Cumulative disadvantage & the aging of Mexican immigrants in the United States

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Motivation: continued need to understand (bio)social mechanisms producing mixed bag of Latino immigrant health & aging

- Earlier, faster cardiometabolic, <u>disability</u>, & cognition deterioration
    - Despite Hispanic Health Paradox, mainly an Immigrant Health Advantage

- Social gerontology, disparities research point to life course exposures

- For immigrants, this translates to examining pre- & post-migration experiences

- Two types of exposure particularly relevant on each of these domains

they also make them lose hope in the country.

Aims

- We examine role of pre- & post-migration exposure to disadvantage on disability trajectories of aging Mexicans
  - Pre: adverse Childhood Socioeconomic Experiences (ACSEs)
  - Post: likely legal status, exploiting timing of 1986 IRCA's legalization
  - Net of confounders, examining role of other adult SES mediators

- Examination of patterns by nativity in comparisons to…
  - …other race/ethnic groups in US
  - …Mexico-based folks

- We assess way in which likely impact of ACSEs may *compound*
  - Examining role of ACSEs in disparities by likely legal status

Data

- U.S. Health & Retirement Study (HRS)
    - 1998-2010 baseline samples, follow-up through 2020
    - Individuals ages 50-75, <u>no ADL|IADL at baseline</u>, obs. for 3+ waves
    - 614 Mexican immigrants (60% pre-IRCA arrivals)
    - 456 US-born Mexicans; 2,474 USB NHB; 6,967 USB NHW

- <u>Limited</u> comparisons with Mexican Health & Aging Study (MHAS)
    - 2001 & 2012 baseline samples, follow-up through 2018
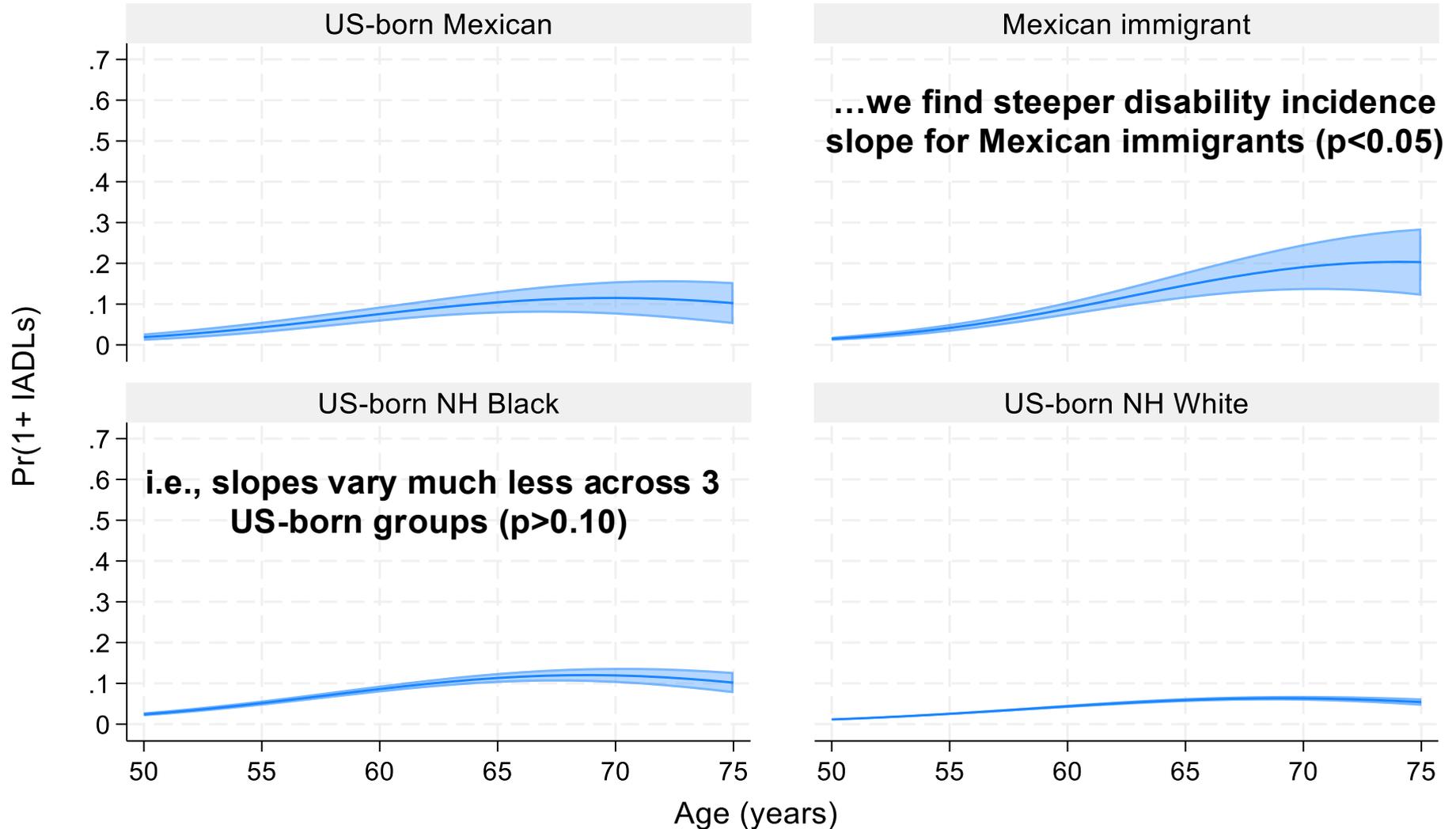   - Individuals ages 50-75, observed for at least 3 waves
    - N=8,671

