

BACKGROUND

1. Hispanic mortality paradox is well documented for immigrants from the top sending countries.
2. However, little is known about the mortality of immigrants *not* from top sending countries
3. Crucial to acknowledge different immigrant experiences that can lead to mortality (dis)advantages

RESEARCH OBJECTIVE

Document the variation in the relative ages at death of immigrants from South and Central America relative to U.S. born white interstate migrants.

DATA

- Berkeley Unified Numident Mortality Database (BUNMD)
- 20 immigrant origins (≈ 250,000) + U.S native-born (≈ 6.75 M)
- Birth cohorts: 1900-1920
- Survivors to age 65 (dying between 1988-2005)

METHODS

- Estimate truncated Gompertz hazard models using Maximum Likelihood estimation (MLE)
- Translate hazard ratios into differences in life expectancy at 65
- OLS robustness checks

RESULTS

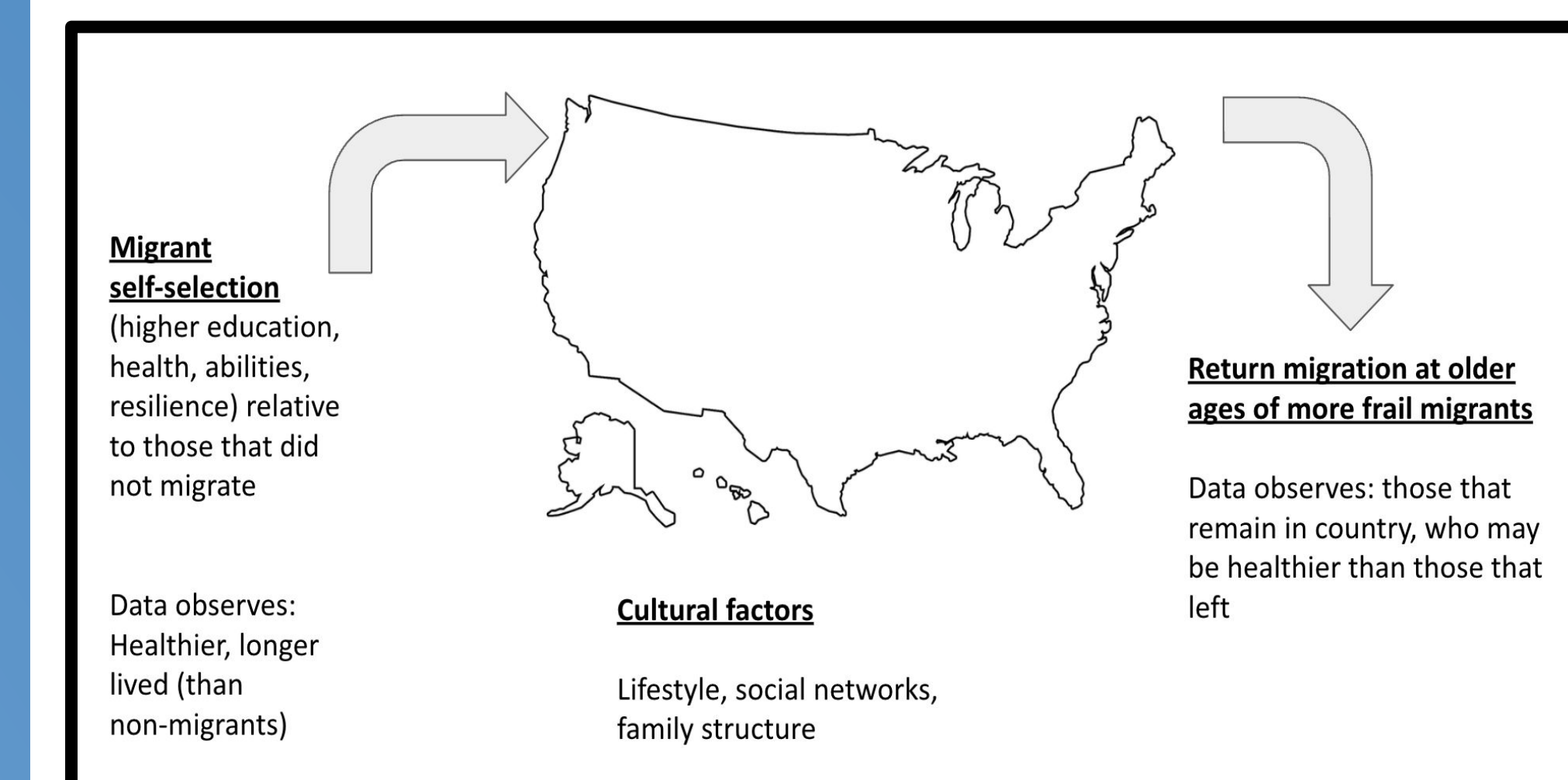
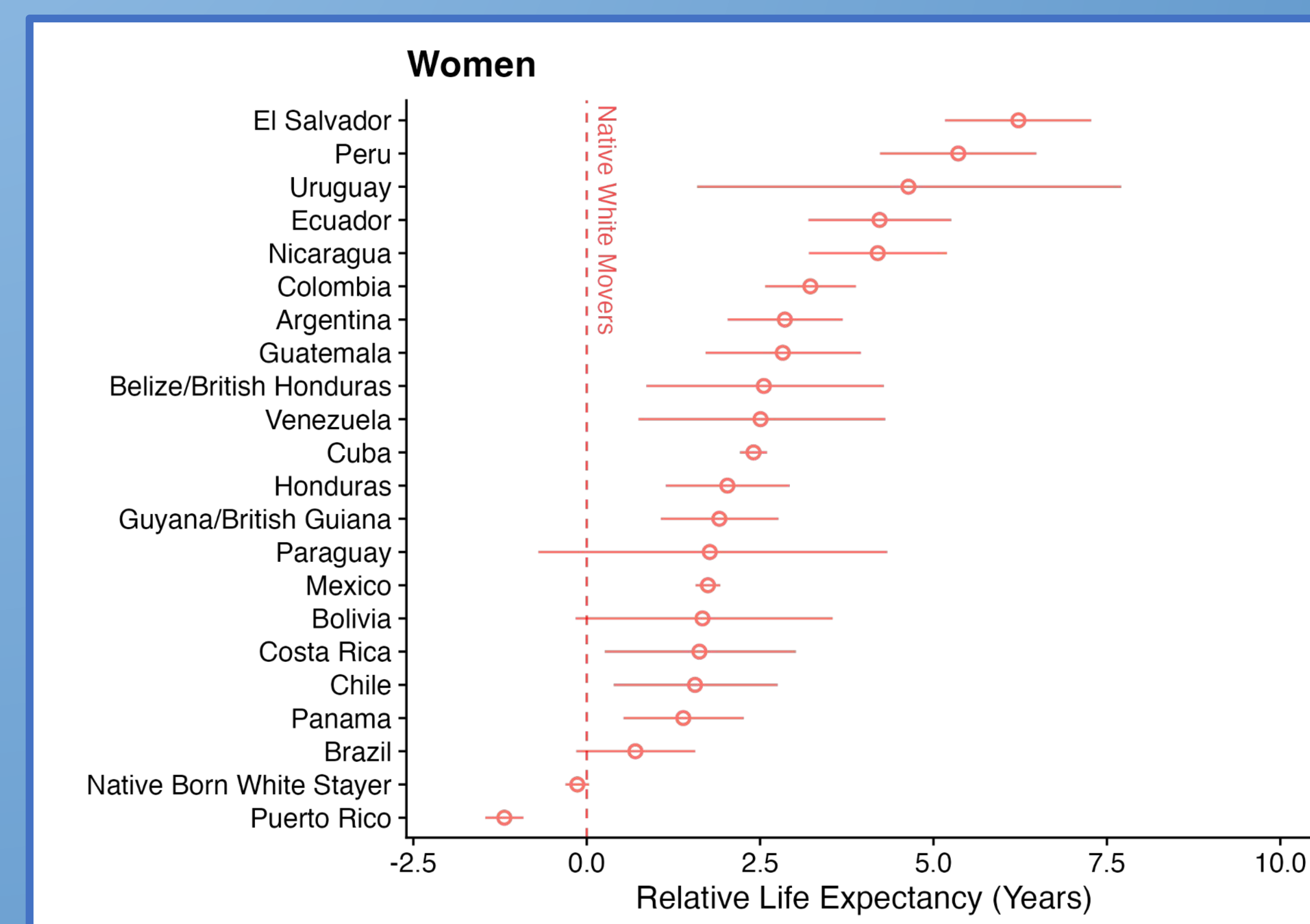
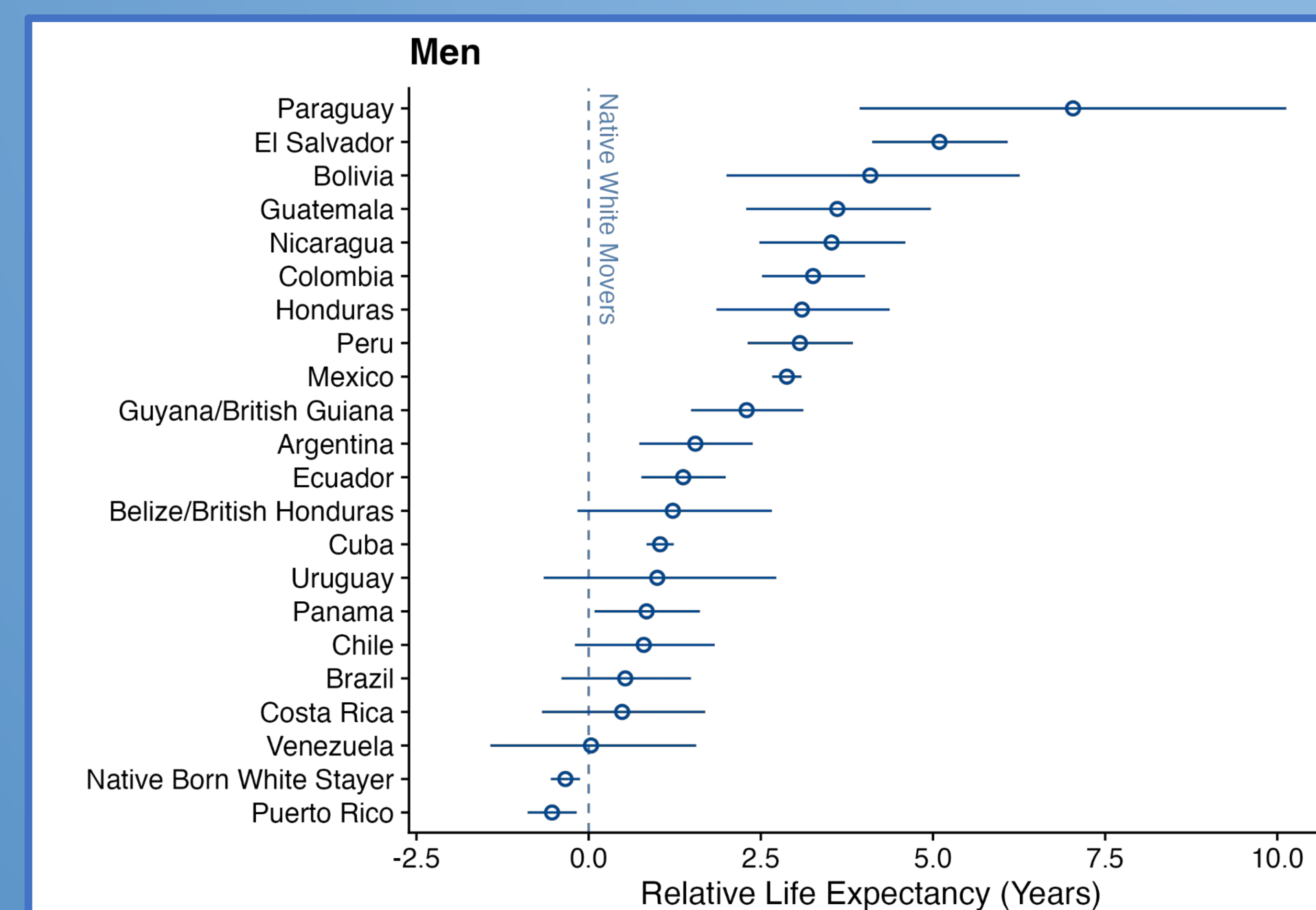
- Mortality advantage for all countries relative to native-born whites.
- Substantial variation overall; some countries with larger advantage than top-senders.
- Selective in-migration explains the mortality advantage across these countries.

