

**Racialization of Latinos and Implications for Health
Following September 11th:
Findings from a Northern Border Community**

by

Alana M.W. LeBrón

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Doctoral Committee:

Professor Amy J. Schulz, Chair

Professor James S. House

Professor Barbara A. Israel

Angela G. Reyes, Detroit Hispanic Development Corporation

**Associate Professor Edna A. Viruell-Fuentes, University of Illinois-Urbana-
Champaign**

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DEDICATION

A mi mamá, Haydeé LeBrón, por sus sacrificios, y por creer en mí.

To Michael, for your constant love and support.

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LIST OF ACRONYMS

Acronym	Definition
9/11	September 11 th terrorist attacks on the United States
BMI	Body mass index
CVD	Cardiovascular disease
DACA	Deferred Action for Childhood Arrivals
DAPA	Deferred Action for Parents of Americans and Lawful Permanent Residents
DBP	Diastolic blood pressure
DHS	Department of Homeland Security
GED	General Educational Development
GEE	Generalized Estimating Equations
HEP	Healthy Environments Partnership
HBP	High blood pressure
ICE	U.S. Immigration and Customs Enforcement
INS	Immigration and Naturalization Service
NLB(s)	Non-Latino Black
NLW(s)	Non-Latino White
OMB	U.S. Office of Management and Budget
SEP	Socioeconomic position
SBP	Systolic blood pressure
US	United States

ABSTRACT

A limited number of studies have investigated the implications of post-9/11 restrictive immigration policies and practices and anti-immigrant sentiments for the health of Latinos. Implications for Latinos in a northern border community have been under examined. This dissertation examines implications of this environment for the health for Latinos in Detroit, MI. First, I examined experiences of Mexican and Central American first, 1.5, and second generation women in Detroit, MI with racialization processes. Second, I examined women's descriptions of their responses, and that of members of their social networks, to experiences of racialization. I explored potential pathways through which these experiences may be associated with health outcomes. Third, drawing on data from 2002 to 2008 collected by the Healthy Environments Partnership, I examined changes in everyday and acute unfair treatment by race and ethnicity for 219 Detroit adults. I tested the association of these changes in discrimination over time with blood pressure. Results from the first analysis suggest that women navigated dynamic racialization processes. Their descriptions depict the multiple ways that various social agents engaged in unequal interactions with women, and with members of their social networks, in domains in which those agents had power. The racialized group in these interactions was contingent upon the context of racialization. The complexity of processes of racialization that women negotiated blurred the boundaries between Latinos, immigrants, and immigrants lacking documented status. This created a shifting ground that women navigated. Social statuses and domains in which experiences of racialization occurred shaped women's experiences with these processes. These processes influenced women's access to social and economic resources. Results from the second analysis suggested that women's responses to racialization processes were contingent upon the resources on which they could draw to prevent, mitigate, or resist these processes. Implications for health are complex and apparent in multiple domains of life. Results from the third analysis found that, relative to non-Latino whites (NLWs), Latinos reported a significant increase in lifetime acute unfair treatment, but not everyday or acute unfair treatment in the past year. Changes in lifetime acute unfair treatment were not associated with differential changes in blood pressure for Latinos relative to NLWs. However, in models restricted to Latinos, increases in lifetime acute unfair treatment were associated with increases in blood pressure. This finding suggests that any group that experiences similar processes of racialization and increases in discrimination over time might be expected to experience associated increases in blood pressure. Together these findings suggest that Latinos in the US have encountered increasing discrimination over the past decade, and that this discrimination has been associated with restrictions in access to resources that are essential to maintain health. Increases in discrimination over time are associated with increases in blood pressure among Latinos, suggesting that these experiences are manifest, in a relatively short period of time (about 6 years) in compromised health. Multilevel interventions that address the importance of identity-affirming symbols and access to social and economic resources to promote health will help to promote health and health equity. Policies that promote and institutionalize the full incorporation of Latino immigrants and their co-ethnics into society, as well as those that disrupt racialization processes linked with restrictive immigration policies, will also promote health equity.

