

Immigrant Status Differences in Age Trajectories of Depressive Symptoms among Older Adults
of Mexican Descent: The Role of Socioeconomic Resources, Acculturation, Social Integration,
and Physical Health

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Extended abstract

The literature suggests that immigrant status is an important determinant of psychological well-being in later life. In particular, immigrant older adults of Mexican descent tend to have elevated depressive symptomatology, compared to their U.S.-born counterparts. Less is known, however, about immigrant status differences in age trajectories of depressive symptoms among older adults of Mexican descent. Additionally, prior research suggests that individuals' socioeconomic resources, acculturation level, social integration, and physical health can be contingent on their immigrant status. Yet, it remains unclear whether and how these factors can be responsible for immigrant status differences in the age patterning of depressive symptoms in later life. At the same time, the insights from this study can provide us with a better understanding of social and health disparities in the U.S.

It is important to examine this population group for several reasons. Mexican Americans comprise two-thirds of the Hispanics in the U.S., the largest ethnic minority group (16% of the total population; Ennis, Ríos-Vargas, & Albert, 2011). Thirty-five percent of Mexicans in the

U.S. were born in Mexico (Gonzalez-Barrera & Lopez, 2013). Moreover, the highest increase in the U.S. population age 65 and older is predicted among the Hispanic elderly population which is expected to grow from its current level of 6% to 17% by 2050 (PEW Hispanic Center, 2008). In addition, older adults of Mexican descent have relatively high rates of depressive symptoms, especially among women (Black, Markides, & Miller, 1998; Swenson et al., 2000).

The present study draws on three competing theoretical frameworks to examine the age patterning of depressive symptoms among immigrant and U.S.-born older adults of Mexican descent. Specifically, on the basis of the cumulative disadvantage, age-as-leveler, and persistent inequality perspectives, this study investigates whether immigrant status differences in age trajectories of depressive symptoms among older adults of Mexican descent are characterized by change (i.e., divergence or convergence) or stability. In addition, this paper considers whether socioeconomic resources, acculturation, social integration, and physical health can mediate immigrant status differences in age trajectories of depressive symptoms. Socioeconomic resources include education, income, financial strain, and health insurance coverage. Acculturation is measured by the English language mastery and ethnic composition of social ties. Social integration is represented by marital status, parenthood status, intergenerational coresidence, social support, and religious involvement. Physical health is measured by limitations with activities of daily living and the number of chronic conditions.

The growth curve analyses were based on seven waves of data (1993 – 2011) from the Hispanic Established Population for the Epidemiologic Study of the Elderly (H-EPESE). The H-EPESE has an area probability, multistage sample of noninstitutionalized Mexican Americans aged 65 and older residing in five southwestern states – Texas, New Mexico, Colorado, Arizona, and California. The baseline data were collected in 1993 – 1994, with follow-up waves being

collected at approximately two-year intervals. The final datafile for the present analysis consists of 10,915 person-periods.

The results provide support for the persistent inequality perspective which implies that immigrant status differences in psychological well-being remain constant with increasing age. The present study shows that immigrant older adults of Mexican descent have persistently more depressive symptoms with age than their U.S.-born counterparts. In addition, the findings reveal that measures of socioeconomic resources and social integration can partially explain higher rates of depressive symptomatology among immigrants, compared to U.S.-born individuals, whereas measures of acculturation eliminate these immigrant status differences. Measures of physical status, however, show a suppressor effect. Specifically, the results indicate that immigrant older adults of Mexican descent have fewer limitations with activities of daily living and fewer chronic conditions than their U.S.-born counterparts. Immigrants would have even higher rates of depressive symptomatology if their physical health were not better than that of U.S.-born older adults of Mexican descent.