

Highlights from Five Decades of Research on the Health of Older Mexican Americans



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Abstract

In this mini review I highlight selected findings from my research on aging in the Mexican American population over the last 50 years or so. I note that while the 1970's literature had a tendency to over-romanticize the supportive qualities of the Mexican American family our early work with data from San Antonio suggested significant changes in the family's support of older family members were under way while at the same time identifying high levels of intergenerational reliance and support. An important development in the field was the establishment of a Hispanic Epidemiological Paradox suggesting favorable health profiles among Mexican Americans and other Hispanics especially with respect to mortality or life expectancy. We showed with data from the Hispanic EPESE that an important aspect of the so called Hispanic Epidemiological Paradox has been an "ethnic enclave" or "barrio effect" that the population's health benefits from living in high density Hispanic neighborhoods. We also showed that while Hispanic immigrants arrive in good health their health converges to the health of the native-born population within 10 to 20 years or so. And by the time they become old we observe a reversal whereby the health of Mexican Americans and other Hispanics becomes worse than the health non-Hispanic Whites. We also uncovered evidence that the health of older Mexican Americans has declined in recent decades at a time of rising life expectancy. The population's future health is likely to be influenced by a variety of factors including the size and nature of immigration from Mexico as well as important sociopolitical factors in both the United States and Mexico.

Keywords: Hispanics; Mexican Americans; Immigrants; Mortality; Disability; Cognitive Function

Introduction

This year marks the 50th year of my research on the health of older Mexican Americans. I have often found it challenging to respond to questions from the average person about what we know about the health of this population based on my work. Part of the problem is that the average person has a medical perspective of what health is and good answers to his/her questions relates to curing or treating an ailment or a disease. Now that I have reached five decades of population health research on Mexican Americans, especially the older generation, I feel it is time for me to take stock on what I have learned, all of it always collaboratively with numerous colleagues, students and others. I conducted my first study of older Mexican Americans back in 1976 with a survey of around 500 older Mexican Americans and Anglos living in a transitional area of San Antonio. Follow up data were collected in 1980 and 1984 and helped develop the first longitudinal study of older Mexican Americans. The Three Generations Study of older Mexican Americans which focused on intergenerational

relationships as well as generational changes was conducted in the early 1980's also in San Antonio. the Hispanic Established Population for the Epidemiological Study of the Elderly (Hispanic EPESE) was launched in 1993-94 with a total of ten waves of data collection through 2021. Other important information was available in census/vital statistics and the work of others.

Selected Findings

As I began collecting data and preparing manuscripts during the late 1970's and early 1980's I observed a tendency in the literature to romanticize the Mexican American family which was thought to provide strong support to family members especially the older ones. Our early San Antonio data from 1976 [1] yielded findings that cautioned against that practice by showing that significant changes in the support provided to older family members were underway. We showed, for example, that older Mexican Americans in San Antonio were more likely to report unfulfilled filial obligations from their adult children than were

