IMMIGRATION AND HEALTH

ADVANCES IN MEDICAL SOCIOLOGY

Series Editor: Brea L. Perry

Series Editor for Volumes 7–15: Barbara Katz Rothman

Series Editor for Volumes 5–6: Gary L. Albrecht

Series Editor for Volumes 7–8: Judith A. Levy

Recent Volumes:

Volume 5: Quality of Life in Health Care – Edited by Ray Fitzpatrick

Volume 6: Case and Care Management – Edited by Gary L. Albrecht

Volume 7: Emergent Issues in the Field of Drug Abuse – Edited by Judith A. Levy, Richard C. Stephens and Duane C. McBride

Volume 8: Social Networks and Health – Edited by Bernice A. Pescosolido and Judith A. Levy

Volume 9: Bioethical Issues, Sociological Perspectives – Edited by Barbara K. Rothman, Elizabeth M. Armstrong and Rebecca Tiger

Volume 10: Patients, Consumers and Civil Society – Edited by Susan M. Chambré and Melinda Goldner

Volume 11: Understanding Emerging Epidemics: Social and Political Approaches – Edited by Ananya Mukherjea

Volume 12: Sociology of Diagnosis – Edited by PJ McGann and David J. Hutson

Volume 13: Sociological Reflections on the Neurosciences – Edited by Martyn Pickersgill and Ira van Keulen

Volume 14: Critical Perspectives on Addiction – Edited by Julie Netherland

Volume 15: Ecological Health: Society, Ecology and Health – Edited by Maya Gislason

Volume 16: Genetics, Health and Society – Edited by Brea L. Perry

Volume 17: 50 Years After Deinstitutionalization: Mental Illness in Contemporary Communities – Edited by Brea L. Perry

Volume 18: Food Systems and Health – Edited by Sara Shostak

EDITORIAL BOARD MEMBERS

This page intentionally left blank

ADVANCES IN MEDICAL SOCIOLOGY VOLUME 19

IMMIGRATION AND HEALTH

EDITED BY

REANNE FRANK
The Ohio State University, USA

United Kingdom – North America – Japan
India – Malaysia – China

Emerald Publishing Limited
Howard House, Wagon Lane, Bingley BD16 1WA, UK

First edition 2019

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-78743-062-4 (Print)
ISBN: 978-1-78743-061-7 (Online)
ISBN: 978-1-78743-251-2 (Epub)

ISSN: 1057-6290 (Series)

ISOQAR certified
Management System,
awarded to Emerald
for adherence to
Environmental
standard
ISO 14001:2004.

Certificate Number 1985
ISO 14001

INVESTOR IN PEOPLE

CONTENTS

About the Authors *ix*

Advancing the Field of Immigration and Health
Reanne Frank, Erick Axxe, Coralia Balasca and Melissa Rodriguez *1*

PART I
CROSS-NATIONAL PERSPECTIVES

Reconsidering the Relationship between Age at Migration and Health Behaviors among US Immigrants: The Modifying Role of Continued Cross-border Ties
Jacqueline M. Torres, Annie Ro and May Sudhinaraset *17*

Structure, Culture, and HIV/STI Vulnerabilities among Migrant Women in Russia
Victor Agadjanian and Natalia Zotova *47*

PART II
PROBLEMATIZING ACCULTURATION

Socioeconomic Status and Acculturation: Why Mexican Americans are Heavier than Mexican Immigrants and Whites
Michelle L. Frisco, Molly A. Martin and Jennifer Van Hook *71*

Intergenerational Health Transmission among Mexican Americans: Further Evidence of the Protective Effect of Spanish-language Utilization
Brian Karl Finch *97*

Talking about Teeth: Egocentric Networks and Oral Health Outcomes in a Mexican American Immigrant Community
Erin Pullen, Brea L. Perry and Gerardo Maupome *105*

The Influence of Acculturation and Weight-related Behaviors on Body Mass Index among Asian American Ethnic Subgroups
Chih-Chien Huang *123*

