

Health of immigrant children

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Stylized facts about health of the FB

1. Healthy despite low SES – “healthy immigrant paradox”
2. Health advantage declines with duration of residence – “Negative assimilation”

Healthy immigrant paradox

- Low rates of chronic disease morbidity and mortality
- Low rates of bad health related behaviors
- Good MCH outcomes
- “Paradoxical” because of low SES, poor access
- Mostly explained by selective in and out migration

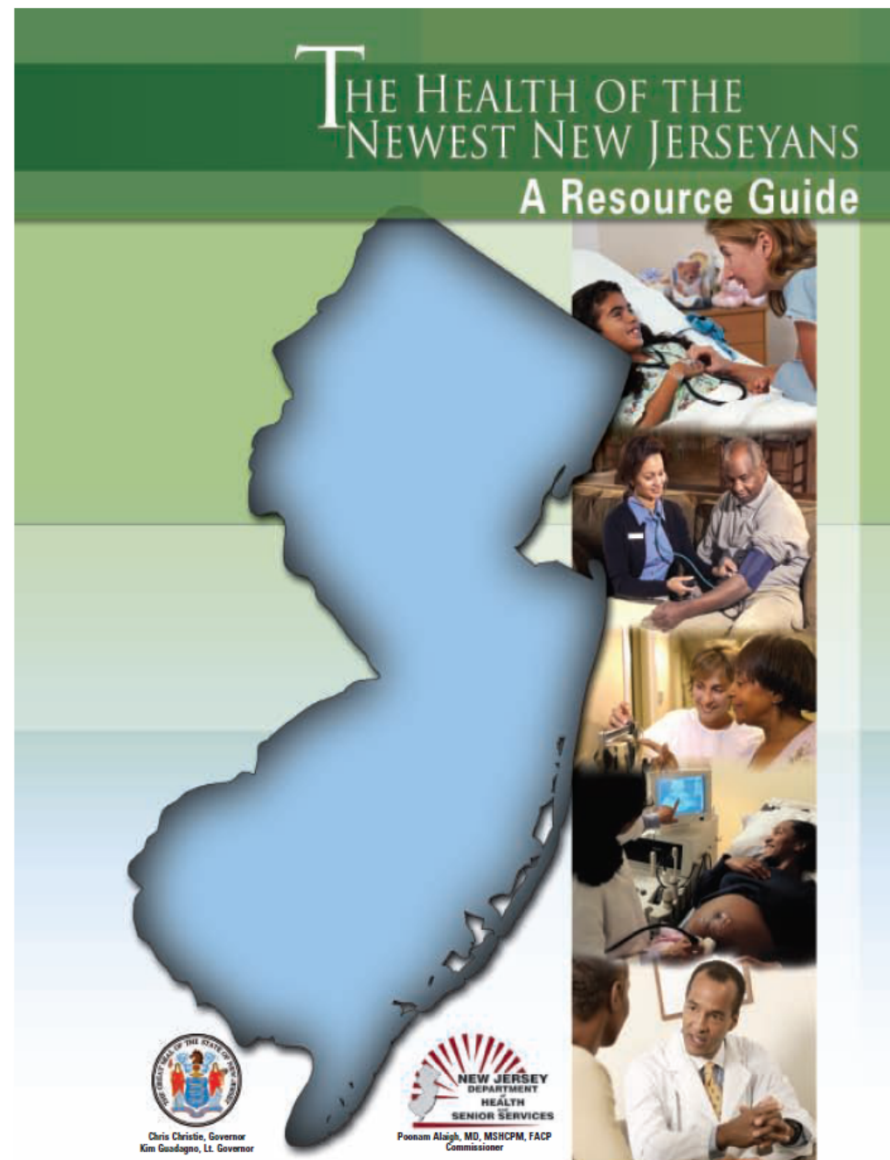
“Negative” Assimilation

- Over time, health advantage deteriorates
- Lifestyle changes as duration increases
- Less out-migration
- Inter-marriage weakens selection effect
- Second generation loses much of health advantage

