

PAA Submission

Title: Distress among Black Immigrants by Region of Birth

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Abstract:

The increase of Black migration has prompted empirical analyses and the development of theoretical frameworks focused on the Black immigrant experience. Read and Emerson explained health disparities among Black immigrants using a racial context paradigm. We expand on their framework by studying the mental health of Black immigrants by region of birth using data from the National Health Interview Survey. We analyze distress among five groups, African Americans (N= 60,219), Central Americans and Caribbean Blacks (N= 4,623), South American Blacks (N= 422), European Blacks (N= 263) and African Blacks (N=2,083). At baseline, African Blacks and Central American and Caribbean Blacks are significantly less likely to be distressed which is congruous with Read and Emerson's paradigm. However, controlling for education, region of birth is no longer significant. Black immigrants from each region do not have homogeneous outcomes and are rather determined by socioeconomic status which is indicative of immigrant selectivity.

Extended abstract:

The number of foreign-born Blacks in the United States more than tripled in the time period between 1980 and 2005. Approximately two thirds of the foreign-born Black population is from Latin America and the Caribbean. However, between 2000 and 2005, the US received a significant influx of African-born Blacks as 40% of this group arrived during this time frame (Kent 2007). In the United States, the experiences of Black immigrants have been mostly neglected due to what Bryce-Laporte called double invisibility on account of being Black and foreign (1972). In recent years, the increase of Black migration influxes from distinct global regions has prompted empirical analyses and the development of theoretical frameworks focused on the Black immigrant experience. Read and Emerson (2005) explained health disparities (self-rated health, functional limitation and hypertension) among Black immigrants using a racial context paradigm. They found evidence that Black immigrants who trace their origin to majority white regions (Europe) have worse health outcomes than those from majority Black contexts (Africa); these results highlight the deleterious health effects of living in a majority white context. In our paper, we expand on Read and Emerson's framework by studying the mental health of Black immigrants by region of birth. Using data from the National Health Interview Survey (NHIS) from 1999 to 2014, we analyze one outcome, distress, as assessed by the Non-Specific Distress Battery questionnaire administered to the adult sample of the NHIS. We divided Black immigrants by region of birth which resulted in five groups, African Americans (N= 60,219), Central Americans and Caribbean Blacks (N= 4,623), South American Blacks (N= 422), European Blacks (N= 263) and African Blacks (N=2,083). In our results, the logistic

regression models suggest that at baseline, African Blacks and Central American and Caribbean Blacks are significantly less likely to be distressed which is congruous with Read and Emerson's racial context. However, once accounted for education, region of birth is no longer significant. Although the same trend continues and African Blacks and Central American and Caribbean Blacks are less likely to be distressed, the results suggest that mental health outcomes among Black immigrants are stratified by socioeconomic status. Those with less than a college degree are two to three times more likely to be distressed after accounting for length of residence, gender, age, marital status, employment status, health insurance and smoking. Therefore, Black immigrants from each region do not have homogeneous outcomes. The outcomes are determined by socioeconomic status and are indicative of immigrant selectivity.

References:

- Bryce-Laporte, Roy S. 1972. "Black Immigrants: The Experience of Invisibility and Inequality." *Journal of Black Studies* 3(1): 29-56.
- Kent, Mary M. 2007. "Immigration and America's Black Population". *Population Bulletin of the Population Reference Bureau* 62(4):3-15.
- Read, Jen'nan G and Michael O. Emerson. 2005. "Racial Context, Black Immigration and the U.S. Black/White Health Disparity". *Social Forces* 84(1):181-199.

Table 2. Logistic Models of **Distress (dichotomous)** among Black Immigrants Relative to Black Americans Expressed in Odd Ratios.

<i>Reference: African Americans</i>	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6		Model 7	
	<i>O.R.</i>	<i>S.E.</i>	<i>O.R.</i>	<i>S.E.</i>	<i>O.R.</i>	<i>S.E.</i>	<i>O.R.</i>	<i>S.E.</i>	<i>O.R.</i>	<i>S.E.</i>	<i>O.R.</i>	<i>S.E.</i>	<i>O.R.</i>	<i>S.E.</i>
Central American and Caribbean Blacks	.55**	.06	.56**	.08	.56**	.08	.59*	.08	.62*	.09	.71*	.10	.82	.12
South American Blacks	.71	.30	.71	.30	.72	.30	.90	.38	.94	.40	1.06	.45	1.20	.50
European Blacks	.70	.28	.72	.29	.75	.30	.95	.41	.96	.42	.97	.43	1.00	.44
African Blacks	.42**	.09	.41*	.22	.42*	.12	.59	.17	.56	.17	.59	.19	.68	.22
<i>Nativity and Length of Residency</i>														
Foreign Born <5 Years			1.06	.39	1.07	.40	.87	.33	.71	.28	.59	.24	.66	.28
Foreign Born 5-14 Years			1.01	.22	1.00	.22	.87	.19	.90	.20	.85	.19	.92	.20
Female					1.46**	.08	1.51**	.09	1.45**	.09	1.43**	.09	1.56**	.09
Age					.99	.00	0.99*	.00	.99*	.00	.99**	.00	.99**	.00
<i>Education</i>														
Less than High School							6.22**	.68	5.91**	.65	3.65**	.41	3.04**	.34
High School							3.37**	.38	3.27**	.37	2.43**	.27	2.08**	.24
Some College							2.72**	.30	2.64**	.29	2.18**	.24	1.96**	.22
<i>Additional Control Variables</i>														
Married									.79**	.05	.90	.05	.91	.05
Employed											.33**	.01	.33**	.02
Uninsured											1.38**	.08	1.24**	.07
Smoker													2.51**	.13

*p. <0.05; **p. <0.01