Studying the Health of Mexican Immigrants in the United States

Does acculturation have harmful effects on health?

SUMMARY

José Escarce, MD, PhD, and Leo S. Morales, MD, PhD, MPH, conducted research on the health status of Mexican Americans and their access to health care under the Robert Wood Johnson Foundation Investigator Awards in Health Policy Research, a national program. The program encourages researchers whose crosscutting and innovative ideas promise to contribute meaningfully to improving U.S. health and health care policy. A goal of the program is to produce major works from senior and new investigators that will add to the health policy field’s knowledge base. See Program Results Report for more information on the program and links to Program Results Reports on other funded projects and to Grantee Stories on some of the investigators.

Escarce, an internist, health economist, and health services researcher, is a professor of medicine at the David Geffen School of Medicine at the University of California-Los Angeles (UCLA). He is also senior natural scientist at the nonprofit RAND Corp. Morales is an Associate Investigator at Group Health Research Institute in Seattle. He is also a former associate professor in general internal medicine and health services research at the David Geffen School of Medicine at UCLA, a former health policy analyst at RAND Health, and a former internist at UCLA Medical Center.

Key Findings

Escarce and Morales co-authored five articles based on their work under the Investigator Award. Among their key findings are the following:

- The children of immigrants do worse than their parents on some cardiovascular risk factors (such as hypertension) but better on others (such as cholesterol levels among women and smoking). (“Risk of Cardiovascular Disease in First and Second Generation Mexican-Americans,” Journal of Immigrant Minority Health)

- No clear evidence supports the "salmon-bias" hypothesis, which posits that Mexicans in the United States return to Mexico due to poor health, as an explanation for the Hispanic health paradox in which Hispanics in the United States are healthier than might be expected from their socioeconomic status. (“Health Status and Behavioral
Risk Factors in Older Adult Mexicans and Mexican Immigrants to the United States,”
Journal of Aging and Health)

- Many immigrants face financial and nonfinancial barriers to receiving adequate health care, which could contribute to deteriorating health over time. (“Immigrants and Health Care: Sources of Vulnerability,” Health Affairs)

- Contrary to popular belief, the cost of immigrants’ health care is very low compared with that of the U.S.-born population. (“Review: Immigrants and Health Care Access, Quality and Cost,” Medical Care Research and Review)

- Mexican Americans and Blacks have a higher risk of developing chronic liver disease than their White counterparts. (“Risk Factors for Chronic Liver Disease in Blacks, Mexican Americans and Whites in the United States: Results from NHANES IV, 1999–2004,” American Journal of Gastroenterology)

Funding

The Robert Wood Johnson Foundation (RWJF) funded this research from July 2005 to June 2007 with a $275,000 grant under its RWJF Awards in Health Policy Research program.

The Russell Sage Foundation, the Programa de Investigacion en Migracion y Salud, UCLA, RAND, and the National Institutes of Health provided additional funding to Escarce, Morales, and their colleagues for some of their research.

CONTEXT

Despite their low socioeconomic status, Hispanic immigrants, including Mexican Americans, are healthier by various measures than non-Hispanic Whites, studies show. Researchers have advanced a variety of explanations for this “Hispanic paradox”—including that immigrants are a self-selected group with the stamina and drive to cope with the challenge of starting life anew in another country.

At the same time, second-generation immigrants seem to be less healthy than first-generation immigrants, many studies suggest. That finding, says Escarce, leads some observers to conclude that “obviously, living in the United States is bad for your health.” Some analysts propose that the change reflects a “regression to the mean”—that is, over time, the health of a group tends to become average.

Understanding the factors that influence the health status of Mexican Americans has important policy implications, such as in determining eligibility for insurance coverage deciding what services to reimburse, and allocating funds for the safety net.
RWJF’s Interest in This Area

RWJF has supported the RWJF Investigator Awards in Health Policy Research since 1992. The program encourages researchers to think creatively about the most important problems affecting U.S. health and health care. The program aims to build the health policy field by supporting research on innovative ideas unlikely to be funded elsewhere.