Chapter 1 INTRODUCTION AND OVERVIEW

Latinos are the largest and fastest-growing racial or ethnic minority group in the US (Passel & Cohn, 2008; U.S. Census Bureau, 2011), and one that has experienced the greatest growth through immigration in recent decades (Passel & Cohn, 2008; Walters & Trevelyan, 2011). Despite their lower socioeconomic position (SEP), in the aggregate, Latinos often have comparable, if not better, indicators of health relative to non-Latino whites (NLWs) (Acevedo-Garcia, Bates, Osypuk, & McArdle, 2010; Acevedo-Garcia, Soobader, & Berkman, 2005; Carson et al., 2011; Hunte et al., 2012; Karlamangla, Merkin, Crimmins, & Seeman, 2010). There is also strong empirical evidence that the health of Latinos declines by immigrant generation (Acevedo-Garcia et al., 2010; Acevedo-Garcia et al., 2005; Crimmins, Kim, Alley, Karlamangla, & Seeman, 2007; Kaestner, Pearson, Keene, & Geronimus, 2009; Peek et al., 2010). For Latino immigrants, length of residence in the United States (US) is also associated with adverse health indicators (Acevedo-Garcia et al., 2010; Alegria, Sribney, Woo, Torres, & Guarnaccia, 2007; Daviglius et al., 2012; Kaestner et al., 2009). Health patterns within the Latino population also vary by other social statuses, such as socioeconomic position, gender, country of origin or descent, context of entry to the US (for immigrants), historical moment, and also by measure of health used (Acevedo-Garcia & Bates, 2007; Acevedo-Garcia et al., 2005; Albrecht, Roux, Aiello, Schulz, & Abraido-Lanza, 2013; Derby et al., 2010; Karlamangla et al., 2010; Miranda, Schulz, Israel, & Gonzalez, 2011; Viruell-Fuentes & Schulz, 2009). While some of these health patterns predate the terrorist attacks in the US on September 11, 2001 (henceforth, 9/11), those attacks initiated an escalation of anti-immigrant sentiments. Thus, 9/11 led to the

implementation of restrictive immigration policies and practices (DeGenova, 2004, 2007; Dreby, 2012, 2013; Gee & Ford, 2011; Golash-Boza, 2012; Hines, 2002; Magana-Salgado, 2014; Saenz, Filoteo, & Murga, 2007; Viruell-Fuentes, Miranda, & Abdulrahim, 2012), which may have negative implications for the health of Latinos (Gee & Ford, 2011; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Viruell-Fuentes et al., 2012).

Processes of racialization, and the restrictive immigration policies and practices that accompany these processes, may contribute to an acceleration of declines in health for Latinos. Racialization is a social process through which racial or ethnic meanings and differences are constructed, reconstructed, contested, and negotiated (Omi & Winant, 2015; Schwalbe et al., 2000). The central focus of this dissertation is on how racialization processes that ascribe a lower social status to Latinos relative to NLWs unfold in this post-9/11 anti-immigrant context in a northern border community to generate and reinforce social inequalities that may exacerbate health inequities among Latinos (Gee & Ford, 2011; Omi & Winant, 2015). These processes may operate through anti-immigrant ideologies, institutions, and restrictive federal- and state-level immigration policies (Gee & Ford, 2011). Institutional and policy decisions can instantiate inequalities. For example, federal mandates to increase the number of deportations contribute to ethnic profiling, workplace exploitation, and immigration-related detainment or detention (Golash-Boza, 2012; Miller, 2014), which may ultimately shape access to social and economic resources – the fundamental determinants of health and health inequities (Gee & Ford, 2011; House, Kessler, & Herzog, 1990; Link & Phelan, 1995; Phelan, Link, & Tehranifar, 2010; Viruell-Fuentes et al., 2012).

Post-9/11 policies and anti-immigrant sentiments have focused on immigrants of color, including Latino immigrants (DeGenova, 2004, 2007; Golash-Boza, 2012; Golash-Boza &

Hondagneu-Sotelo, 2013; Magana-Salgado, 2014). Latino immigrants, who comprise 37% of the Latino population in the US (Motel & Patten, 2013), have been adversely affected by these policies. These adverse effects are not limited to Latino immigrants, but also affect the 63% of Latinos who were born in the US (Motel & Patten, 2013). Further, estimates indicate that at least 85% of immigrants deported from the US have been men (Golash-Boza & Hondagneu-Sotelo, 2013). However, little is known about the gendered nature of experiences of deportation or the threat of deportation and in particular, how these experiences unfold for women. The post-9/11 period of heightened anti-immigrant sentiments and the policies and practices that have accompanied these sentiments may accelerate the declines in health for Latinos by gender, immigrant generation and, for Latino immigrants, length of US residence.