PART III
STRUCTURAL APPROACH

The Immigrant Health Differential in the Context of Racial and Ethnic Disparities: The Case of Diabetes
Michal Engelman and Leafia Zi Ye *147*

The Effects of Perceived Discrimination on Immigrant and Refugee Physical and Mental Health
Magdalena Szaflarski and Shawn Bauldry *173*

"They See Us Like Trash": How Mexican Illegality Stigma Affects the Psychological Well-being of Undocumented and US-born Young Adults of Mexican Descent
Deisy Del Real *205*

Immigrant Exclusion and Inclusion: The Importance of Citizenship for Insurance Coverage Before and After the Affordable Care Act
Erin Ice *229*

Precarious Incorporation: The Role of Work in Migrant Health and Longevity
Nathan T. Dollar *251*

Inflammation among Children: Evidence of an Immigrant Advantage?
Kammi K. Schmeer *275*

Index *297*

ABOUT THE AUTHORS

Victor Agadjanian is a Professor of Sociology at the University of California – Los Angeles. His research has examined migration, sexual and reproductive health, gender, ethnicity, and religion in developing and transitional settings. He has directed large projects in sub-Saharan Africa and Central Eurasia and has published in several languages in leading international outlets.

Erick Axxe is a Graduate Student in Sociology at the Ohio State University and a Student Affiliate of the Institute for Population Research. His research focuses on immigrant identity and integration. In particular, his work focuses on the structures which influence social trust in communities.

Coralia Balasca is a Doctoral Student in the Department of Sociology at the Ohio State University and an Affiliate of the Institute for Population Research (IPR). Her research focuses on the intersection of health and migration with a focus on health disparities in contemporary national and international contexts.

Shawn Bauldry is an Associate Professor of Sociology at Purdue University. His research has explored the interrelationships between socioeconomic resources and health over the life course and across generations. His work has been published in the *Journal of Health and Social Behavior*, *Social Science & Medicine*, and other scholarly journals.

Chih-Chien Huang is an Assistant Professor in the Department of Sociology at Saint Anselm College. Her current research projects focus on health perceptions among Asian Americans. Professor Huang's areas of expertise include socioeconomic determinants and gender disparities in the prevalence of Chinese obesity, Asian American body weight disparities, and the role of health behaviors in contributing to obesity.

Deisy Del Real is a PhD Candidate in Sociology at the University of California, Los Angeles. Her research seeks to understand the negative consequences of immigration enforcement and to identify policy solutions from other parts of the world that can help us create more humane immigration laws.

Nathan T. Dollar is a Graduate Student in Sociology at the University of North Carolina at Chapel Hill and a Pre-doctoral Trainee at the Carolina Population Center. His research focuses on international migration and the effect of labor market segmentation on the health and mortality of migrant populations in the United States. His work also examines how geographic variations in political and economic context shape population health outcomes.

Michal Engelman is an Assistant Professor of Sociology at the University of Wisconsin-Madison and a Faculty Research Associate at the Center for Demography and Ecology and the Center for Demography of Health and Aging. Her research examines the patterns of health throughout the life course and connections between social disadvantage and disparities in health.

Brian Karl Finch, PhD, is a Research Professor of Sociology & Spatial Sciences, Director of the Southern California Population Research Center, and Senior Social Demographer at the Center for Economic and Social Research at the University of Southern California.

Reanne Frank is an Associate Professor of Sociology at the Ohio State University and faculty affiliate of the Institute for Population Research (IPR). Her active research agenda centers on the sociology of immigration and race/ethnic inequality with a focus on demographic and health outcomes.

Michelle L. Frisco is Associate Professor of Sociology and Demography at Penn State University. Her research is aimed at better understanding the intersection of young people's family lives, school experiences and health and well-being and how racial/ethnic and nativity health inequalities emerge over time.

Erin Ice is a Doctoral Student at the University of Michigan in the Department of Sociology and Pre-Doctoral Trainee at the Population Studies Center. Her research focuses on health sector correlates of health and aging disparities, currently analyzing how changes in insurance billing practices have influenced invasive preventative technology use.

Molly A. Martin is an Associate Professor of Sociology and Demography at Penn State University. Her research seeks to understand how inequalities are produced and reproduced across generations by bridging areas of sociology of families, social stratification, medical sociology, and demography.

Gerardo Maupomé has been a Professor with Indiana University since 2005, more recently in the Richard M. Fairbanks School of Public Health as Associate Dean of Research. His research interests include oral epidemiology, dental health services research, oral health disparities, and analysis of decision-making among dental professionals.

Brea L. Perry is a Professor of Sociology at Indiana University. Her research interests include social networks, medical sociology, and education. She has published over 50 peer-reviewed articles and has been funded by NIH and NSF. Her book, Egocentric Network Analysis: Foundations, Methods, and Models, was published in 2018.

Erin Pullen is an Assistant Research Scientist at the Indiana University Network Science Institute. Her work investigates how relationships between personal networks, health behaviors, and health outcomes co-evolve over time, especially in

the context of disadvantage. In particular, her work focuses on the ways intersectional inequalities shape networks and health.

Annie Ro is an Assistant Professor in the program in Public Health at UC Irvine. She is a health demographer who studies social determinants of immigrant health, focusing on country of origin factors, adaptation processes, and immigrant receiving contexts among adult Latino and Asian immigrants.

Melissa Rodriguez is a Graduate Student of Sociology at the Ohio State University and a Student Affiliate at the Institute for Population Research. Her research focuses on US–Mexico migration and Latinos' experiences in the United States. Her work also examines race and class variations in educational experiences and trajectories.

Kammi K. Schmeer is an Associate Professor in the Sociology Department at the Ohio State University. Her research focuses on how family contexts affect children's health and physiological stress in the US and in low-income countries. She is also an Affiliate of the Institute for Population Research at Ohio State.

May Sudhinaraset is an Assistant Professor in Community Health Sciences in the School of Public Health at UCLA. Her research focuses on understanding the social determinants of migrant and women's health including cultural contexts of vulnerable populations, quality of care globally, and social policies and immigration in the United States.

Magdalena Szaflarski is an Associate Professor of Sociology and Scientist in Medicine and Public Health at the University of Alabama-Birmingham. Her research interests include immigrant mental health, religion and HIV, health-related quality of life, and medical cannabis use. Her research has been funded by NIH, state agencies, and private foundations.

Jacqueline Torres is an Assistant Professor in the Department of Epidemiology & Biostatistics at UCSF. Her research examines the impact of social and policy factors on the health of migrants and their family members.

Jennifer Van Hook is Roy C. Buck Professor of Sociology and Demography at Penn State University and a Non-Resident Fellow at the Migration Policy Institute. Her work focuses on immigrant populations and the socioeconomic integration of immigrants and their children, including the health and well-being of immigrants and their children.

Leafia Zi Ye is a Doctoral Student in Sociology at the University of Wisconsin-Madison and an Affiliate of the Center for Demography and Ecology. Her primary research interests are immigrant assimilation and social determinants of well-being. She currently has two streams of work: one stream focuses on immigrants' health and earnings trajectories and the other on family structure and the well-being of children in immigrant families.

Natalia Zotova is a PhD Candidate at the Ohio State University. She is a Cultural Anthropologist who studies migration and health and focuses on migration from Central Asia to the US and Russia. Her work explores the experiences of migrants and the resources and social networks that they use while accommodating to a new setting, as well as their perceptions of stress and insecurity both in the countries of origin and destination. She also researches implications of transnational migration for the physical and psychological well-being of movers and their families.