Main measures

- Main outcomes: "incident" 1+ ADLs | IADLs

- Adverse childhood socioeconomic conditions

- Likely legal status, exploiting timing of IRCA

- Controlling for:
    - Childhood health (proxy for selection)
    - SES in adulthood
    - Mortality selection
   - Gender composition

Besides well-established higher "initial" disability for POC (netted out here by using incidence in **instrumental** disability)…

…net of basic confounders (gender, mortality selection)…

US-born Mexican

Mexican immigrant

…we find steeper disability incidence slope for Mexican immigrants (p<0.05)

US-born NH Black

i.e., slopes vary much less across 3 US-born groups (p>0.10)

US-born NH White

Pr(1+ IADLs)

Age (years)

Steeper slopes for post-IRCA immigrants in particular (p<0.05)

**…also net of (just) basic confounders…**
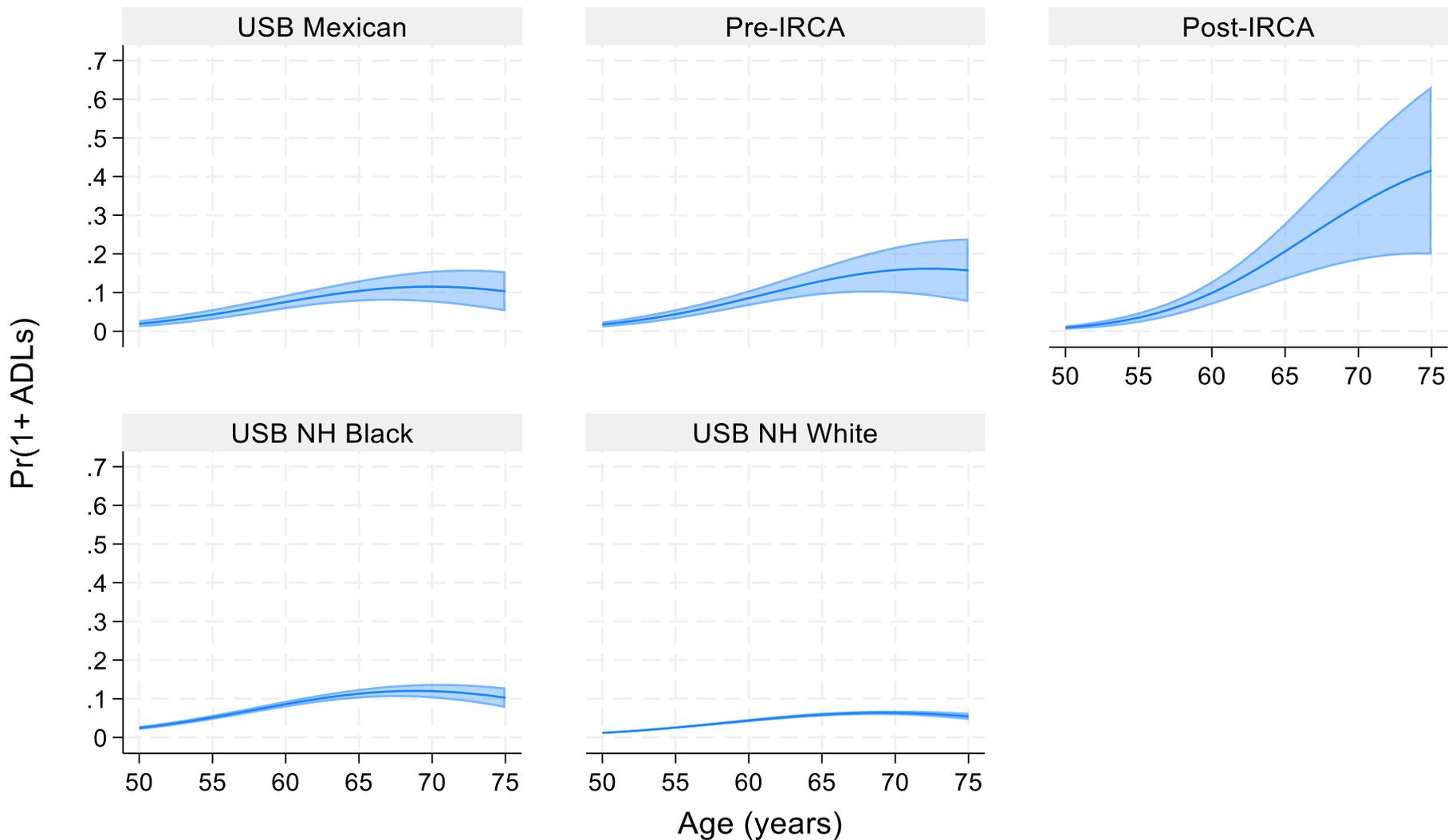
Adding controls for childhood SES, childhood health, adult SES lower immigrant slopes by 42%-55% relative to US-born