For example, anti-immigrant sentiments and restrictive immigration policies have heightened deportations and ethnic profiling of Latinos, generating fear of deportation, concerns about family separation, mistrust in law enforcement or other governmental organizations, discrimination, workplace exploitation, and reductions in or delayed health care utilization (R. H. Adler, 2006; Ayon, Gurrola, Salas, Androff, & Krysik, 2011; Bauer, 2009; C. Cleaveland & Ihara, 2012; Dreby, 2013; Garcia & Keyes, 2012; Hacker, Chu, Arsenault, & Marlin, 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Hardy et al., 2012; Menjivar & Abrego, 2012; Toomey et al., 2014). Evidence of these effects emerges from the northeastern (R. H. Adler, 2006; Hacker et al., 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011), southeastern (Bauer, 2009; C. Cleaveland & Ihara, 2012; White, Blackburn, Manzella, Welty, & Menachemi, 2014; White, Yeager, Menachemi, & Scarinci, 2014), and southwestern (Ayon et al., 2011; Garcia & Keyes, 2012; Hardy et al., 2012; Menjivar & Abrego, 2012; Toomey et al., 2014) regions of the US. Few studies (Dreby, 2013;

Theodore, 2013) have examined the influence of this post-9/11 immigration context on Latinos in the Midwest. As a result, little is known about how processes that generate or escalate racial and ethnic inequalities in this post-9/11 anti-immigrant context may unfold for Latinos in Midwestern communities, particularly in northern border communities.

The 100 mile region within the US border has been classified as a “Constitution free zone” because Fourth Amendment protections from unreasonable searches do not hold (American Civil Liberties Union, 2008). Situated along the US-Canada border, the entire state of Michigan is considered a Constitution free zone that is affected by border policies (American Civil Liberties Union, 2008). Further, the bridge to Canada crosses through Detroit and, in particular, Southwest Detroit, a neighborhood where the majority of Latino residents in Detroit reside (Data Driven Detroit, 2011, 2013). Thus, residents of Michigan and Detroit may be affected by interior immigration enforcement policies, border policies, the presence of border enforcement agencies, and losses of certain civil liberties within this Constitution free zone. Post-9/11 restrictive immigration policies and practices that have unfolded in this northern border ethnic enclave may have health implications for Latino residents.

Further, evidence regarding the health implications of immigration policies for Latinos primarily addresses immigrants, with less attention to implications for the health of second or later generations, or variations by other social statuses. There is relatively little examination (Toomey et al., 2014) of how, if at all, these processes that create or reinforce social inequalities may affect not only immigrants, but also US-born Latinos. Moreover, few studies (Golash-Boza & Hondagneu-Sotelo, 2013) have examined the gendered nature of experiences with restrictive immigration policies. The potential for these processes to affect opportunities for education, employment, family unity, or other factors associated with access to resources that are necessary

for health lends urgency to efforts to improve our understanding of how they may unfold across immigrant generations and for women.

This dissertation addresses gaps in knowledge about implications of this post-9/11 context for Latinos and ultimately their health. A particular focus of this research is on how federal and state policies and anti-immigrant sentiments unfold to affect the health of Latinos in Detroit, MI. It is among the first studies to consider implications of this post-9/11 context for the health of Latino immigrants and second generation Latinos in a northern border community. In this dissertation, I examine the implications of this post-9/11 anti-immigrant social and political context for the fundamental determinants of health, the patterning of health inequities within the Latino population, and implications for the health of Latinos in the future. In doing so, this research seeks to influence our understanding of the post-9/11 anti-immigrant context towards Latinos, how the national- and state-level political context is expressed in a northern border community for Latinos who reside in a predominantly-Latino neighborhood, and implications for health inequities.

In Chapter 2, I present the theoretical and conceptual frameworks that guide the quantitative and qualitative inquiries developed throughout the dissertation. I also review post-9/11 changes in the social, political, and economic context in the US that have contributed to a period of restrictive immigration policies and practices, anti-immigrant sentiments, and unequal treatment for Latinos. Building on theoretical frameworks focused on the fundamental determinants of health inequities, I consider implications of this changing social and political context for Latino health broadly. Following a discussion of gaps in the literature regarding implications for the health of Latinos, I introduce the research questions guiding this dissertation.

This inquiry draws on two sources of data to examine the influence of this context on the fundamental determinants of health and health of Latinos in Detroit, MI.

In Chapter 3, I use qualitative research methods to examine the experiences of Latinas post-9/11. Specifically, I examine women's experiences with restrictive immigration-related policies and practices implemented post-9/11 at both a national and state level, and the implications of these policies and practices for their day-to-day experiences. Drawing on in-depth interviews that a research assistant and I conducted with fifty first, 1.5, and second-generation women of Mexican or Central American origin or descent who live in Southwest Detroit, I examine: 1) their experiences in this post-9/11 context; 2) potential variations by social statuses and identities; and 3) implications for health. This analysis examines women's descriptions of their own experiences, those of their families and social networks, and explores implications for health across immigrant generations.

In Chapter 4, also drawing on an analysis of these in-depth interviews, I examine women's responses to racialization processes and experiences identified in Chapter 3. Specifically, I present typologies of responses that emerged from the interviews, and variations in these responses by social statuses and identities. As in Chapter 3, Chapter 4 concludes with a discussion of implications of women's responses to experiences of racialization and discrimination for women's health and that of their families and networks, with a particular focus on understanding implications for social and economic factors associated with health.

In Chapter 5, I extend this qualitative research, using quantitative analyses to examine racial and ethnic differences in the patterning of experiences of discrimination since 9/11 and implications for cardiovascular health in a multi-ethnic sample of adult residents of Detroit. To examine these research questions, I analyzed data collected by the Healthy Environments

Partnership (HEP) to assess changes in cardiovascular risk over a six-year period in Detroit.

HEP is a community-based participatory research collaboration that examines the influence of the social and physical environment on risk of cardiovascular disease among residents of Detroit (Schulz et al., 2005). Consistent with HEP's goals of understanding the influence of social factors on cardiovascular disease risk, this analysis examines the association of changes in discrimination with changes in blood pressure by race and ethnicity in the six-year period following 9/11. Chapter 5 concludes with a discussion of the implications of findings for Latino health inequities and considers areas for future research.

In Chapter 6, I integrate and discuss these findings and consider how immigration policies – a fundamental cause of health inequities – must be integrated into discussions of health equity policy (Viruell-Fuentes et al., 2012). I also consider future implications of these findings for health patterns for Latinos and for health inequities. I then propose areas for future research and discuss how these findings may inform contextually sensitive health equity interventions.

Chapter 2 IMPLICATIONS OF THE POST-9/11 SOCIOPOLITICAL CONTEXT FOR THE FUNDAMENTAL DETERMINANTS OF LATINO HEALTH

The border enforcement apparatus is much more than sixteen-foot walls, stadium lights, cameras, sensors, and the overall concentration of its agents in every urban – and many rural – areas along the 2,000 mile U.S.-Mexico boundary. From the actual boundary line, it has expanded into the interior, creating an intensely controlled border zone buzzing with armed authorities openly patrolling strip malls, flea markets, residential areas, train stations, and bus depots – to the degree that many in the borderlands, from federal magistrates to grassroots activists, have compared what they experience to a military occupation. ... Variations of this model are now increasingly ubiquitous. ... If you live in Southwest Detroit, the Mexican part of town, you'll probably see the cruising green-striped vehicles every day ... Indeed, in the last ten years, the policing apparatus has expanded at a higher rate along the northern border than on the southern one. (Miller, 2014, pp. 21-22)

THE RESEARCH PROBLEM

Despite their lower socioeconomic profile, in the aggregate Latinos have comparable, if not better, health than non-Latino whites (NLWs) (Acevedo-Garcia et al., 2010; Acevedo-Garcia et al., 2005; Carson et al., 2011; Hunte et al., 2012; Karlamangla et al., 2010). However, the patterning of health outcomes varies by health indicator (Acevedo-Garcia, Sanchez-Vaznaugh, Viruell-Fuentes, & Almeida, 2012; Viruell-Fuentes & Schulz, 2009). Underneath these aggregated health patterns for Latinos lie important variations that remain to be unpacked (Acevedo-Garcia & Almeida, 2012; Viruell-Fuentes et al., 2012). For example, within the Latino population, the health of Latinos tends to decline with increasing immigrant generation

(Acevedo-Garcia et al., 2010; Acevedo-Garcia et al., 2005; Crimmins et al., 2007; Kaestner et al., 2009; Peek et al., 2010). Among Latino immigrants, length of residence in the US is associated with worsening health indicators (Acevedo-Garcia et al., 2010; Alegria et al., 2007; Daviglius et al., 2012; Kaestner et al., 2009). These patterns also vary according to other social statuses such as gender, socioeconomic position, country of origin or descent, context of entry to the US (for immigrants), and by health outcome (Acevedo-Garcia & Bates, 2007; Acevedo-Garcia et al., 2005; Albrecht et al., 2013; Derby et al., 2010; Karlamangla et al., 2010; Miranda et al., 2011; Viruell-Fuentes & Schulz, 2009). Scholars have posited that processes that subordinate the social status of racial and ethnic minorities, including oppressive structures, exploitation by these structures, and unequal treatment based on race and ethnicity (Omi & Winant, 2015), may contribute to these observed declines in health for Latinos (Acevedo-Garcia & Bates, 2007; Gee & Ford, 2011; Viruell-Fuentes, 2007, 2011; Viruell-Fuentes et al., 2012). As these processes accrue over the life course, they may accumulate to adversely affect life chances and associated health outcomes.