Through mid-2013, RWJF has made awards totaling more than $58.5 million for 175 projects pursued by 224 investigators. Their research has focused on public health, sociology, economics, political science, ethics, journalism, medicine, and law. Grants have ranged up to $335,000 over two to four years. For more information, read the Program Results Report.¹

THE PROJECT

Escarce, Morales, and their colleagues conducted a series of studies on the health of Mexican immigrant populations and their access to health care. As part of the initial legwork, they reviewed existing studies of immigrant health. They also examined data on representative samples of Mexican immigrants from the late 1980s, early 1990s, and early 2000s—primarily using the National Health and Nutrition Examination Surveys (NHANES) of the Centers for Disease Control and Prevention.

Escarce and Morales hoped to determine whether changes in health status among Hispanic immigrants reflect acculturation or “cohort effects.” That is, the research team hypothesized that earlier immigrants may have been less healthy to begin with, making it likely that their children would be less healthy than more recent immigrants. They also explored many other factors that influence health and health care among Mexican American populations, including legal status in the United States, socioeconomic circumstances, welfare reform, and English proficiency.

FINDINGS

Escarce, Morales, and their colleagues authored five articles based on work done under the RWJF Investigator Award:

“Risk of Cardiovascular Disease in First and Second Generation Mexican-Americans”

In this study, published in the *Journal of Immigrant Minority Health* in February 2011, researchers examined two types of research. The first, known as cross-sectional analysis, compares the health of first- and second-generation Mexican Americans at one point in time. In that case, the latter are not the children of the former.

The second type of research, known as pseudo-cohort analysis, compares the health of first-generation immigrants when they arrived 20 years ago with that of second-generation immigrants today. In that case, the latter are effectively the children of the former.

Among the study’s findings:

- **Mexican immigrants do worse than their parents on some risk factors for cardiovascular disease but not others.** The researchers found some differences between the two types of studies. For example:

  - Cross-sectional analyses found no differences in cardiovascular risk factors between first- and second-generation Mexican American women. But the pseudo-cohort approach found that second-generation Mexican-American woman had higher rates of hypertension, lower cholesterol levels, and lower smoking rates.

  - Second-generation Mexican American men had higher rates of hypertension than first-generation men, according to studies using both designs. However, only the pseudo-cohort approach found a decline in smoking among second-generation men.

Conclusions

- **The 10-year risk of cardiovascular disease does not differ between first- and second-generation Mexican American women or men, according to the pseudo-cohort analysis.**

- **The health of second-generation Mexican Americans in the United States is not uniformly worse than that of their parents.**

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“Health Status and Behavioral Risk Factors in Older Adult Mexicans and Mexican Immigrants to the United States”

This study, published in the *Journal of Aging and Health* in February 2013, sought to understand why Hispanic immigrants might have better health than non-Hispanic Whites.³ The authors compared Mexican immigrants living in the United States, Mexicans who had migrated to the United States and then returned to Mexico, and Mexicans living in Mexico who had never migrated. The study:

- Confirmed earlier findings showing that Mexican immigrants in the United States have better health than Whites, especially in terms of chronic conditions.
- Found no clear evidence supporting the “salmon-bias” hypothesis—that unhealthy migrants return to their country of origin when they become ill. While some indicators supported this hypothesis, many others went in the opposite direction.
- Found no clear evidence supporting the “healthy-migrant” hypothesis—that immigrants are more likely to be healthier than individuals who remain in their home country.

“The immigrant paradox is a complex phenomenon whose causes continue to be a source of controversy among researchers,” says Escarce. The researchers concluded that more study is needed to understand that phenomenon.

“Immigrants and Health Care: Sources of Vulnerability”

This study, published in *Health Affairs* in October 2007, examined research on barriers that immigrants face in receiving health care, and the health implications of those barriers.⁴ Findings included:

- Low incomes and limited education make it more difficult for immigrants to obtain health insurance and navigate the health care system.
- Undocumented immigrants have limited access to health insurance, face language barriers, and are often reluctant to seek care. Legal residents also face more barriers than U.S. citizens.
- Limited English proficiency affects the willingness to seek care, the quality of care, satisfaction with that care, and patient safety.