Controlling for all items in equation, with childhood disadvantage explaining around half of said reductions
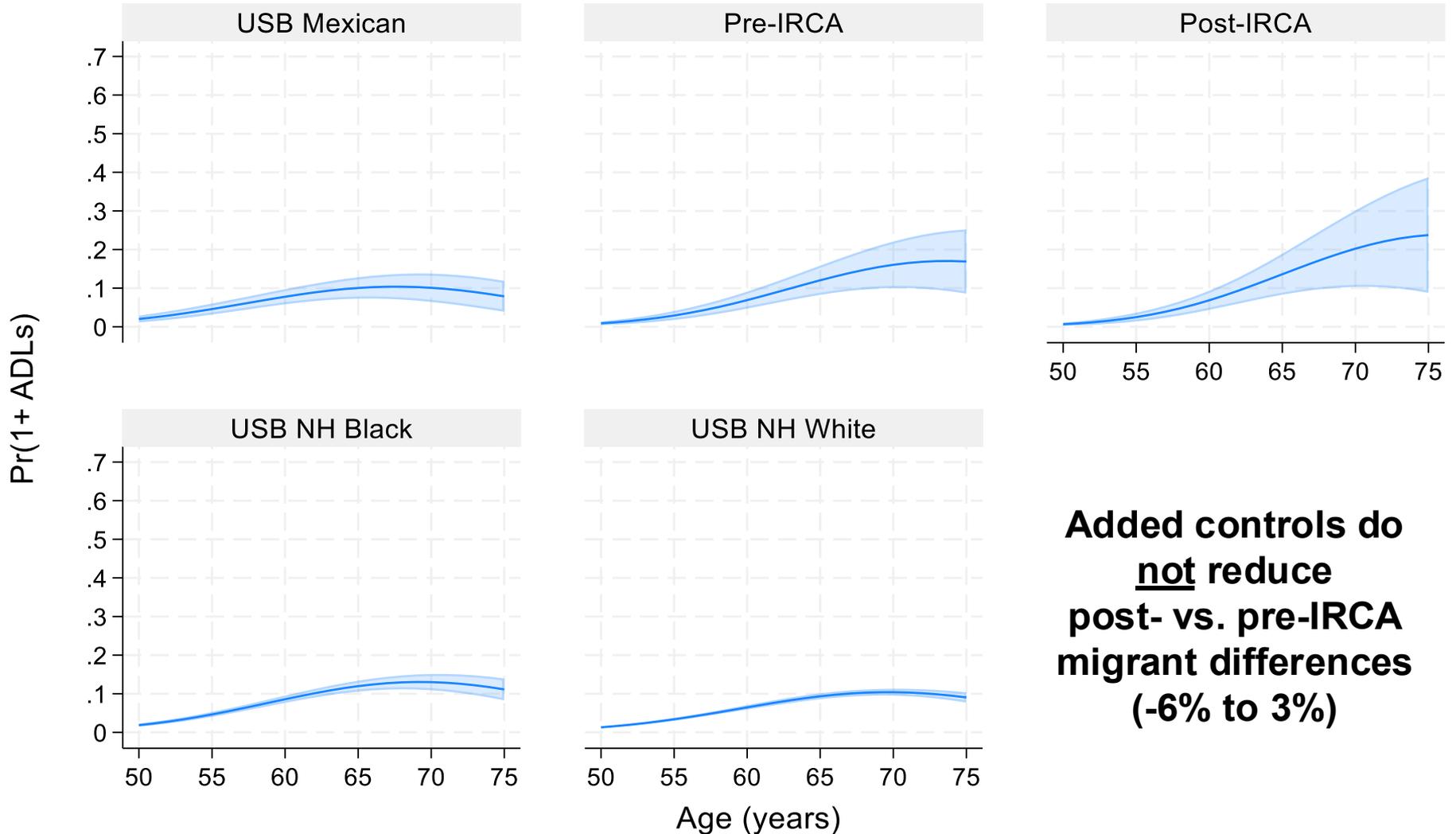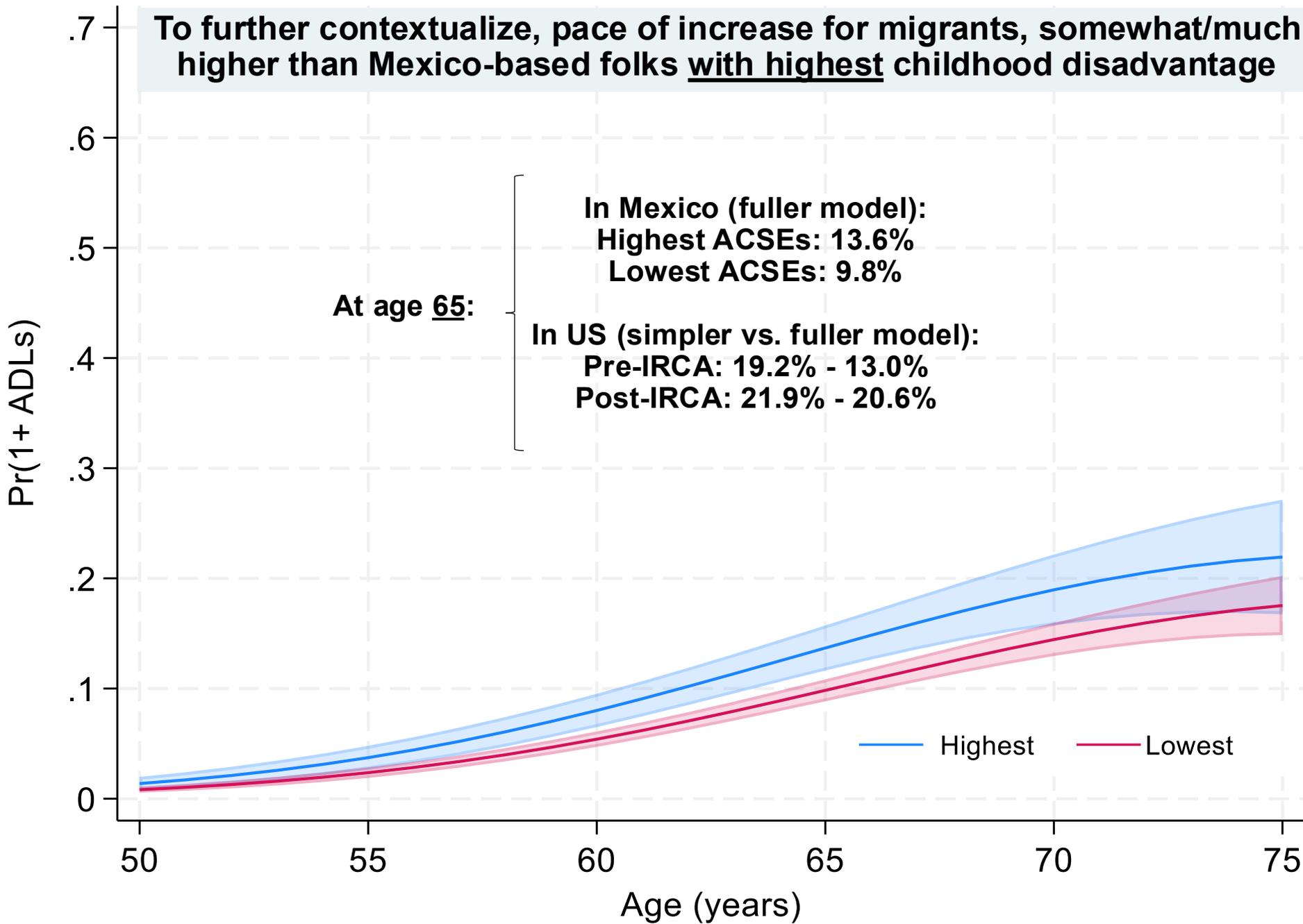