Report published in March 2011

Health and health behaviors by:
race/ethnicity
nativity
duration of residence

Major findings consistent with
both “healthy immigrant paradox”
and “negative” assimilation

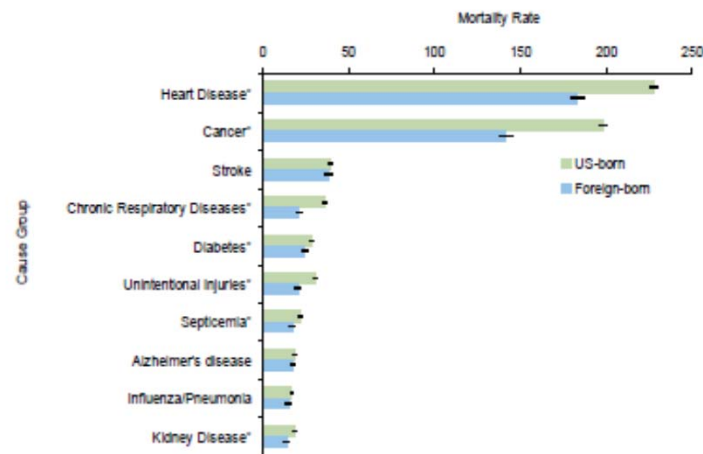


http://www.nj.gov/health/chs/documents/newest_new_jerseyans.pdf

The Healthy Immigrant Paradox

- Statistically significant differences in mortality from leading causes
- Not the same for all race/ethnicity groups – for Blacks and Hispanics, FB population is consistently healthier, for Whites, mixed, while NB Asians generally healthier than FB Asians.

Figure 4.3
Ten leading causes of death among New Jersey residents, Age-adjusted per 100,000 standard population by nativity

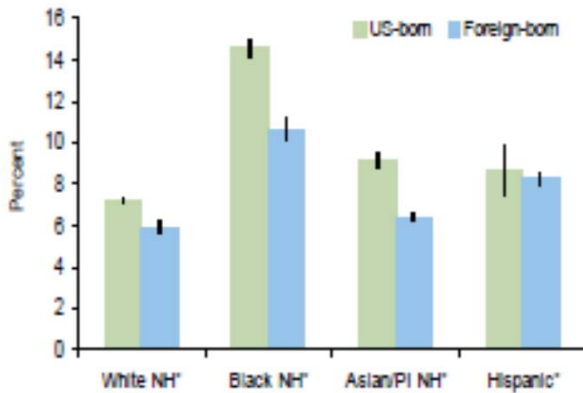


Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

* statistically significant at $p < .05$

MCH indicators

Figure 4.14
Percent of infants with Low Birth Weight (<=2500 g) by mother's race/ethnicity and nativity

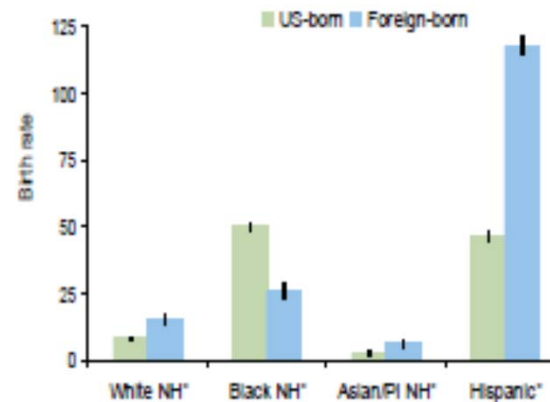


Low birthweight more common among NB mothers

Infant mortality rate significantly higher for NB Blacks and Hispanics

Teen birth rate higher among FB, highest among FB Hispanic, but FB blacks lower than NB blacks

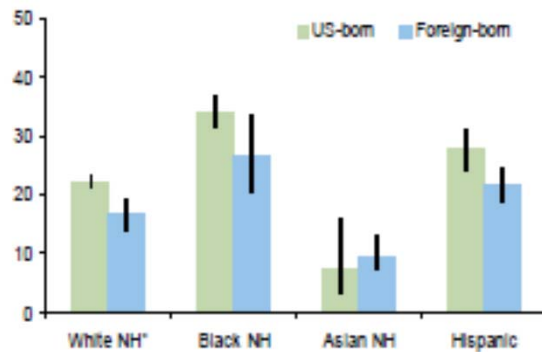
Figure 4.15
Birth rate among teenage mothers ages 15 to 19 years old per 1,000 live births by race, ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

