

# POLICYNOTE

## THE HISPANIC HEALTH PARADOX: IMPLICATIONS FOR RETIREMENT POLICY

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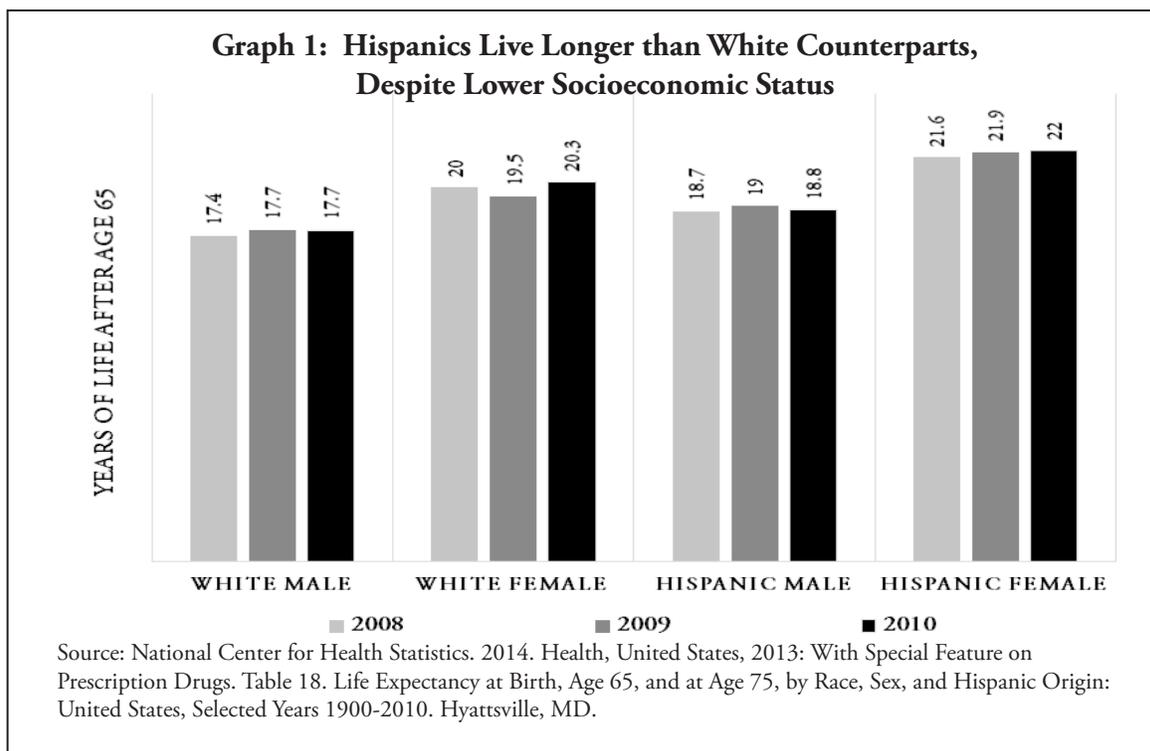
### INTRODUCTION

Low socioeconomic status (a combined measure of income, education, and occupation) translates into lower longevity, or shorter life spans, for most groups in the U.S.<sup>1</sup> However, Hispanic-Americans have proven to be an exception to this rule. In what is known as the Hispanic health paradox,<sup>2</sup> Hispanic-Americans live longer lives than Whites, despite lower socioeconomic status.<sup>3</sup>

Hispanic-Americans have not, however, overcome the negative effects of low socioeconomic status on health. Rather, the apparent

advantage in life expectancy seen in the Hispanic-American population is due to the difference in health profiles between foreign-born and U.S.-born Hispanics. Foreign-born Hispanic men can expect to live 3.2 years longer than their U.S.-born counterparts.<sup>4</sup> As successive generations of Hispanic-Americans are born in the U.S.,<sup>5</sup> the longevity advantage attributed to the Hispanic-American population will likely disappear and their health outcomes will begin to approach what would be expected given their relatively low socioeconomic status.