ADVANCING THE FIELD OF IMMIGRATION AND HEALTH

Reanne Frank, Erick Axxe, Coralia Balasca and Melissa Rodriguez

INTRODUCTION

As this issue of *Advances in Medical Sociology* on "Immigration and Health" moves toward publication, the country finds itself in yet another difficult and contentious moment with respect to immigration. A considerable amount of the present-day domestic political discourse revolves around immigration, most of it either explicitly restrictionist or with restrictionist undertones. Examples include calls to overhaul what the current presidential administration deems to be a "broken" immigration system, the failure to decide the fate of the Dreamers (US residents brought to the country as children without authorization and recipients of Deferred Action for Childhood Arrivals (DACA) status), increased immigration enforcement efforts, and attempts to restrict who is admissible into the country, e.g., the failed "Muslim Ban," among others (Martin, 2017; Pierce, Bolter, & Selee, 2018). Many of these national conversations find echoes in other parts of the world where the politics around refugee resettlement and debates around immigration more generally are dominating headlines, e.g., in parts of Europe, and figuring prominently in elections worldwide (Banulescu-Bogdan, 2016).

The politicized debates, internationally, nationally, and at local levels, frequently have as their undercurrent the politics of fear and division (Longazel, 2016; Waldinger, 2018). That is, immigrants, and immigration policy more broadly, are used to further divisions among the general public, which can then be leveraged for political gain (Massey, 2015; Massey, Durand, & Pren, 2016). The "wall" that the Trump administration wants to build between Mexico and US symbolizes this strategy, as it is largely understood as an ineffective deterrent but one that plays well to a base of supporters (Jones, 2016). Attempts to foment

Immigration and Health
Advances in Medical Sociology, Volume 19, 1–14

ISSN: 1057-6290/doi:10.1108/S1057-629020190000019001

and then harness fears around immigration have not originated with the current US presidential administration, however. As Portes and Rumbaut (2014) argue in their book *Immigrant America*, the strategy is, in fact, a fundamental part of our national history (Portes & Rumbaut, 2014). The "hard-line" restrictionist stance that the Trump administration has taken so far on immigration has echoes in the nativist movements from the turn of the last century. Then, as now, immigration levels in the United States were high, accounting for nearly 15% of the total US population in 1910, compared to roughly 13.5% now (U.S. Census Bureau, 2017; Gibson & Lennon, 1999). And then, as now, many of the current political debates involving immigration were heavy on rhetoric with little evidence to support their claims. As Portes and Rumbaut (2014) remind us, "Pundits past and present have seldom taken the time to examine the empirical evidence, preferring instead to give free reign to their prejudices" (p. 212). Perhaps more so than with any other contemporary domestic policy issue, existing empirical evidence is largely absent from immigration-related policy decisions. Rather, as Douglas Massey (2013) argues, immigration policy and its related debates "are not founded on any rational, evidence-based understanding of international migration. Instead, they were enacted for domestic policy purposes and *reveal more about America's hopes and aspirations-and its fears and apprehensions*-than anything having to do with immigrants or immigration per se" (2013, p. 5, emphasis added).

In this edited volume, we turn our attention to furthering the evidence-based understanding of a frequently overlooked topic in the discourse on immigration – the health of immigrants and their descendants. Health is a critical domain for this purpose for several reasons. Most consequently, a core tenet of medical sociology is that health and illness provide a window into how our social structure operates. A focus on health has the potential to shine a reflective mirror on the underlying social forces that pattern individual lives and how they interact with other domains to shape opportunities and life chances. A focus on immigrant health also has the promise to help move debates and the broader conversation on immigration beyond the politics of division and fear. This is particularly so in the case of health because its patterning cuts against much of the negative rhetoric swirling around immigration. Immigrants have better health, on average, than the native-born (National Academies of Sciences, Engineering, and Medicine, 2015). This pattern "flips the script" from an emphasis on the negative impacts of immigration that dominate so much of the politicized rhetoric to a recognition of better outcomes among immigrants vis-à-vis natives.