Health Behaviors

Figure 5.2
Percent of New Jersey adults who are obese by race/ethnicity and nativity



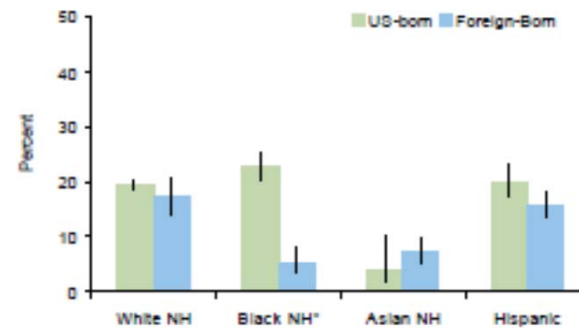
Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

* statistically significant at $p < .05$

In general, NB more obese and more likely to smoke

Asians are exception

Figure 5.3
Percent of New Jersey adults who smoke by race/ethnicity and nativity



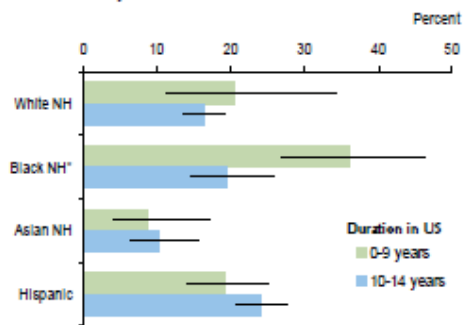
Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

* statistically significant at $p < .05$

Health and duration of residence

Obesity

Figure 6.2
Percent of foreign-born New Jersey adults who are obese by race/ethnicity and duration of residence



* statistically significant at $p < .05$

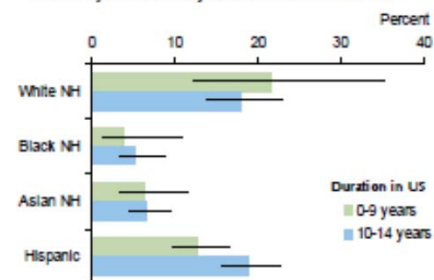
Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007

Asians and Hispanics are more likely to be obese as duration of residence increases
Whites and Blacks are less likely.

All groups more likely to smoke as duration of residence increases, with the exception of Whites.

Smoking

Figure 6.4
Percent of foreign-born New Jersey adults who smoke by race/ethnicity and duration of residence



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007

Exceptions to “healthy immigrant paradox”

- Tuberculosis
- Certain cancer sites – particularly stomach
- Suicide – higher for FB whites and hispanics
- Occupational injuries and MV crashes – FB hispanics

Important health issues for children

- **Asthma**

- Prevalence much lower among FB and children of immigrants as compared with NB.
- Similar findings in other countries

- **Obesity**

- Prevalence lower but advantage disappears with duration and subsequent generations

- **Injury**

- Consistently lower rates

Adolescent health issues

- Substance abuse
 - Negative assimilation
- Mental health/suicidality
 - Exception to the “paradox”
- Teen pregnancy
 - Exception to the “paradox”

Health Insurance

- FB more likely to be uninsured
- NB Children of FB parents – not much less likely than children of NB to be uninsured
- citizenship status of parent is important
- Other utilization differences

Population <19 years, 2005-2007	% Uninsured
NB with NB parents	11.2
NB with FB citizen parents	6.3
NB with FB non-citizen parents	14.9
FB with FB non-citizen parents.	46.0

Source: CPS

Summary: Health outlook for children of immigrants

- Good MCH indicators
- Health advantage re: most major forms of morbidity and mortality
- Yet advantage may decline
- Parents' health may decline as well
- Access/utilization differences