Forward-looking retirement policy must anticipate Hispanic-Americans' decreasing longevity relative to Blacks and Whites as successive generations are born in the U.S. Specifically, policymakers should reconsider proposals to raise the retirement age, which rely on the assumption that longevity will increase for all Americans. In fact, all Americans will not experience the same increases in life span or improvements in health and cannot be assumed to be able to work longer.<sup>6</sup> Rather, raising the retirement age would disproportionately affect low socioeconomic status groups, like Hispanic-Americans, in the long-run. While raising the retirement age would reduce benefits for all Americans, groups with shorter life spans and less income would see a disproportionate cut in their benefits, pushing a secure retirement further out of reach.



## THE HISPANIC HEALTH PARADOX

In 2010, Hispanic-American men and women were expected to live longer after age 65 than their white counterparts. While white men had 17.7 years of expected life after age 65, Hispanic-American men had 18.8 years. White women had 20.3 years of expected life after age 65, while Hispanic-American women had 22 years. These differences in longevity persist despite the fact that Hispanic-Americans have lower levels of income<sup>7</sup> and education<sup>8</sup> than white Americans—factors associated with shorter life spans.

In 2013, a study by Ruiz, Steffen, and Smith confirmed the existence of a Hispanic health paradox.<sup>9</sup> Their meta-analysis of 58 independent studies from January 1990 to July 2010 concluded that Hispanics live longer than others with similarly low socioeconomic status. The Hispanic population has a 17.5% lower risk of mortality, averaged over the life course, compared to non-Hispanic Blacks and Whites. This difference in mortality risk between Hispanics and non-Hispanic Blacks and Whites increases with age, meaning as people age, older Hispanics live increasing longer than older Blacks and Whites.

However, this paradox in mortality does not extend to disability and morbidity (the onset of disease), nor does it affect all members of the Hispanic population in the same way. There are significant differences in levels of chronic morbidity among foreign and U.S.-born Hispanics.<sup>10</sup>

In their study, chronic morbidity includes heart disease, stroke, diabetes, and cancer. While foreign-born Hispanic men report the lowest levels of chronic morbidity after age 50, with 24% of the sample experiencing a chronic morbidity condition, U.S.-born Hispanics reported higher levels than Whites and similar levels to Blacks. 30% of Whites in the sample experienced chronic morbidity

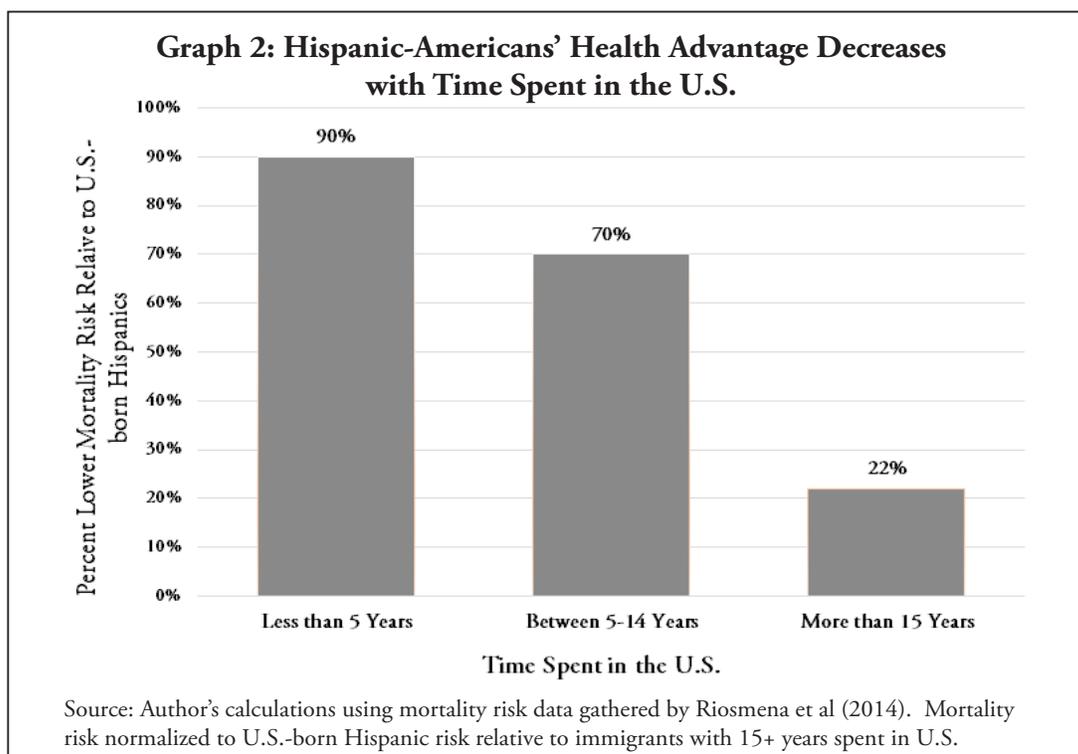
conditions, while 31% of Blacks and U.S.-born Hispanics experienced chronic morbidity conditions.