Patterns of Immigrant Health

The immigrant health advantage has been extensively documented and most recently summarized in a recent report by the National Academies of Sciences, Engineering, and Medicine titled *The Integration of Immigrants into American Society* (2015). According to the evidence presented in the report, immigrants have longer life expectancy than the native-born population – by 3.4 more years (Singh & Miller, 2004). Additionally, "the foreign-born are less likely to die from

cardiovascular disease and all cancer combined; they experience fewer chronic health conditions, lower infant mortality rates, lower rates of obesity, and fewer functional limitations" (National Academies of Science, Engineering, and Medicine, 2015, p. 7). There are some exceptions. The overall pattern of an immigrant health advantage becomes more muddled once the focus shifts to specific groups and specific outcomes. For example, in the cases of some cancers (e.g., stomach and liver cancers), the foreign-born fare worse. In the case of Mexican immigrants, Beltrán-Sánchez, Palloni, Riosmena, and Wong (2016) and others have shown that, while an immigrant health advantage is evident relative to other groups for some outcomes (e.g., hypertension), it is absent or reversed for others (e.g., obesity, glucose, low HDL cholesterol) (Beltrán-Sánchez et al., 2016). In spite of these exceptions, however, the general pattern of an immigrant health advantage holds across all major race/ethnic groups. It is perhaps most succinctly illustrated in the findings by Preston and Elo that the entirety of improvements in life expectancy in New York City over a 20-year period (1990−2010) was due to the high representation of immigrants in the city's population (Preston & Elo, 2014).

Despite considerable immigrant health advantages, equally well documented is that in some cases, this advantage erodes with time in the United States and across generations. Although some important caveats exist (e.g., see Hamilton, 2015; Hamilton, Palermo, & Green, 2015; Reynolds, Chernenko, & Read, 2016; Yu, Denier, Wang, & Kaushal, 2017), the existing empirical literature has generally documented a consistent negative correlation between health and a broad range of duration, acculturation, and adaptation measures among immigrants and their descendants (Riosmena, Kuhn, Jochem, & Jochem, 2017). This divergence − decreases in health with increases in exposure to US society, led the National Academies of Sciences, Engineering, and Medicine report to make a distinction between immigrant well-being and immigrant integration. As immigrants integrate, i.e., the process by which "immigrant groups and host societies come to resemble one another" (2), it is not a foregone conclusion that their well-being increases (National Academies of Sciences, Engineering, and Medicine, 2015). Health is characterized as one of the three domains whereby increased integration, or parity in outcomes with the native-born, is associated with declines in well-being for immigrants and their descendants (the other two are crime and family structure).

Of course, documenting the general immigrant health advantage and its erosion over time is only a starting point for furthering our evidence-based understanding of the health of immigrants and their descendants. The next steps are better elucidating the specifics of the patterns and uncovering why we observe the patterns that we do. Complicating these efforts, however, are methodological challenges, i.e., incomplete representation of immigrant subsamples, a lack of information on health status prior to migration, a lack of information on reference populations, and few, if any, longitudinal datasets that track immigrants to capture how their health changes over time, among others (Acevedo-Garcia, Sanchez-Vaznaugh, Viruell-Fuentes, & Almeida, 2012). Added to these limitations is an existing literature spread over multiple disciplines that relies on

different conceptual models, analytic samples, measures, and time periods (National Academies of Sciences, Engineering, and Medicine, 2015). Methodological challenges notwithstanding, however, there is a broad consensus in the literature that the mechanisms underlying the immigrant health advantage and its erosion over time likely encompass the following sets of explanations: (1) selection, (2) data and statistical artifacts, and (3) cultural factors (Eschbach, Ostir, Patel, Markides, & Goodwin, 2004; Hummer, Powers, Pullum, Gossman, & Frisbie, 2007; Landale, Oropesa, & Gorman, 2000; Palloni, Elizabeth, & Arias, 2004; Riosmena et al., 2017). Of this set of explanations, "cultural factors" is the perspective that has achieved primacy in the immigration and health literature (Viruell-Fuentes, Miranda, & Abdulrahim, 2012). Key to this perspective is the understanding that there is a set of cultural characteristics that are presumed to arrive with the immigrant. With exposure to the host culture, these cultural traits are abandoned and replaced with those of the receiving society, ultimately resulting in worse health. Despite its prominence in the literature, however, in recent years, scholars have begun to challenge what many deem to be an over-reliance on cultural explanations as the dominant driver of immigrant health patterns (Hunt, Schneider, & Comer, 2004; Riosmena, Everett, Rogers, & Dennis, 2015). This challenge joins a broader call in the literature on immigrant health to move beyond a singular focus on individual-level behavioral risk factors as the primary focus of analysis and instead toward a more sociologically informed understanding of immigration and health (Acevedo-Garcia & Almeida, 2012; Viruell-Fuentes, 2007; Viruell-Fuentes et al., 2012). We organize the re-envisioning of the field into three areas, which we describe below and which match up to the organizing sections of the present volume.

