

EDITOR'S CHOICE



Emerging Hispanic Health Paradoxes

In 1986 Markides and Coreil proposed the Hispanic Health Paradox (Markides KS, Coreil J. The health of Hispanics in the southwestern United States: an epidemiologic paradox. *Public Health Rep.* 1986;101(3):253–265), asserting that despite having a disadvantaged socioeconomic status, Southwestern Hispanics of Mexican heritage exhibited rates of physical and mental health that are commensurate with those of their more advantaged non-Hispanic White peers. Markides and other scholars offered several competing explanations for this paradox including selective migration of the healthiest immigrants, a return of the least healthy to their native country, and the protective effects of Mexican cultural and familial factors.

Across almost three decades, this paradox has been relabeled alternately in various ways, including “Mexican Paradox” and “Healthy Immigrant Paradox.” However labeled, a shifting pattern of health outcomes has been observed during the process of cultural adaptation, as this also involves the adoption of certain unhealthy behaviors with greater duration of residency within the United States. Ironically, this shift generally occurs in accord with upward socioeconomic mobility and with improved access to health services.

Within the current issue of the *American Journal of Public Health*, four contemporary studies address aspects of this Healthy Immigrant Paradox, providing new evidence that may help to reframe it. Guendelman et al. (p. 1634–1640) observed that immigrant Mexican women, relative to their peers who remain in Mexico, were more likely to be obese and to perceive themselves to be overweight. Nonetheless, these immigrant Mexican women also perceived themselves as less obese, and were in fact less obese, when compared with their non-Hispanic White American peers.

Torres et al. (p. 1619–1627) examined the importance of premigration conditions among male and female Latino immigrants, whereby forced and unplanned migration constituted “starting conditions” associated with poorer physical health outcomes. This study highlights the often unexamined starting conditions that govern an immigrant’s life trajectory during cultural adaptation to life within the United States. In another study, Snowden and McClellan

(p. 1628–1633) reported that language assistance to Spanish-speaking clients facilitated their utilization of mental health services, although this assistance in itself did not reduce language-related health disparities regarding access to mental health services. For Mexican male and female immigrants, Orozco et al. (p. 1610–1618) found that migration and longer residency within the United States were associated with progressively higher rates of internalizing mental disorders (notably, anxiety and depression) and with somewhat elevated rates of substance use disorders. Relative to the nonimmigrants who remained in Mexico, persons migrating to the United States early in their life also exhibited higher rates of utilization of mental health services, although this greater utilization did not reduce the overall unmet need for mental health care.

From its early formulation, the original Hispanic Health Paradox suggested the occurrence of a unified acculturative process that influences unfavorable health outcomes. It now appears that there exist several acculturation trajectories, each with different physical and mental health outcomes. Moreover, each trajectory is characterized by different “starting conditions” (intercepts), and by differing life-change patterns that generate enhanced or compromised socioeconomic and health outcomes. For these trajectories, their particular starting conditions may be defined by variations in the human capital that immigrants bring, and also by the social capital available to them within the new cultural environment. Moreover, given the remarkable growth and diversification of the Hispanic populations living within the United States, new and more probing public health research studies are needed, as guided by increasingly more complex models of socioeconomic and acculturative change. In time, these studies may reveal the existence of a series of Hispanic health paradoxes, each of which is defined by a unique set of starting conditions and different life trajectories, as these would produce a variety of physical and mental health outcomes. ■

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