Acculturative Stress, Resiliency, and the Health of Latinx Immigrants in the Current U.S Socio-Political Climate

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Introduction

- The Latinx immigrant community is the fastest growing ethnic minority in the U.S (~18% of US population 2020)
- North Carolina has become a new immigrant destination in recent decades, yet it has also become increasingly hostile for immigrants.
- As a result, Latinx immigrants have struggled to access basic resources such as healthcare, education, and employment.
- These experiences give rise to adverse experiences and poor drivers of health for this community, leading to health disparities.

Purpose

1. To understand the stressors facing the Latinx community in the current sociopolitical climate

2. To uncover how these stressors impact Latinx resiliency and physical health

3. To determine the impact of documentation status on stress, resiliency, and physical health

Methods

- Secondary analysis of a community-engaged longitudinal study, SER Hispano, examining relationships among acculturative stress, resiliency, and health outcomes.
- Sample: Latinx immigrants (ages 18-44), born outside the US, living in North Carolina for at least one year from 2018-2021.
- Baseline data collected from Summer 2018-January 2020
- Measures: Hispanic Stress Inventory-2, Adult Resilience Measure, PROMIS Global Health
- Descriptive statistics, Multiple Regression, Structural Equation Modeling, and Cluster Analysis
- Generated 3 acculturative stress subtypes

Results

Table 1. Demographics by Documentation Status

Demographic Variable	Documented (n = 257)	Undocumented (n = 132)
	Mean (SD)	Mean (SD)
Age (years)	33.5 (7.3)	34.6 (6.2)
Sex at birth (0=male, 1=female)	0.7 (0.5)	0.8 (0.4)
Years of education	12.3 (3.9)	9.8 (3.6)
Health insurance (0=none, 1=insured)	0.5 (0.5)	0 (0)
Employment status (0=not employed; 1=employed)	0.8 (0.4)	0.7 (.5)
Years lived in US	13.8 (7.6)	12.9 (5.9)

Table 2. Linear Regression Predicting Resilience

	Coefficient (Std. Error)
(constant)	136.944*** (3.891)
Acculturation Stress Measures	
Marriage Stress	-1.548* (0.656)
Family Stress	-1.616* (0.706)
Documentation Status	
Documented	-4.713* (2.031)
Controls	
Female	1.330 (2.086)
Years in the U.S.	-0.055 (0.132)
Married	4.153* (1.923)
Years of Education	-0.067 (0.242)
Currently Employed	7.576** (2.221)

Notes: * p < 0.05, ** p < 0.01, *** p < 0.001

Table 3. Demographic Differences Among Subtypes of Acculturative Stress

Variable	Group I (n=80)	Group II (n=110)	Group III (n=188)
Undocumented status	0.62	0.38	0.10
Preferred language: English	0.16	0.05	0.20
Years of education	10.08	10.83	12.26
Household income	3.68	3.88	4.24
Health insurance: Yes	0.16	0.15	0.45
Emotional support	27.06	28.81	32.74
Instrumental support	25.31	27.12	30.16

Note: Group I= High in Acculturative Stress, No Parental and Marital Stress; Group II= High in Parental and Marital Stress; Group III: Low in Acculturative Stress. Only significant variables included in table.

Table 4. Acculturative Stress by Documentation Status

Acculturative Stress	Documented (n=257)	Undocumented (n=132)
Occupational	4.05	4.88
Immigration	2.24	4.52
Health access	1.92	3.04
Language-related	1.87	2.95
Discrimination	2.51	2.70
Pre-migration	1.98	2.70
Parental	1.40	1.56
Marital	2.33	2.34
Family	1.67	1.94
Marital acculturation gap	1.11	1.26
Overall stress	21.02	27.87