Cross-national Perspectives

One of the first comprehensive efforts to re-orient the field was put forth by Acevedo-Garcia and Almeida in a 2012 special issue in *Social Science and Medicine* titled "Place, Migration, and Health" (Acevedo-Garcia & Almeida, 2012). Written largely to a public health audience, the authors encouraged public health researchers to better integrate sociological scholarship into the study of immigrant health. Part and parcel of this approach involves a more comprehensive accounting of how the migration process and broader social contexts impact the health of immigrants, and population health more broadly, in both sending and receiving societies. Chief among these considerations, Acevedo-Garcia et al. (2012) argue for the need to integrate more comprehensive theoretical frameworks of cross-national influences into research on immigrant health. A cross-national perspective moves away from past conceptualizations of immigrants as coming from discrete, decontextualized populations and instead recognizes that immigrants are embedded in both sending and receiving societies. This recognition foregrounds Aristide Zolberg's (2012) observation that "international migration is governed by the profound inequality of worldwide political and economic conditions" (p. 1213). Instead of ignoring or flattening these

inequalities into "cultural differences" as oftentimes occurs in simplistic acculturation frameworks, cross-national perspectives on immigrant health direct our attention to a new set of factors. These include the social determinants of health in both sending and receiving country contexts, each countries' respective health distributions, health selection, and life course processes, among others (Acevedo-Garcia et al., 2012).

One illustrative example of the explanatory power that comes from a cross-national approach is found in a recent analysis utilizing two different nationally representative datasets of Mexican immigrants in the US (National Health and Nutrition Examination Survey – NHANES) and Mexican nationals in Mexico (Mexican National Health and Nutrition Survey (Encuesta Nacional de Salud y Nutrición, ENSANUT)) (Beltrán-Sánchez et al., 2016). In this study, the authors bring cross-national data to bear on the puzzle of why we observe shallower SES health gradients among Mexican immigrants living in the United States. Unlike the case of non-Hispanic whites, the positive relationship between socioeconomic status and health is not as pronounced among Mexican immigrants for certain health outcomes, leading scholars to conclude that Mexican immigrants experience attenuated health gradients, most likely due to shallower SES gradients in Mexico generally. Beltrán-Sánchez and co-authors tested this possibility by comparing the SES health gradients found among Mexican immigrants in the United States to their counterparts in Mexico. Contrary to conventional wisdom, steep educational health gradients were observed among both groups (Mexican immigrants in the United States and Mexican non-migrants in Mexico) for several outcomes. Far from significant differences across the two national contexts, the analysis documented instances in both countries of the negative health consequences of existing social stratification systems. Their analysis persuasively illustrates the faulty assumptions inherent in explanations that rely on conceptualizations of immigrants as static stand-ins for broad country-of-origin differences. Only cross-national studies have the potential to reveal these blind spots which is what makes them so powerful, albeit underutilized (Handley & Sudhinaraset, 2017; Landale et al., 2000; Riosmena, Wong, & Palloni, 2013; Ro & Fleischer, 2014).

