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U.S. Immigrants Have Highly Heterogeneous Perceptions of How Selected They Are on Health

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Abstract

Measuring immigrant health selection is crucial for understanding population health in immigrant-receiving countries. Recently, studies have measured health selection using respondents' perceptions of their health in comparison with those in their home countries. Yet we do not know how well this measure captures health selection. Using the New Immigrant Survey, the authors visualize respondents' self-reported levels of health selection stratified by self-rated health and by sending country. The visualization indicates that immigrants from the same country who rate their health the same still give very different answers when asked to compare their health with those in their home countries. These variations were observed for immigrants from all top five sending countries and at every level of self-reported health but are much larger among those who rate their health less favorably. Overall, the present findings signal that U.S. immigrants have highly heterogeneous perceptions of how selected they are.

Keywords

migration; health selection; self-rated health; visualization; United States

Immigrant health selection, defined as migrants' health compared with those in their home countries, is crucial for understanding population health in immigrant-receiving countries (Feliciano 2020). Measuring health selection can be a demanding task. To study health selection, scholars have spent great efforts to combine U.S. surveys with surveys from sending countries (Riosmena, Kuhn, and Jochem 2017).

The New Immigrant Survey, the only nationally representative survey of new authorized immigrants in the United States, sought to measure health selection by asking respondents to rate their health in comparison with those in their home countries (Jasso et al. 2006).

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Supplemental Material

Supplemental material for this article is available online.

Specifically, it asked respondents, “If you compared your current health to people in your home country, how would you rate it—excellent, very good, good, fair, or poor?” Previous research recoded this measure so that (1) “excellent” and “very good” represent positive health selection, or better health than those in the home country; (2) “good” represents neutral selection, or the same health as those in home country; and (3) “fair” and “poor” represent negative selection, or worse health than those in home country (Akresh and Frank 2008). The simplicity of this measure makes it of great interest to sociologists and migration scholars. However, the validity of the measure is unclear given that it relies on respondents’ self-report, and self-reported measures sometimes fail to accurately measure the outcomes of diverse populations (Santos-Lozada and Martinez 2018). Exploring the validity of the measure is important because future immigrant surveys may ask similar questions to gauge immigrant selection.

To explore the validity of this comparative health measure, we cross-tabulate it with another measure of health on the same survey, overall self-rated health, for respondents from each of the top five sending countries. If the comparative health measure accurately captures health selection, then we should expect individuals from the same country with the same self-rated health status to have similar perceptions of whether they are positively, neutrally, or negatively selected.

Figure 1 shows that immigrants from the same country who rate their health the same still give varying answers when asked to compare their health with those in their home country. For example, among Mexican immigrants who rate their health as “excellent,” about 80 percent perceived their health as better than those in Mexico. About 10 percent perceived themselves as neutrally selected, and nearly 5 percent of the population with excellent self-rated health perceived their health as worse than those in Mexico. In other words, respondents have varying perceptions about what “excellent” health in the United States corresponds to in Mexico. Similar patterns were observed for the other four sending countries.

These variations are present at every level of self-reported health but are larger among those who rate their health less favorably. For example, among Indian immigrants who rate their overall health as fair or poor, almost equal shares thought their health was better, the same, or worse compared with those in India. Such variations signal that U.S. immigrants have highly heterogeneous ways of gauging how selected they are. Therefore, asking respondents to rate their health in comparison with their home country may not offer the most accurate measures of immigrant health selection.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Biographies

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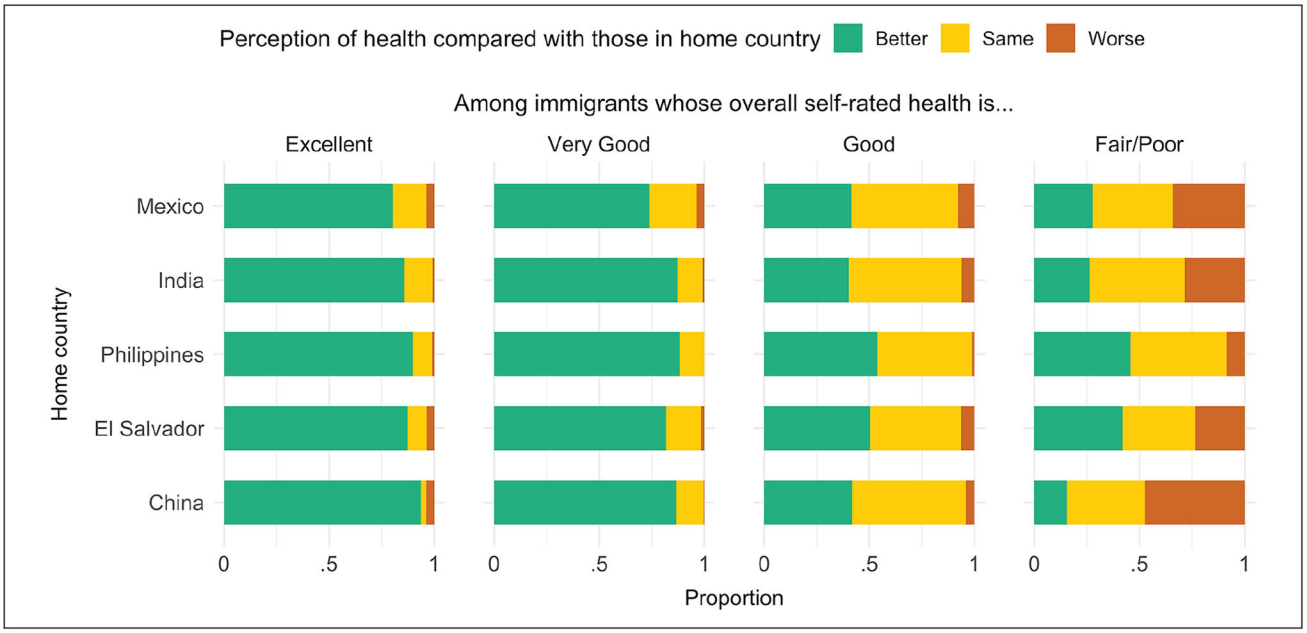

Figure 1.

U.S. immigrants' comparative health status, by self-rated health and country of origin. Columns represent levels of overall self-rated health, and lines represent countries of origin (sorted by sample size). Colors represent how immigrants rated their health compared with those in home country. Data are from the 2003 wave of the New Immigrant Survey. Sampling weights were applied to produce nationally representative estimates. The sample consists of immigrants from Mexico (n = 1,063), India (n = 741), the Philippines (n = 496), El Salvador (n = 468), and China (n = 449). The original self-reported health variable had separate categories for "fair" and "poor," but we combined them to ensure a large enough sample in each category.