Understanding the “Latino Paradox”

Hiram Beltrán-Sánchez
Department of Community Health Sciences
Fielding School of Public Health
California Center for Population Research

UCLA
1 Background
2 Main results regarding the “Latino paradox”
3 Recent developments
4 Multi-national approach
5 Conclusion
The “Latino Paradox” refers to results indicating lower mortality in the Latino population compared to that of the white population despite the much lower socioeconomic status of Latinos.

- low income, low levels of education, high prop in unskilled occupations
The “Latino Paradox” refers to results indicating lower mortality in the Latino population compared to that of the white population despite the much lower socioeconomic status of Latinos:
- low income, low levels of education, high prop in unskilled occupations

This pattern is also referred to as the “Latino”, “Hispanic”, or “epidemiological paradox”
Main result:

- The Latino population has higher life expectancy at almost every age than non-Latino Whites in the most recent data (Arias 2010)
Previous evidence:

- This Latino mortality advantage has persisted over time.
Previous evidence:

- This Latino mortality advantage has persisted over time.
- It is most pronounced among certain nationalities and regions (Mexicans, Central Americans, and South Americans), middle and older age-groups, and first-generation immigrants.
The main explanations for the Latino mortality advantage are:

1. health-related migration to and from the United States
2. social and cultural protection mechanisms
3. availability of extensive social networks in the United States
Recent data suggests that the Latino survival advantage will probably decline: Latinos appeared to have worse health outcomes than non-Latino Whites (Goldman 2016)
Recent data suggests that the Latino survival advantage will probably decline: Latinos appeared to have worse health outcomes than non-Latino Whites (Goldman 2016)

1. obesity: $>$ obesity levels than Whites
2. diabetes: $>$ rates of morbidity & mortality
3. disability: $>$ rates for foreign-born and U.S.-born Latinos
4. health declines associated with migration
5. exposure to stressors: life events and psychosocial factors
6. physiological dysfunction
Updates

Importantly, Latino health status is determined in part by:

- the health of new immigrants (from Mexico, Central America, and South America)
Importantly, Latino health status is determined in part by:

- the health of new immigrants (from Mexico, Central America, and South America)
- changes in health-related behaviors (e.g. smoking and diet) in the sending countries
A multi-national approach

There is the need to study health patterns in sending countries
A multi-national approach

There is the need to study health patterns in sending countries

1. compare migrants interviewed in the US (e.g., NHIS) with nonmigrant peers in sending nations

2. create counterfactuals: what rates in outcome X immigrants would have exhibited
   - had they adopted the behavior of U.S.-born non-Hispanic whites
   - had they adopted the rates of nonmigrants peers
Recent work on multinational approaches:

- Study of migrants height and smoking behavior among US immigrants from: India, China, Philippines, Mexico, and Dominican Republic using the NHIS and the World Health Survey (Riosmena et al. 2016)

- Study of migrants metabolic syndrome among US immigrants from Mexico using NHANES and a National Health Survey in Mexico (Beltrán-Sánchez et al. 2016)
Nationally representative surveys in Latin American countries are becoming more common

1. Mexico: Mexican Health & Aging Study; Mexican Family Life Survey
2. Brazil: Brazilian Longitudinal Study of Aging
3. Costa Rica: Costa Rican Longevity and Healthy Aging Study (CRELES)
5. World Health Surveys
Conclusion:

- We need to make use of binational studies (or multinational) to clarifying some of the “paradoxical” nature of the Latino paradox
- We need to move beyond simple, linear, unidimensional studies, and negative duration and “acculturation” “effects” if we want to better understand the underlying mechanisms of these effects (Riosmenta et al. 2016)
Thank you!
beltrans@ucla.edu