Social, economic, and political changes in the US since 9/11 have both arisen out of, and further contributed to, heightened anti-immigrant sentiments (DeGenova, 2004, 2007; Golash-Boza, 2012; Hines, 2002; Miller, 2014). The restrictive immigration-related policies and practices that have arisen in this period affect immigrants of color, including Latino immigrants (DeGenova, 2004, 2007; Dreby, 2012, 2013; Gee & Ford, 2011; Golash-Boza, 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Hines, 2002; Holmes, 2013; Magana-Salgado, 2014; Miller, 2014; Viruell-Fuentes et al., 2012). Furthermore, these impacts extend beyond immigrants themselves, to affect the experience of co-ethnics residing in the US,

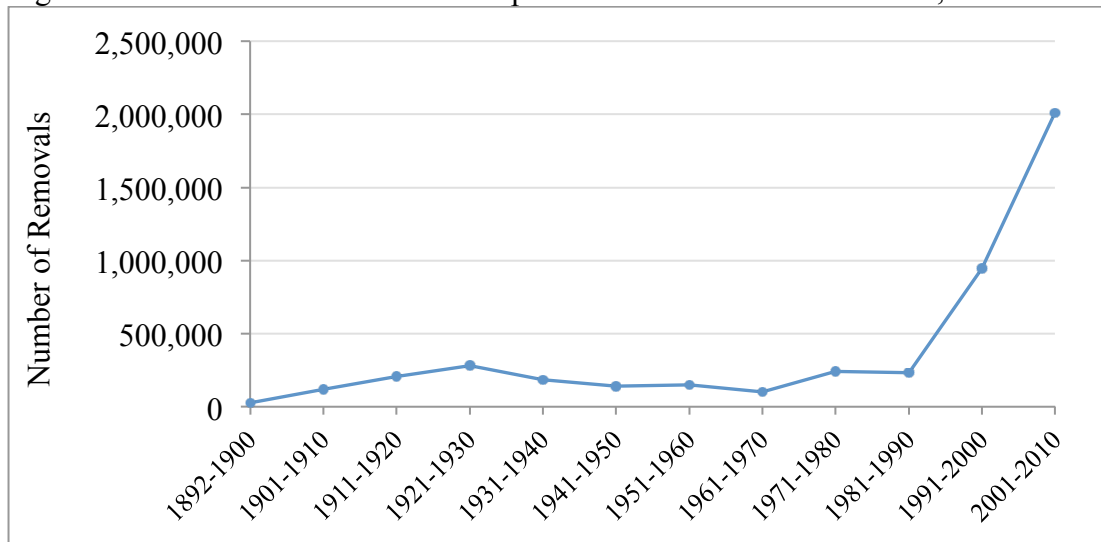
many of whom are long-term residents or were born in the US (Golash-Boza, 2012; Golash-Boza & Hondagneu-Sotelo, 2013).

Anti-immigrant sentiments and associated policies affect groups that are not implicated in the 9/11 attacks. This post-9/11 extension of anti-immigrant sentiments and policies on immigrant groups that are not associated with the 9/11 attacks suggests a disconnect between rhetoric about immigration enforcement to prevent terrorism and actual immigration enforcement practices (Golash-Boza, 2012; Miller, 2014). Among deportations of immigrants, removals for crimes are often for crimes of moral turpitude, drug offenses, or unauthorized re-entry to the US after deportation (Golash-Boza, 2012). Thus, while a minority of deportations are for crimes, the majority of deportations that are attributed to crimes that are not related to terrorist concerns (Golash-Boza, 2012; Miller, 2014).