The additional 3.2 years of expected life attributed to foreign-born Hispanic men compared to non-Hispanic white Americans are hampered by disability. Even where mortality rates converge (as they do between U.S.-born Hispanic-American men and non-Hispanic white American men), there are differences in health-related quality of life. On average, White men, live an additional 2.3 years free of disabilities compared to U.S.-born Hispanics. Research on the morbidity of black and Hispanic women suggests that women of color are the most disabled members of the American population.<sup>11</sup>

## THE PARADOX BREAKS DOWN WITH TIME SPENT IN U.S.

The health advantage experienced by Hispanic-Americans as a group breaks down when they are disaggregated according to time spent in the U.S. Foreign-born Hispanics have lower mortality than their U.S.-born counterparts. A 2014 study by Riosmena et al establishes a clear link between duration of stay in the U.S. and Hispanic mortality. Immigrants with 15 years or more in the country had a 38% higher chance of dying between 1998 and 2004 than immigrants with less than five years in the country, and a 13% higher chance than those who had spent between five and 14 years in the country. U.S.-born Hispanics had a 37% higher chance of dying between the period of the study than immigrants who had spent 15 years or more in the U.S.

When U.S.-born Hispanics are used as the reference group, the gradient in health becomes more distinct. Immigrants with less than five years in the country were 90% less likely to die between 1998 and 2004 than U.S.-born Hispanics. Immigrants who had spent between five and 14 years in the country were 70% less likely



to die, while those who had spent more than 15 years were only 22% less likely to die.

This suggests that time spent in the U.S. is significant in determining life chances and health status for Hispanics. The health advantage ascribed to Hispanics as a group reflects the relative health of foreign-born Hispanics and has limited applicability to those born in the U.S. As successive generations of Hispanic-Americans are born in the U.S., this health advantage will likely disappear.

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### ACCULTURATION: AN INCOMPLETE EXPLANATION

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One explanation for the Hispanic health paradox is acculturation, or the process by which new entrants to a culture take on the traits and behaviors of that culture's dominant group. In this context, it refers to Hispanics adopting American health behaviors over time and through generations living in the U.S. Acculturation was found to have both negative and positive effects on health behaviors, with higher acculturation associated with higher alcohol intake, smoking, and body mass index, but also more exercise.<sup>12</sup>

However, there are limitations to using acculturation as an explanation for the Hispanic health paradox. Because the concept of "culture" itself is difficult to make clear and distinct, there is a danger in assuming a direct relationship between adopting U.S. "culture" and deteriorating health.<sup>13</sup> An ill-defined culture variable could put too much focus on individual behaviors to the exclusion of important structural sources of poor health outcomes, such as a lack of access to resources.