Problematizing Acculturation

A second critique of the existing immigration and health literature concerns the overuse of "acculturation" as a main explanation of immigrant health patterns. The most common conceptualization of acculturation is as a process of individual-level behavioral changes that immigrants undergo as they integrate into the host society (Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005). Many have raised methodological issues with the measure of acculturation itself (Carter-Pokras & Bethune, 2009; Hunt et al., 2004; Thomson & Hoffman-Goetz, 2009a, 2009b). Other scholars critiquing acculturation argue that the dominance of cultural explanations is additionally problematic in several ways (Zambrana & Carter-Pokras, 2010). The first issue is how culture is conceptualized, or at least operationalized, in so much of the literature on

immigrant health (Hunt et al., 2004; Salant & Lauderdale, 2003). Typically, culture is operationalized at the individual level, e.g., using measures such as duration in host country, language use, and language ability, among others. These acculturation levels are then theorized to match up to particular health behaviors and levels of social support. A consequence of this conceptualization is that it places the onus of culture on the individual (Viruell-Fuentes et al., 2012). According to Viruell-Fuentes (2007), this misses the reality that culture is actually a complex system of meaning and action that is socially constructed. "Decontextualizing" culture and locating cultural traits within the individual problematically assumes these traits are inherent to all members of a group. According to Viruell-Fuentes (2007), there are better ways to conceptualize acculturation that do not rely on static individual-level conceptualizations that are simply inserted into behavioral risk models. Instead, she argues for a more theoretically nuanced recognition of the interplay between culture, immigrants' agency, social structure, and well-being. This would involve a more robust reckoning of the ways that culture interacts with race, class, and gender (Lopez-Class, Castro, & Ramirez, 2011). For instance, in the case of immigrants, it would involve assessing how groups who experience racism develop collective strategies to counter its impacts. Further, Viruell-Fuentes et al. (2012) argue that "conceptual frameworks that focus on individualized cultural responses to structural factors obscure the role that institutional actors and policies play in (re)producing poverty, racial discrimination, and nativist reactions to immigration—all of which likely influence the health of immigrants above and beyond the influence of such factors on cultural traits" (p. 2100). This brings us to another major critique of the way that acculturation is deployed in the literature.

The second issue with the dominance of acculturative explanations is that it shifts attention away from alternative explanations for immigrant health patterns, particularly the erosion of the immigrant health advantage. Riosmena et al. (2015) make this point forcefully in an analysis of Hispanic mortality. Using data from the 1998–2004 National Health Interview Survey (NHIS)–linked to the National Death Index (NDI) (i.e., the NHIS-linked Mortality File (LMF)) – the authors documented strong positive associations between duration of stay and mortality (Riosmena et al., 2015). That is, the longer immigrants reside in the United States, the higher their risk of mortality. The acculturation perspective argues that these associations demonstrate the impacts of negative acculturation, that is, as immigrants adapt to the US society, they take on the more negative behavioral profiles of native-born Americans, which increases their risk of death. Yet, in the analysis by Riosmena et al., once immigrant adaptation measures (e.g., citizenship, language of interview) and health behaviors (e.g., body mass index, smoking, and drinking) were accounted for, precisely the pathways through which acculturation is hypothesized to impinge on health, the duration of stay results remained virtually unchanged. Accordingly, the authors argue that the persisting associations between duration of stay and mortality are, "less likely to reflect the role of acculturation and more likely to reflect other processes of cumulative disadvantages lived during

the adaptation process" (p. 466). Riosmena et al. (2015) conclude that negative acculturation is not the only, nor likely the primary, pathway through which the immigrant health advantage erodes. Instead, the authors argue that the residual associations that persist between duration in the United States and poorer health outcomes demonstrate that the existing conceptual emphasis on acculturation has been misplaced and has obscured the root causes of the immigrant health erosion.