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• The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)—federal welfare reform—restricted access to government-sponsored health insurance and increased the lack of insurance among many immigrant populations.

• Some parts of the country have less well-developed safety nets, fewer culturally competent providers, and few organizations to advocate for the needs of immigrants.

• Immigrant populations may be stigmatized or marginalized, making them more reluctant to seek health care.

Conclusions

• Limited access to care could contribute to deterioration in immigrants’ health over time.

• Federal and state governments could improve immigrant health by:
  — Expanding health insurance coverage and access to community clinics and other care venues through SCHIP, as well as enacting policies to increase employer-based coverage among immigrants
  — Addressing limited English proficiency through broader implementation of CLAS (culturally and linguistically appropriate services) and expanding Medicaid benefits to cover interpreter services in the 40 states that do not have such benefits
  — Expanding and strengthening the safety net, particularly in areas of the country which are new immigrant destinations but lack the safety net infrastructure typical of large metropolitan areas
  — Revising PRWORA, which restricts access to government-sponsored or -subsidized health insurance, and ending restrictions on immigrant access to Medicaid for primary care, while allowing access to Medicaid for emergency services

“Review: Immigrants and Health Care Access, Quality and Cost”

This study, published in Medical Care Research and Review in January 2009, examined published research to learn more about the barriers immigrants face.5 Findings include:

• Noncitizen immigrants—especially those without documents—have lower rates of health insurance coverage than U.S.-born residents. Lower rates of employer-sponsored insurance explain much of the difference.

• Immigrants are less likely than U.S.-born residents to have a regular source of care, to see a physician, and to get preventive care.

• Immigrants in states that permit their participation in public health insurance programs have better access to care.

• Immigrants generally report lower quality of care than U.S.-born residents. They are more likely to be satisfied with their care if they have a provider who speaks the same language or have access to interpreters.

• Overall health care costs for immigrants are lower, but their out-of-pocket costs are higher.

• Most of these patterns are especially prominent among Mexican and Central American immigrants, especially those who are poor, noncitizens, or came to the United States recently.

**Conclusions**

• Insufficient and inferior quality of care is likely to affect immigrants’ health.

• State policies can make a difference in immigrants’ access to care.

• Contrary to popular belief, the cost of immigrants’ health care is very low compared with that of the U.S.-born population.

“Risk Factors for Chronic Liver Disease in Blacks, Mexican Americans, and Whites in the United States: Results from NHANES IV, 1999–2004.”

In this study, published in the *American Journal of Gastroenterology* in September 2008, the researchers concluded that:

• **Mexican Americans and Blacks have a higher risk of developing chronic liver disease than their White counterparts.** Specific risk factors for such disease—including viral hepatitis, obesity, diabetes, and alcohol intake—also vary by gender and income.

• **Prevention, screening, and intervention tools are needed to address the specific needs of groups at greatest risk for chronic liver disease.**

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**AFTERWARD**

Escarce continues to conduct research on the health status of Hispanic immigrants, especially Mexican Americans. Two other articles, he says, “were in a sense derived from, or inspired by,” work conducted under the Investigator Award:

- In “Community Demographics and Access to Health Care among U.S. Hispanics” (*Health Services Research*, July 2009), researchers found that immigrants living in a neighborhood with a high share of Spanish speakers had better access to health care—possibly because such communities offer social support and networks of ties. “Living in an enclave might have disadvantages, but on the whole the benefits are substantial,” said Escarce.

- In “Health Care Experiences of Hispanics in New and Traditional U.S. Destinations” (*Medical Care Research Review*, December 2012), researchers found minimal differences in access to, use of, and satisfaction with health care among Mexican immigrants who settle in new destinations, such as Nevada, Georgia, and North Carolina, compared with those who settle in traditional destinations, such as California.

U.S.-born Mexican Americans seemed to have the most unmet needs for care in new destinations, possibly because they are less able to take advantage of immigrant networks and support groups.

Escarce also continues to examine disparities in health care quality and outcomes, and approaches for overcoming them, focusing especially on hypertension.

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BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles


