

**Migrant Health Selection:
Evidence from Mexico and the US**

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Abstract

This paper took advantage of the comparability of many of the health items in MHAS and the HRS. The migration histories of all male MHAS respondents were classified as international, domestic, or non-movers; in HRS we identified from the 1998 HRS (a cross-section of 50+ individuals) Mexican-born migrants living in the U.S. While most US migrants from MHAS were short-term stayers, the Mexican-born migrants in the HRS were long-term stayers.

Most of what we know about health and aging processes in Mexico is inferred from cross-sectional comparisons of Mexican-Americans, or more generally, Hispanic-Americans non-Hispanic Whites, a large, heterogeneous subgroup within the U.S. population. Such data, however, provide little insight into either the magnitude or direction of potential health selection. The healthy migrant hypothesis predicts only that migrants will have better health than that of the population at origin, i.e. *ceteris paribus*, migrants are expected to have greater health endowments than their non-migrating compatriots (Brimblecombe and Shaw 1999; Marmot et al 1984).

The theory of positive migrant selection yields no predictions about the health of migrants relative to the population at place of destination. This comparison depends primarily on the overall average health of the absorbing population, a group with whom migrants may share little common social, cultural, economic, or genetic background. By extension, corollaries of the healthy migrant hypothesis predict that the health of transnational migrants will be better than domestic movers although both group, on average, will have more favorable health than non-movers. In addition, we would expect that long-term immigrants to the U.S. would have higher levels of health (and human capital) than short-stay migrants to the U.S.

Comparing MHAS and HRS Mexican-born migrants allowed us to address two questions: first, do migrants who return to Mexico have better health than either Mexicans non-migrants or domestic migrants, as predicted by the healthy migrant hypothesis, and second, do Mexican-born migrants residing in the U.S. in mid- and late-life have better health than their counterparts who returned to Mexico, i.e., is there a second stage of migrant selection that favors migrants with higher levels of human capital and better health for long-term stays in the U.S. We find that Mexicans who undertook short-term trips to work in the US, in general had poor health as a child, came from and had large families and low levels of education. Both their fathers and at least one sib were much more likely to have had US migration experience than non-migrants and domestic movers. Those who migrate back to Mexico from the US largely return to the rural areas in which they were born. While having low levels of wages and assets, these migrants have a range of consumer durables comparable to better educated migrants who in mid-life reside in Mexico City. In contrast, Mexican-born US-residents, had higher levels of education, as did their fathers, speak fairly fluent English, and have better health on all measures included in both the HRS and MHAS. The one exception was the higher probability of US resident migrants being overweight and having less regular exercise.

These findings need to be validated using the Beta-release of HRS , but tentatively they contradict the much-touted Hispanic paradox. Because the foreign-born population is dominated by long-term stayers who are healthier than short-stay return migrants, comparisons with US-born Hispanics are biased in favor of the long-stay Mexican-born migrants. It appears that through an unobserved social and economic process, the US culls out the healthiest and better-educated migrants to remain in the U.S.