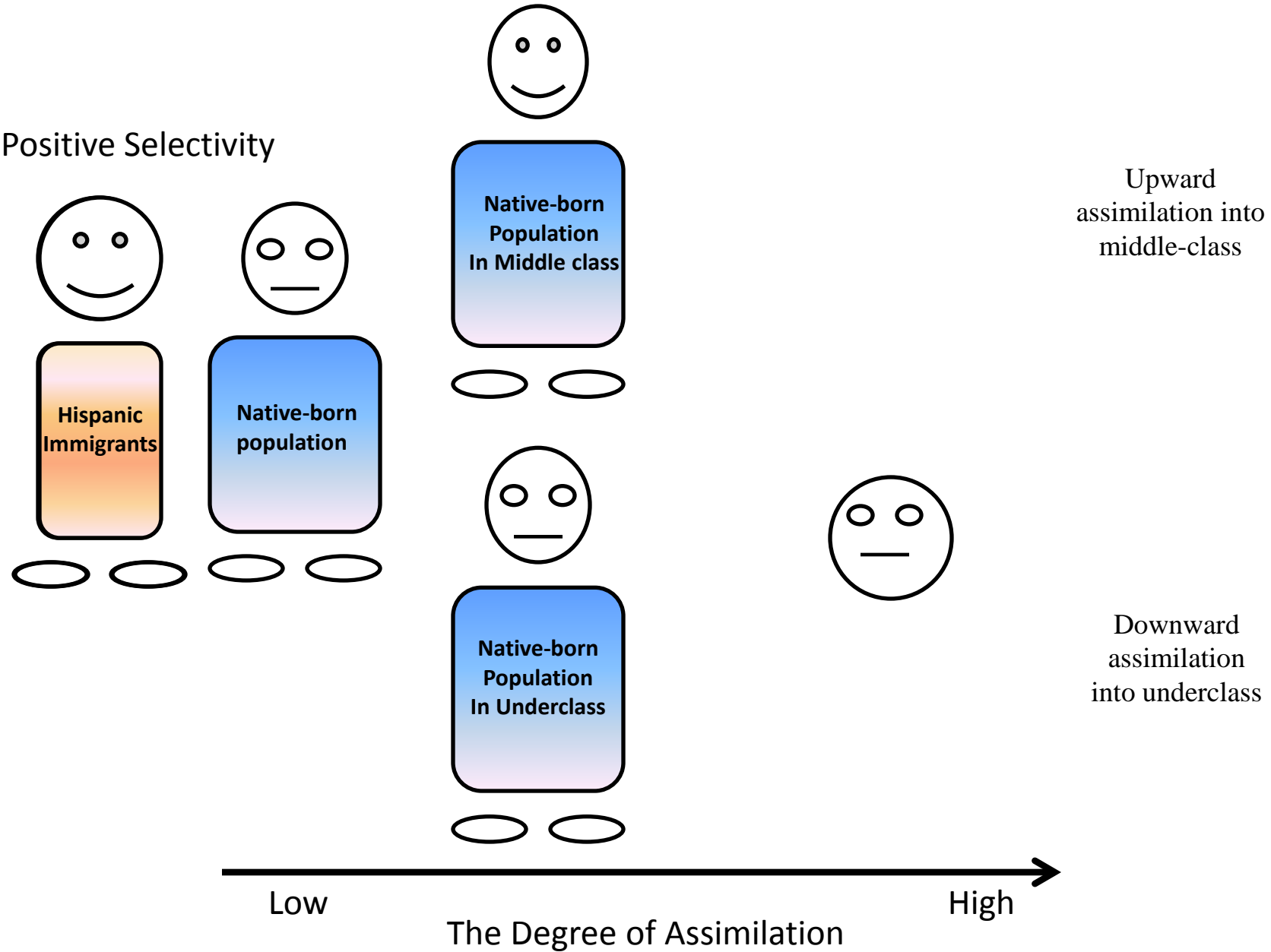
Hypotheses

- H 1: Foreign-born Hispanics > U.S.-born adults

- H 2: Underclass foreign-born Hispanics =< U.S.-born adults

- H 3: Underclass foreign-born Hispanics < Middle class U.S.-born adults

- H 4: Middle class foreign-born Hispanics => Middle class U.S.-born adults

Data & Method

- 1997-2004 National Health Interview Survey & NHIS Public-use Linked Mortality Files, Adults 19 years or older. *N*= 360,895