Anglos. We and others wrote about how the Mexican American family was changing in response to acculturation forces as well as increasing outmigration of younger generations away from San Antonio and the Southwestern United States. Findings from our Three-Generations Study found renewed evidence of the strength of the Mexican American family while also acknowledging changes under way. There was also a sense that strong family relations, such as high intergenerational reliance were partly due to limited options other than family, for meeting the needs of older family members [2]. Around the early to mid-1980's an important development in the field was the realization that what appeared to be favorable mortality profiles among Mexican Americans were indeed real. A Hispanic Epidemiological Paradox was proposed in 1986 that the mortality and overall health profile of Hispanics living in the Southwestern United States was quite similar to the profile of the Anglo or non-Hispanic white population rather than that of African Americans with whom they shared similar socioeconomic circumstances [3]. The primary force behind this favorable mortality advantage was thought to be migration selection or a healthy immigrant effect. By the 1990's the similarity in the mortality profiles of Southwestern Hispanics with those of non-Hispanic Whites became a mortality advantage for Mexican Americans as well as for other Hispanics [4]. At the same time there was continuing skepticism and a sense that any mortality advantages were due to faulty mortality data as well as due a "salmon bias" effect suggesting that a mortality advantage results from a significant number of older Mexican Americans and other older Hispanics returning to their country of origin when their health declines. Turra and Elo [5] presented convincing evidence some time ago that such a salmon bias exists but that it is too small to explain the Hispanic mortality advantage. Soon after the first official life tables for the Hispanic population were published by the National Center for Health Statistics [6]. With misclassification of ethnicity on death certificates and other data artifacts no longer being an issue the life tables suggested a two-and-a-half-year advantage in the life expectancy of Hispanics over the life expectancy of non-Hispanic Whites. And a seven-year advantage over the life expectancy of the African American population. The Hispanic Epidemiological Paradox slowly became an accepted phenomenon. In recent years the literature has begun searching for factors other than strong families and health selective migration that included diet and possible genetic factors [7-9]. The Hispanic Epidemiological Paradox literature has also shown that a healthy immigrant effect is accompanied by a "convergence effect" with time in the United States: While Hispanic immigrants arrive in superior health their health status converges to that of the non-Hispanic native population within 10 to 20 years or so. By the time they reach old age Hispanic immigrants appear to have worse overall health in terms of higher rates of morbidity, disability, cognitive function, and possibly emotional function or psychological well-being [9,10]. While the

literature typically explained convergence and worsening health in terms of the adoption of poorer health behaviors or "unhealthy assimilation" some of the change can also be attributed to stresses accompanying assimilation and acculturation and the experience of discrimination, substandard medical care, and often physically demanding occupations [11]. Numerous manuscripts with Hispanic EPESE data have supported the poor health of older Mexican Americans with respect to morbidity, disability, and cognitive function [12-20]. An important aspect of the Hispanic Epidemiological Paradox to which the Hispanic EPESE has contributed to is an "ethnic enclave effect" also called a "barrio effect". A number of manuscripts have found the benefits of an ethnic neighborhood density with respect to mortality, disability, depression, and cognitive function among others [21-24]. Perhaps one of the most significant findings with data from the Hispanic EPESE relate to trends in the population's health from the early 1990's to the mid-2000's. We found convincing evidence that the health of Mexican Americans aged 75 and over declined during this period especially with respect to disability and cognitive function [10,13]. Some of the change can be attributed to increases in the prevalence of diabetes and obesity. These trends were opposite to trends observed with the non-Hispanic white population which suggested improvements in the health of the population at advanced ages leading us to conclude that the Mexican American population was at a similar stage of the epidemiological transition that the non-Hispanic white population was during the 1970's and early 1980's, a period of rising life expectancy that was accompanied by increases in disability and overall poor health [13].

Conclusion

Clearly a great deal of change has taken place in the health of the Mexican American population over the last fifty years or so. Importantly we have seen a rapid increase in the population's size accompanied by rapid aging. And despite the population's overall socioeconomic disadvantage we have observed an epidemiological paradox especially with respect to mortality rates. The higher life expectancy of the Mexican American and overall Hispanic population has been attributed primarily to a healthy immigrant effect with more recent literature suggesting the importance of diet and genetic factors. We have shown that an important feature of the Hispanic Epidemiological Paradox is an ethnic enclave effect whereby the health of Mexican Americans, especially in the older years, appears to benefit from living in neighborhoods of high Hispanic density. We have also shown that the health of older Mexican Americans declined in recent decades and may very well decline in the future if the population's life expectancy continues to increase. Much remains to be seen with respect to the health of Mexican Americans in the future given current and prospective immigration patterns and other demographic and sociopolitical factors. Clearly this is a very important and rapidly

aging component of the American population. We hope that our research findings will encourage the continued growth in the research into the health of this population.

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