Figure 1. Healthcare Stress and Immigration Stress as Mediators of Relationship between Documentation Status and Physical Health
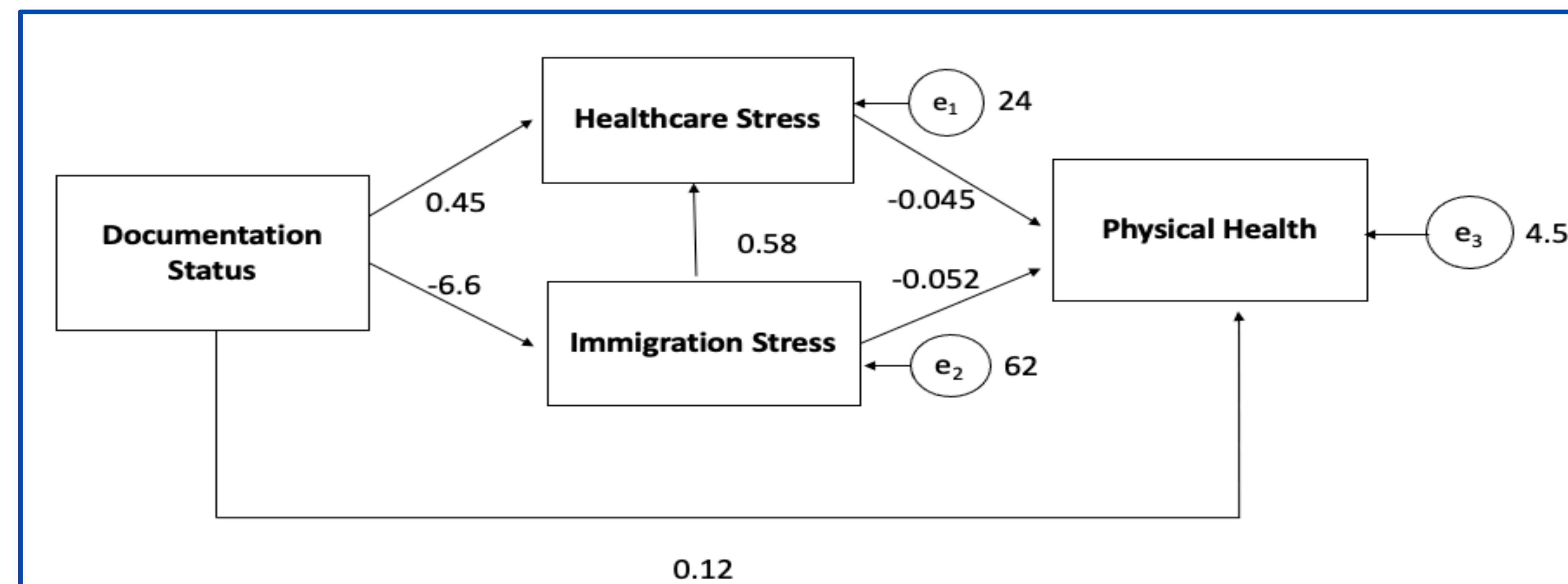
Model Fit Indices: (X^2 against saturated and baseline model = 4.13 / 387.88; RMSEA = .009; CFI = 1.0; TLI = .999; SRMR = .02; CD = .175

Conclusions

- Documentation status is an important social driver of health.
- Latinx immigrants comprise a heterogenous population and endorse a variety of experiences with stress and resiliency.
- For both documented and undocumented Latinx immigrants, increased acculturative stress results in reduced resiliency.
- Being married and being employed significantly contribute to increased resilience.
- Latinx immigrants with low acculturative stress tend to have higher English proficiency, more years of formal education, a higher household income, and health insurance. They also reported more emotional support (comfort and relief from loved ones) and instrumental support (assistance with solving problems).
- Undocumented individuals reported worse physical health than documented individuals, primarily driven by immigration stress.

Implications

- Organizations and government agencies should seek to understand a variety of immigrants' experiences to shape their programming and policies.
- Through advocating for more inclusive immigration policies, we can promote health in immigrant communities.
- Culturally-sensitive health services must be implemented to improve Latinx utilization and access to healthcare.

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