Additionally, Riosmena et al find that certain acquired skills or traits actually protect Hispanics in the U.S. from a diminished life span. These "protective effects" include speaking English, which increases survival for Hispanics of both sexes, and citizenship, which is shown to do the same for immigrant women. This effect did not decrease when controlling for common behavioral aspects of acculturation, including BMI, smoking, and alcohol consumption.

To counter the overreliance on theories of harmful acculturation, cumulative disadvantage is an alternative way to understand the deteriorating health outcomes of U.S.-born Hispanics and Hispanic immigrants.<sup>14</sup> It refers to the compound effects of socioeconomic disadvantage and discrimination throughout life and implies the importance of structural, rather than behavioral, sources for explaining negative health outcomes.

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### POLICY RECOMMENDATIONS

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Policymakers who use increasing average U.S. life expectancy to support raising the eligibility age for receiving early or full retirement benefits must consider that the Hispanic health paradox is linked to the time Hispanics have spent in the U.S. As successive generations of Hispanic-Americans are U.S.-born, their health status will likely deteriorate, upholding the link between low socioeconomic status and health. Hispanic-Americans are likely to experience a decrease in life expectancy relative to Whites, meaning they would be disproportionately affected by an increase in the retirement age.

Policymakers should address the structural factors contributing to poor health outcomes for older Americans with lower socioeconomic status before endorsing raising the retirement age. Ensuring that older Americans are able to enjoy healthy working lives and active retirements, irrespective of their race, should be a priority in American public policy. Either the socioeconomic conditions of communities of color must be improved, or the effects of low socioeconomic status on health must be reduced.

Improving the socioeconomic conditions of disadvantaged groups means helping them acquire adequate assets and resources for participating in the economic system as it is now. Reducing the effects of socioeconomic status on health means expanding social insurance to a point where being poorer or less well-educated does not prevent one from having access to adequate health care.

The Schwartz Center for Economic Policy Analysis (SCEPA) endorses Guaranteed Retirement Accounts (GRAs) as a way to reduce inequality in savings among older Americans. These accounts would provide a mandatory savings fund on top of social security for all Americans, helping to ensure adequate income during years of retirement. GRAs fall into the policy category of improving the socioeconomic conditions of communities of color without fundamentally changing the structure of health care provision within the country.

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### ENDNOTES

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- <sup>1</sup> Adler, N. E., and K. Newman. (2002)
- <sup>2</sup> Markiedes, Kyriakos S., and J. Coreil. (1986)
- <sup>3</sup> U.S. Census Bureau, Survey of Income and Program Participation, 2008 Panel, Wave 13
- <sup>4</sup> Hayward et. al. (2014)
- <sup>5</sup> Krogstad, Jens M., and Mark H. Lopez. (2014)
- <sup>6</sup> Bosworth, Barry P. and Burke, Kathleen. (2014)
- <sup>7</sup> U.S. Census Bureau, Current Population Survey, 2012 and 2013 Annual Social and Economic Supplements.
- <sup>8</sup> U.S. Census Bureau, Survey of Income and Program Participation, 2008 Panel, Wave 13
- <sup>9</sup> Smith and Bradshaw (2006) posit that the apparent Hispanic paradox is merely an artifact of a change in classification of deaths from the use of Spanish surnames to Hispanic-origin in vital statistics. Ho, Shih, and Simon (2007) refute this dismissal directly, though the meta-analysis conducted in Ruiz, Steffen, and Smith (2013) establishes the paradox's existence as well.
- <sup>10</sup> Cantu, Phillip A., Mark D. Hayward, Robert A. Hummer, and Chi-Tsun Chiu. (2013)
- <sup>11</sup> Brown and Hargrove. (2013)
- <sup>12</sup> Abraído-Lanza, Ana F., Maria T. Chao, and Karen R. Flórez. (2005)
- <sup>13</sup> Abraido-Lanza, Armbrister, Florez, and Aguirre (2006)
- <sup>14</sup> Riosmena et al (2014)

