PATHWAYS TO HEALTH FOR IMMIGRANTS TO THE UNITED STATES

Shiriki Kumanyika, PhD, MPH
President, American Public Health Association

Professor Emerita, University of Pennsylvania Perelman School of Medicine
Founder and Chair, African American Collaborative Obesity Research Network
Co-Chair, Policy and Prevention Section, World Obesity Federation

CUNY Forum on Immigration and Health, New York City, June 3, 2015
INFLUENCES ON HEALTH EQUITY

Place of origin
Socio-political history
Socio-cultural background
Reason for migration
Health history
Health status at arrival

ADVERSE SITUATIONS

Health insults
Health behaviors
Access to health services
Appropriateness of health services
Quality of health services

GOOD HEALTH OUTCOMES

Immigration policies
Other public policy
Public health policy
Health care policy
WHO ARE THE PEOPLE AND WHERE DID THEY COME FROM?

- 37% of New Yorkers are immigrants
- Nearly 6 in 10 are immigrants or children of immigrants

**Figure 2-4**

Areas of Origin of the Foreign-born Population
New York City and the United States, 2011

NYC Foreign-born = 3,066,599  
US Foreign-born = 40,377,757

Source: U.S. Census Bureau, 1900–2000 censuses; 2011 American Community Survey-Summary File  
Population Division-New York City Department of City Planning

EXAMPLE: OBESITY

- Associated with diabetes, heart disease, some cancers, mobility problems; discrimination
- Requires life course perspective
- Sociocultural importance of food for immigrant populations
- Sociocultural influences on food and physical activity, e.g., preferences, gender-related roles and constraints
- Generally increases with exposure to US environment
OBESITY PREVALENCE

Duration of residence in the U.S. may increase likelihood of obesity in foreign-born New Yorkers

Percent of foreign-born adults who are obese

Less than 1 year 12
1 to 3 years 14
4 or more years 16

Duration of residence in U.S.

Source: NYC Department of Health and Mental Hygiene. The Health of Immigrants in New York City, 2006
OBESITY AND DIABETES

Source: NYC Department of Health and Mental Hygiene. The Health of Immigrants in New York City, 2006
<table>
<thead>
<tr>
<th>Applicability</th>
<th>Situations</th>
<th>Health Implications (Obesity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All racial/ethnic minority populations</td>
<td>Racial/ethnic category</td>
<td>• Cultural food preferences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Neighborhood access (segregation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Targeted marketing of unhealthy foods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mobility (freedom of movement)</td>
</tr>
<tr>
<td></td>
<td>Socioeconomic status; social</td>
<td>• Neighborhood access (poverty)</td>
</tr>
<tr>
<td></td>
<td>position</td>
<td>• Food purchasing power</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Affordability of physical activity options</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Transportation</td>
</tr>
<tr>
<td></td>
<td>Language/literacy</td>
<td>• Access to nutrition information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Access to quality education</td>
</tr>
<tr>
<td></td>
<td>Cultural assets and protection</td>
<td>• Buffering from aggressive promotion of unhealthy foods and beverages</td>
</tr>
<tr>
<td></td>
<td>Environmental context</td>
<td>• Access to and affordability of healthy food and physical activity options</td>
</tr>
<tr>
<td></td>
<td>Structural empowerment and</td>
<td>• Ability to benefit from new opportunities</td>
</tr>
<tr>
<td></td>
<td>resilience</td>
<td>• Social capital and social support</td>
</tr>
<tr>
<td>Immigrant populations</td>
<td>Immigration experience</td>
<td>• Disruption of social support systems; food insecurity</td>
</tr>
<tr>
<td></td>
<td>Residence or citizenship status</td>
<td>• Access to federal nutrition and social welfare programs</td>
</tr>
</tbody>
</table>
MITIGATION: OBESITY-RELATED POLICY CONTEXT

- Major focus of federal, state, and local policy
- Embedded in social structure
- More difficult to address in socio-economically disadvantaged
- Environmental pathways involve multiple societal sectors and types of policies
FACTORS

INTERNATIONAL

Development

Globalization of markets

NATIONAL/ REGIONAL

Urbanization

Transport

Public Transport

Public Safety

Health Care

Sanitation

Manufactured/Imported Food

Agriculture/Gardens/Local markets

COMMUNITY/ LOCALITY

Worksite Food & Activity

School Food & Activity

Energy Expenditure

Leisure Activity/Facilities

Labour

Infections

Worksite Food & Activity

Family & Home

School Food & Activity

% OBESE OR UNDERWT

Food intake: Nutrient density

INDIVIDUAL

POPULATION

National perspective

National perspective

Social Security

Media & Culture

Education

Food & Nutrition

Media & programs & advertising

Source: International Obesity Task Force [www.iotf.org]
see Kumanyika S et al International Journal of Obesity 2002;26:425-36
Communities

- Built environment
- Physical activity resources, facilities, and opportunities
- Food marketing environment
- Government nutrition assistance programs
- Endorsement, social support, and social capital for physical activity and healthy eating

Homes and families

- Home food availability
- Food choices and feeding
- Electronic media use
- Physical activity opportunities
- Health care provider advice

People

- Food choices and eating behaviors
- Electronic media use
- Involvement in physical activity
- Weight control behaviors
- Awareness and advocacy

ADVERSE SITUATIONS

- Race/ethnicity
  - ‘Non-white’ or Darker-skinned
  - ‘White’ or Lighter-skinned
- Socioeconomic status; social position
  - Lower
  - Higher
- Language; Literacy
  - Non-English; Lower
  - Cultural assets and protection
  - English; Higher
- Environmental context
  - Less favorable
  - More favorable
  - Structural empowerment and resilience
  - More or more robust
- Immigration experience
  - Family disruption or personal abuse
  - Less traumatic or positive
- Residence or citizenship status
  - Undocumented
  - US Citizen

INFLUENCES ON HEALTH EQUITY

- Health insults
- Health behaviors
- Low access to health services
- Inappropriate health services
- Poor quality of health services

MITIGATION

- Racism; Discrimination
- Education; Income; Jobs
- Fair labor practices
- Family and social support
- Neighborhood conditions
- Access to resources
- Life course and intergenerational perspectives
- Humane treatment
- Immigration reform
  - Immigration policies
  - Other public policy
  - Public health policy
  - Health care policy