Added controls do **not** reduce post- vs. pre-IRCA migrant differences (-6% to 3%)

Looking at Mexican side with MHAS, incidence of ADLs rises more rapidly for both pre-, post-IRCA migrants than in Mexico

By age 75, Pr{1+ ADLs}:
MHAS: 20.9%
Pre-IRCA: 26.1%
Post-IRCA: 35.4%
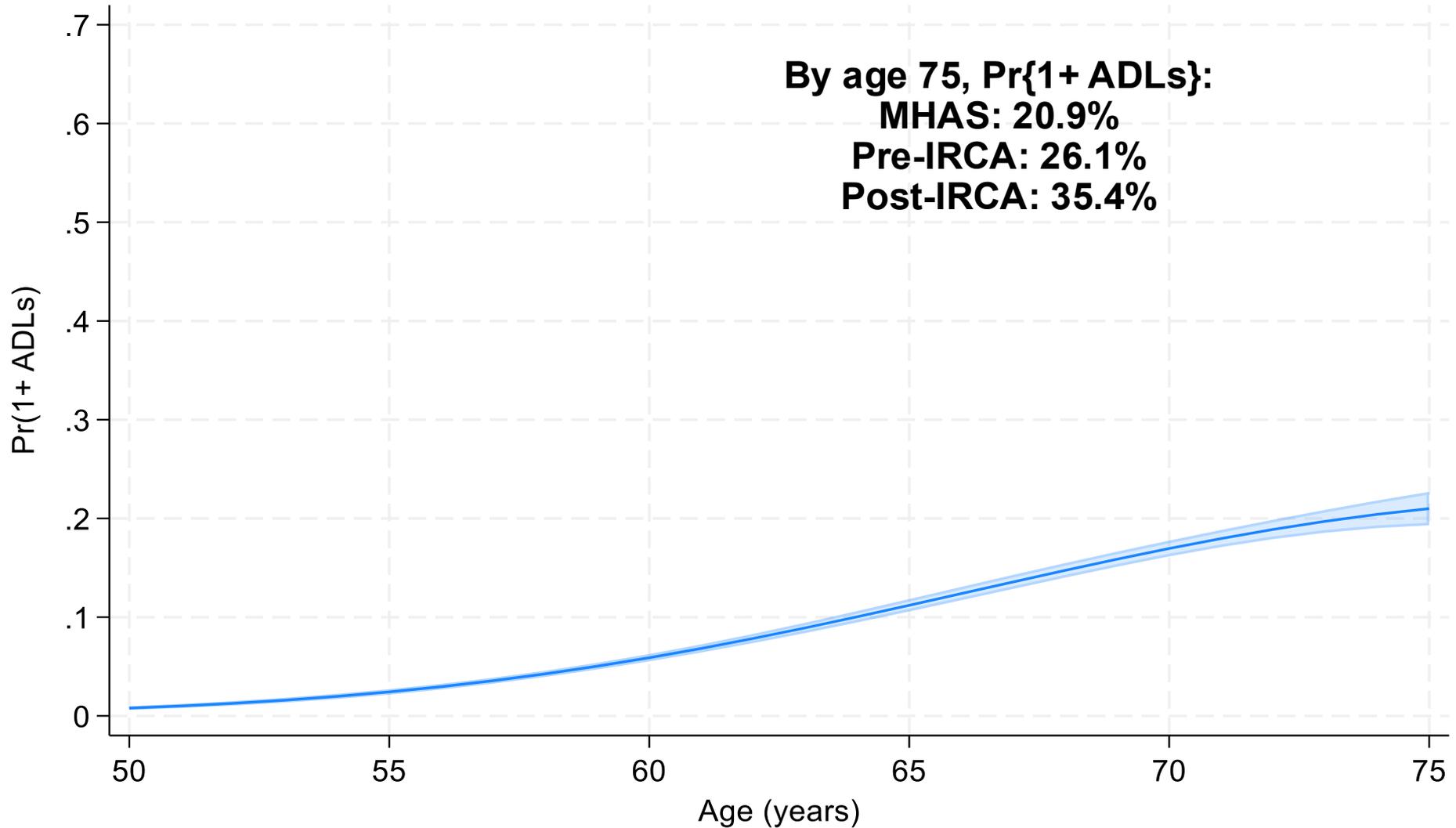
To further contextualize, pace of increase for migrants, somewhat/much higher than Mexico-based folks <u>with highest</u> childhood disadvantage

At age <u>65</u>:

In Mexico (fuller model):
Highest ACSEs: 13.6%
Lowest ACSEs: 9.8%

In US (simpler vs. fuller model):
Pre-IRCA: 19.2% - 13.0%
Post-IRCA: 21.9% - 20.6%

Highest — Lowest

Pr(1+ ADLs)

Age (years)

Next steps in project

- Creating integrated HRS-MHAS file
  - Comparable measures
  - Matched immigration cohorts (weighted)

- Have linked state data on "Immigrant Social Inclusion" with HRS
  - Will assess role of ISI in pace of aging

- In middle of linking deportation data with ~places of origin in MHAS
  - Will assess role in economic support & mental health of older adults

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