Structural Influences

The shift away from simplistic models of individual-level "cultural" change has resulted in a renewed energy around interrogating the historical, political, and economic contexts of migration and how they impact immigrant health. A more sociologically informed understanding of the causes of immigrant health patterns requires as a central focus the differential opportunity structures that confront immigrants in both sending and receiving country contexts. A shift toward identifying the "root causes" of immigrant health relies on a fundamental cause perspective, which focuses on the structural factors that lead to different distributions of risk factors across population subgroups (Link & Phelan, 1995; Phelan, Link, Diez-Roux, Kawachi, & Levin, 2004). Fundamental cause theory focuses our attention on the economic, political, and social forces that underlie different risk exposure instead of solely focusing on the individual behavioral risk profiles themselves (Cerdá, Tracy, Ahern, & Galea, 2014). On the US side, this work involves delineating the impact of structural features of US society, including attention to the role of social and economic inequalities, such as those that revolve around race, legal status, work, and residential context (Acevedo-Garcia & Almeida, 2012; Asad & Clair, 2018; Morey, 2018). For instance, Riosmena et al. (2015) draw our attention to what they deem "neglected" alternative structural explanations for patterns of immigrant health deterioration with time in the US, particularly the impact of "cumulative disadvantage," a term they invoke from the broader health literature to describe "the process by which socioeconomic disadvantage and discrimination accrue and compound throughout the life course" (p. 444). Likewise, Viruell-Fuentes et al. (2012) argue that factors such as immigration policies, labor practices, neighborhood characteristics, and racialization processes all intersect to affect the economic and social integration of immigrants and their descendants, which, in turn, conditions their health (Viruell-Fuentes et al., 2012). One illustrative example provided by Viruell-Fuentes (2007) foregrounds the key role that the existing, albeit changing, racial/ethnic structure in the United States plays in the health of immigrants and their descendants. From a set of interviews conducted with Mexican-origin women in the Detroit metropolitan area, she found substantial variation in experiences of social exclusion by nativity, with the second generation displaying a more heightened sense of their ascribed social position in the US racial hierarchy. Viruell-Fuentes (2007) argues that it is precisely variation in the salience of discrimination by nativity status that makes it a potential pathway through which the health of immigrants erodes across generations. Linking back

to the broader critique of existing acculturation frameworks, she argues that instead of generational status being conceived as a proxy for individual-level cultural shifts, a more appropriate expanded conceptualization would acknowledge that it likely encodes distinct social positions with respect to race, as well as other social locations, e.g., class, that influence integration prospects and, ultimately, health outcomes.

A focus on differing social locations and their role in influencing health is the hallmark of structural approach to immigration and health. As fundamental cause theory makes clear, it is macro-level processes, such as those that operate at the institutional level, that create differential access to power, which forms the root causes of population health disparities. In the case of immigrant health, immigration policies, residential segregation, vulnerable SES position, and discrimination are all examples of root causes that influence immigrant health through multiple pathways (Philbin, Flake, Hatzenbuehler, & Hirsch, 2018). Many of these factors are taken up by the contributors to this volume. All have in common a more thorough reckoning of how existing features of the US social structure impact the health of immigrants and their descendants.

IMMIGRATION AND HEALTH

It is the goal of this volume to present a set of articles that further our evidence-based understanding of immigrant health. Each contribution follows up on recent calls to push against the conceptual, methodological, and analytical boundaries of the existing literature and replace individualistic behavioral explanations with more comprehensive sociologically informed ones. The volume is divided into three parts that parallel the broader calls in the literature to (1) incorporate cross-national perspectives, (2) problematize acculturation, and (3) better delineate the structural factors influencing the health of immigrants and their descendants.

In Part I, "Cross-national Perspectives", two separate studies engage comparative perspectives to advance our understanding of immigrant health. The fact that only two pieces embody this approach indicates some of the challenges inherent in utilizing this critical perspective. The first, "Reconsidering the Relationship between Age at Migration and Health Behaviors among US Immigrants: The Modifying Role of Continued Cross-border Ties," by Jaqueline Torres, Annie Ro, and May Sudhinaraset assesses the potential health impact of ongoing social ties with those in immigrants' place of origin. Exemplifying the call by Acevedo-Garcia et al. (2012) to incorporate transnational frameworks in studies of immigrant health, the authors use data from the National Latino and Asian American Study (NLAAS) to examine the influence of transnational ties on the alcohol use of immigrants. Their finding of differential impact of cross-border connections, particularly by gender, region of origin, and age at migration, underscores the need for further attention to the mechanisms linking transnational ties with health outcomes for immigrants. Victor Agadijanian and Natalia Zotova turn their focus to a context outside of the US, the only article in this volume to do so. In "Structure, Culture, and HIV/STI