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Recommended Citation

Mykyta, Laryssa; Ghaddar, Suad; and Vela, Leonel, "Exploring the Hispanic health paradox in mental health outcomes: Evidence from the US-Mexico border" (2019). *Health & Biomedical Sciences Faculty Publications and Presentations*. 2.

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Exploring the Hispanic health paradox in mental health outcomes: Evidence from the US-Mexico border

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Background:

Research has established that Hispanic *immigrants* experience better health outcomes than their *US-born* counterparts. However, it is unclear whether the immigrant advantage holds for mental health. The purpose of this study is to examine mental health disparities by nativity status in an underserved Hispanic population along the southern border.

Methods:

We collected data (N=713, weighted 733,644 adults) in four counties (90% Hispanic) along the Texas-Mexico border from March through August 2018 utilizing a dual-frame sampling design (random-digit dial telephone survey and field survey in randomly-selected *colonias*). We assessed several mental health outcomes (depression, anxiety, poor mental health days, PTSD symptomology). We estimated multivariate regressions to examine the association between nativity status and each outcome, controlling for individual characteristics, perceived discrimination, material hardship, adverse childhood experiences, and social support. We employed Blinder-Oaxaca decomposition to determine whether differences in mental health outcomes by nativity are attributable to differences in sociodemographic characteristics, social support, or other stressors.

Results:

Two-fifths of participants were foreign-born. Forty-five percent lacked healthcare coverage, 30% had not completed high school, and 22% had household incomes <\$15,000, reflecting the region's relative disadvantage.

Participants (foreign- and US-born) experienced higher depression, anxiety and poor mental health days relative to national averages. However, foreign-born Hispanics experienced lower anxiety ($p=0.003$), fewer poor mental health days ($p=0.027$), and less PTSD symptomology ($p=0.009$) than US-born Hispanics.

The immigrant mental health advantage declined with duration of residence, with no significant differences in anxiety ($p=0.17$), poor mental health days ($p=0.28$), or PTSD ($p=0.33$) between the foreign-born residing in the US 15 years or more and the US-born. Blinder-Oaxaca decomposition revealed that if foreign-born Hispanics rated physical health the same as US-born Hispanics, they would have reported lower levels of depression ($p=0.01$), anxiety ($p=0.05$), and poor mental health days ($p=0.02$); similarly, if foreign-born Hispanics experienced comparable levels of hardship, they would have reported lower levels of depression ($p=0.06$), anxiety ($p=0.04$), and poor mental health days ($p=0.05$).

Conclusion:

This study extends the Hispanic paradox to mental health with findings supporting an immigrant advantage in mental health outcomes. However, this advantage is mitigated by duration of residence and structural inequalities.