- **Dependent variable:** Hazard of Mortality
  - Died before 2006 (=1), assumed to be alive (=0)

- **Poverty status is used to measure segmented assimilation**
  - Immigrants above the poverty line: Middle class assimilation
  - Immigrants under the poverty line: Underclass assimilation

- **Independent variables:** nativity, gender, age, poverty status, education, occupation, language use on the interview, region of residence and marital status

- Discrete-time logistic regression to estimate the hazard of death. N=1,702,868 person-years

Results: Hypothesis 1

- H 1: Foreign-born Hispanics > U.S.-born adults

Nativity & Duration	Hazard Ratio	
Ref=U.S.-born adult		
Foreign-born Hispanic < 10 yrs	0.59	**
Foreign-born Hispanic 10 yrs +	0.73	**

Source: NHIS 1997-2004
N=1,330,859 p-y
Model controls for sex, age, occupation, education, marital status and region of residence
*P<.05 **P<.01

Results: Hypothesis 2

- Underclass foreign-born Hispanics =< U.S.-born adults

Nativity & Duration & Poverty	Hazard Ratio	
Ref=U.S.-born adult		
Foreign-born Hispanic < 10 yrs, Underclass	0.69	
Foreign-born Hispanic < 10 yrs, Middle class	0.58	*
Foreign-born Hispanic 10 yrs, Underclass	0.86	*
Foreign-born Hispanic 10 yrs, Middle class	0.73	**

Source: NHIS 1997-2004
N=1,330,859 p-y
Model controls for sex, age, occupation, education, marital status and region of residence
*P<.05 **P<.01

Results: Hypothesis 3

- H 3: Underclass foreign-born Hispanics < Middle class U.S.-born adults

Nativity & Duration & Poverty	Hazard Ratio	
Ref=U.S.-born adults, Middle class		
Foreign-born Hispanic < 10 yrs, Underclass	0.74	
Foreign-born Hispanic < 10 yrs, Middle class	0.60	*
Foreign-born Hispanic 10 yrs, Underclass	0.94	
Foreign-born Hispanic 10 yrs, Middle class	0.78	**

Source: NHIS 1997-2004
N=1,330,859 p-y
Model controls for sex, age, occupation, education, marital status and region of
    residence
*P<.05 **P<.01

Results: Hypothesis 4

- H 4: Middle class foreign-born Hispanics => Middle class U.S.-born adults

Nativity & Duration & Poverty	Hazard Ratio	
Ref=U.S.-born adults, Underclass		
Foreign-born Hispanic < 10 yrs, Underclass	0.52	**
Foreign-born Hispanic < 10 yrs, Middle class	0.45	**
Foreign-born Hispanic 10 yrs, Underclass	0.63	**
Foreign-born Hispanic 10 yrs, Middle class	0.51	**

Source: NHIS 1997-2004
N=1,330,859 p-y
Model controls for sex, age, occupation, education, marital status and region of
    residence
*P<.05 **P<.01

Discussion

- Strong positive selectivity: No Hispanic immigrant group has higher hazard of death compared to U.S.-born adults, regardless of their class

- Some immigrant groups in underclass show no difference in hazard of death compared to U.S.-born adults

- Contributions:
  - Positive selectivity of immigrants operates for also immigrants in underclass
  - A healthy immigrant effect is limited to applicability to only certain groups
  - Applied the theory of segmented assimilation to explain immigrant's mortality
  - Therefore, future immigrant health research should consider immigrant's segmented assimilation

Thank you

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