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**REFERENCES**


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- Abraido-Lanza, Ana F., Adria N. Armbrister, Karen R. Florez, and Alejandra N. Aguirre. "Towards a Theory-Driven Model of Acculturation in Public Health Research." *American Journal of Public Health* 96.8 (2006): 1342-346.
- Abraido-Lanza, Ana F., Maria T. Chao, and Karen R. Flórez. "Do Healthy Behaviors Decline with Greater Acculturation?: Implications for the Latino Mortality Paradox." *Social Science & Medicine* 61.6 (2005): 1243-255.
- Adler, N. E., and K. Newman. "Socioeconomic Disparities in Health: Pathways And Policies." *Health Affairs* 21.2 (2002): 60-76.
- Bosworth, Barry P. and Burke, Kathleen. 2014. *Differential Mortality and Retirement Benefits in the Health and Retirement Study*. Chestnut Hill, MA: Center for Retirement Research at Boston College.
- Brown, Tyson H., and Taylor W. Hargrove. "Multidimensional Approaches to Examining Gender and Racial/Ethnic Stratification in Health." *Women, Gender, and Families of Color* 1.2 (2013): 180-206.
- Cantu, Phillip A., Mark D. Hayward, Robert A. Hummer, and Chi-Tsun Chiu. "New Estimates of Racial/Ethnic Differences in Life Expectancy with Chronic Morbidity and Functional Loss: Evidence from the National Health Interview Survey." *Journal of Cross-Cultural Gerontology* 28.3 (2013): 283-97.
- Hayward, M. D., Hummer, A., Chiu, C., Gonzalez-Gonzalez, C., & Wong, R. (2014). Does the Hispanic Paradox in the U.S. Adult Mortality Extend to Disability? *Population Research and Policy Review*, 33, 81-96.
- Ho, Alex, Margaret Shih, and Paul Simon. "Hispanic Paradox." *American Journal of Public Health* 97.3 (2007): 392.
- House James, Lantz Paula, Herd Pamela. 2005. "Continuity and Change in the Social Stratification of Aging and Health Over the Life Course: Evidence from a Nationally Representative Longitudinal Study from 1986 to 2001/2002 (the Americans' Changing Lives Study)". *J Gerontol Series N: Psychol Sci Soc Sci* 60: S15-S26
- Krogstad, Jens M., and Mark H. Lopez. "Hispanic Nativity Shift." Pew Research Center, 29 Apr. 2014. Web
- Markiedes, Kyriakos S., and J. Coreil. "The Health of Hispanics in the Southwestern United States: An Epidemiologic Paradox." *Public Health Reports* 101 (1986): 253-65.
- National Center for Health Statistics. 2014. *Health, United States, 2013: With Special Feature on Prescription Drugs*. Table 18. Life Expectancy at Birth, Age 65, and at Age 75, by Race, Sex, and Hispanic Origin: United States, Selected Years 1900-2010. Hyattsville, MD.
- Riosmena, Fernando, Bethany G. Everett, Richard G. Rogers, and Jeff A. Dennis. "Negative Acculturation and Nothing More? Cumulative Disadvantage and Mortality during the Immigrant Adaptation Process among Latinos in the U.S." *International Migration Review* (2014): 1-36.
- Ruiz, John M., Patrick Steffen, and Timothy B. Smith. "Hispanic Mortality Paradox: A Systematic Review and Meta-Analysis of the Longitudinal Literature." *American Journal of Public Health* 103.3 (2013): E52-60.
- Smith, David P., and Benjamin S. Bradshaw. "Rethinking the Hispanic Paradox: Death Rates and Life Expectancy for US Non-Hispanic White and Hispanic Populations." *American Journal of Public Health* 96.9 (2006): 1686-692.