Understanding the Hispanic Mortality Paradox: Variation by Country of Origin

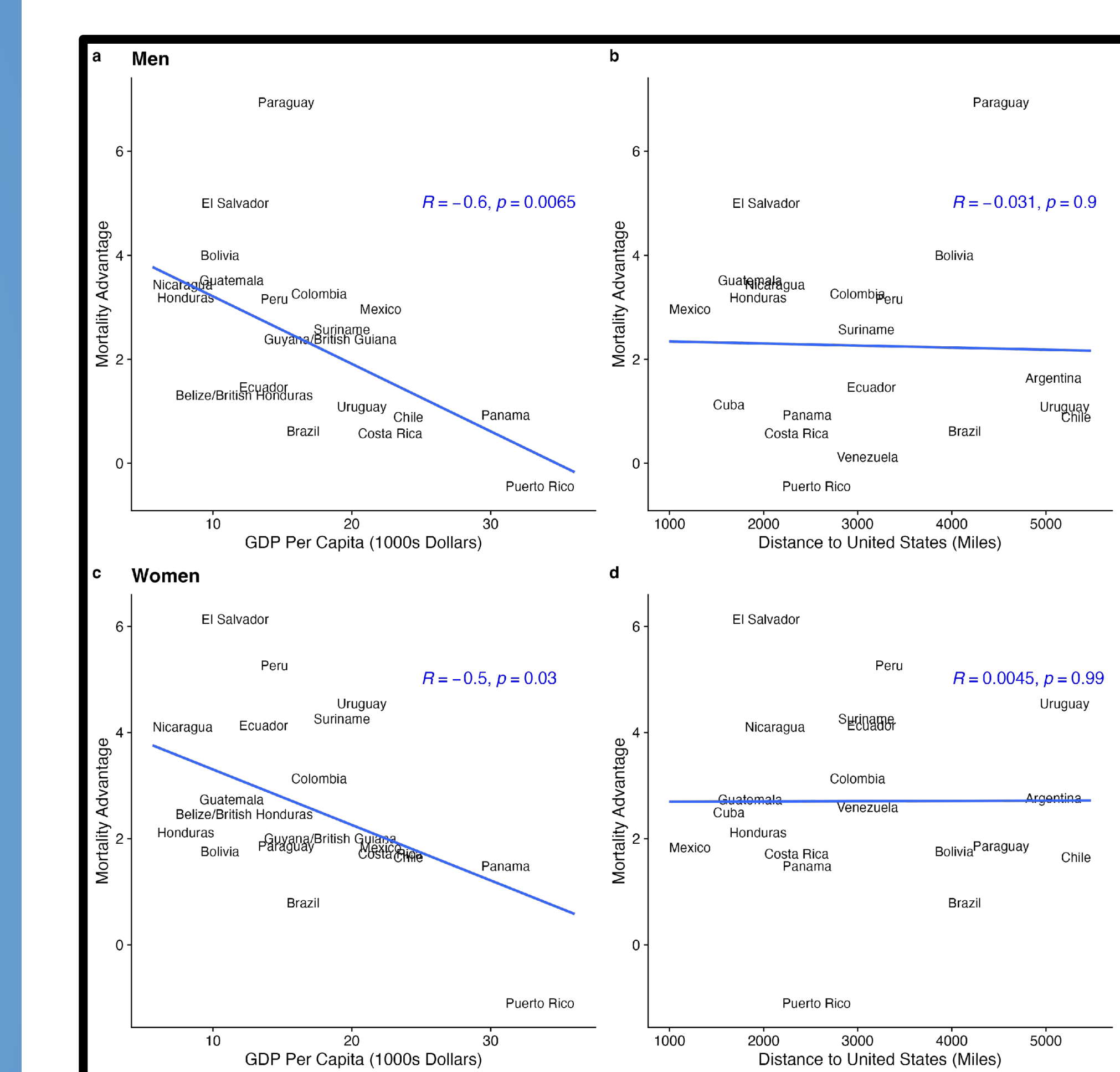
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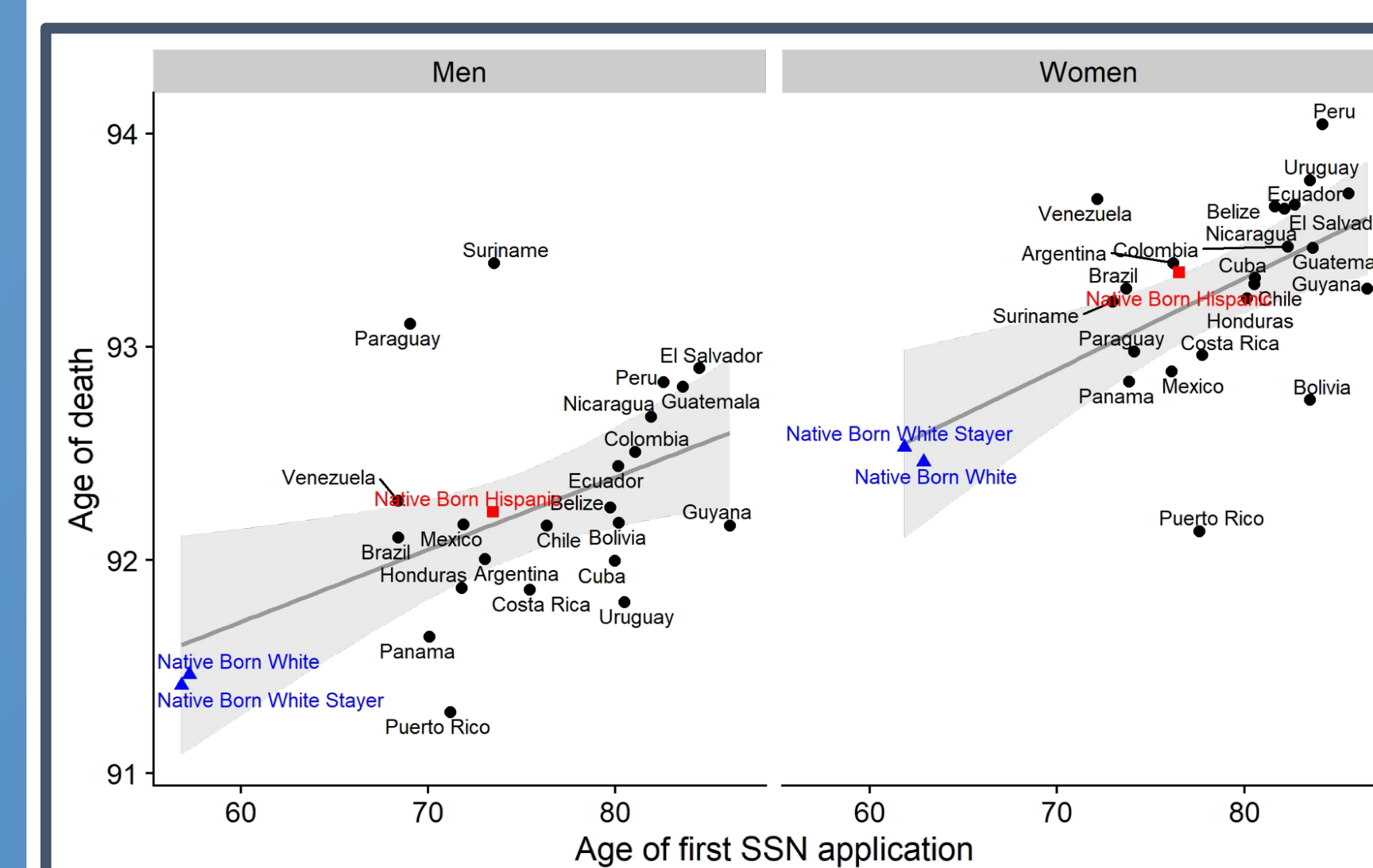
Immigrants from 20 South and Central American countries have a mortality advantage over U.S. whites at older ages. This advantage varies substantially by country of origin and is a result of selective in-migration.



Three predominant hypotheses for the Hispanic mortality paradox



Migrants from more disadvantaged countries are more likely to live longer than their peers from wealthier countries



BUNMD immigrants on average get their SSN at older ages



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