Immigration enforcement and deportation policies have profound implications for groups with high levels of immigration, many of whom are from countries that are not considered to have ties with terrorism. The Latino population has historically experienced significant growth through immigration (Passel & Cohn, 2008). As shown in Figure 2.1 and

Figure 2.2, there has been a systematic increase in immigration enforcement and deportations (U.S. Department of Homeland Security, 2013) beginning in the 1990s and escalating in the post-9/11 period. The majority of deportations in fiscal year 2013 were of persons of Latin American origin or descent (Magana-Salgado, 2014), (see Table 2.1). Since 2009, there have been nearly 2 million deportations, 97% of which were of persons of Latin American descent (Lopez, Gonzalez-Barrera, & Motel, 2011; Magana-Salgado, 2014; Simanski & Sapp, 2013; U.S. Immigration and Customs Enforcement, 2014b). Despite the rhetoric linking immigration enforcement to the prevention of terrorism (Miller, 2014), none of the countries that have experienced the highest number of deportations appears on the US list of countries with ties to terrorism (Golash-Boza, 2012). Instead, changes in immigration policies implemented following the post 9/11 terrorist attacks have disproportionately affected Latinos with ties to countries that are not associated with terrorism. Thus, the 9/11 context has magnified racialization processes with which immigrants of color must contend, and for Latino immigrants and their co-ethnics in particular.

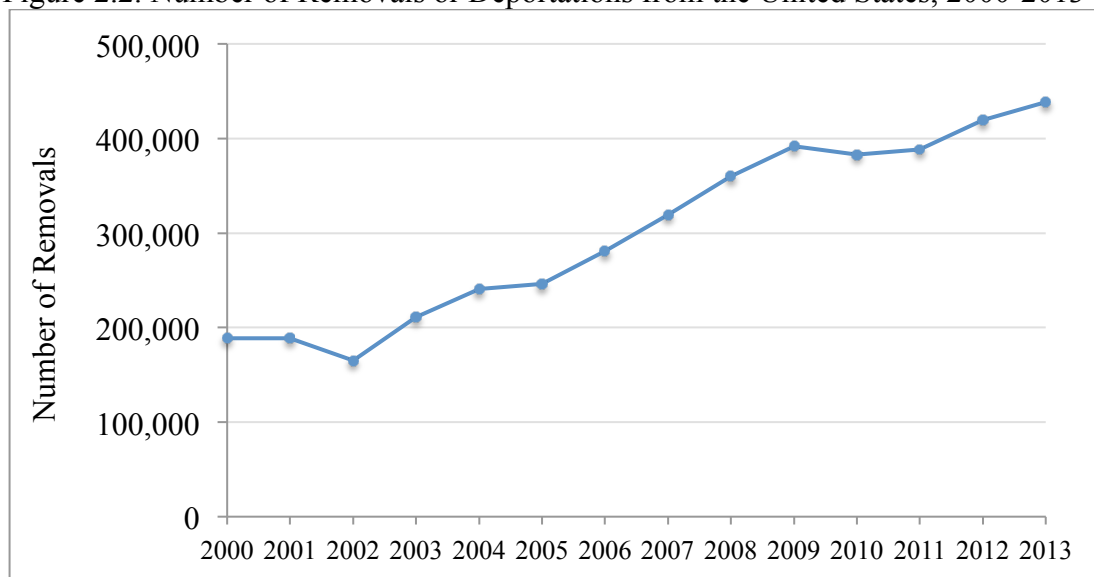
Figure 2.1. Number of Removals or Deportations from the United States, 1892-2010



Source: Department of Homeland Security, Table 39: Aliens Removed or Returned, FY 1892-2011. <http://www.dhs.gov/yearbook-immigration-statistics-2011-3>; Department of Homeland

Security, 2012 Yearbook of Immigration Statistics, Table 39: Aliens Removed or Returned: FY 1892-2012 http://www.dhs.gov/sites/default/files/publications/ois_yb_2012.pdf

Figure 2.2. Number of Removals or Deportations from the United States, 2000-2013



Source: Department of Homeland Security, Table 39: Aliens Removed or Returned, FY 1892-2011 <http://www.dhs.gov/yearbook-immigration-statistics-2011-3>; Department of Homeland Security, 2012 Yearbook of Immigration Statistics, Table 39: Aliens Removed or Returned: FY 1892-2012 http://www.dhs.gov/sites/default/files/publications/ois_yb_2012.pdf; Table 8: Aliens Removed or Returned: FY2013.; U.S. Immigration & Customs Enforcement, ERO Annual Report, FY 2013 ICE Immigration Removals.

Table 2.1. Number of Removals from the United States, Reported from Immigration and Customs Enforcement (ICE), by Country for the Ten Countries Experiencing the Greatest Number of Removals, FY 2013

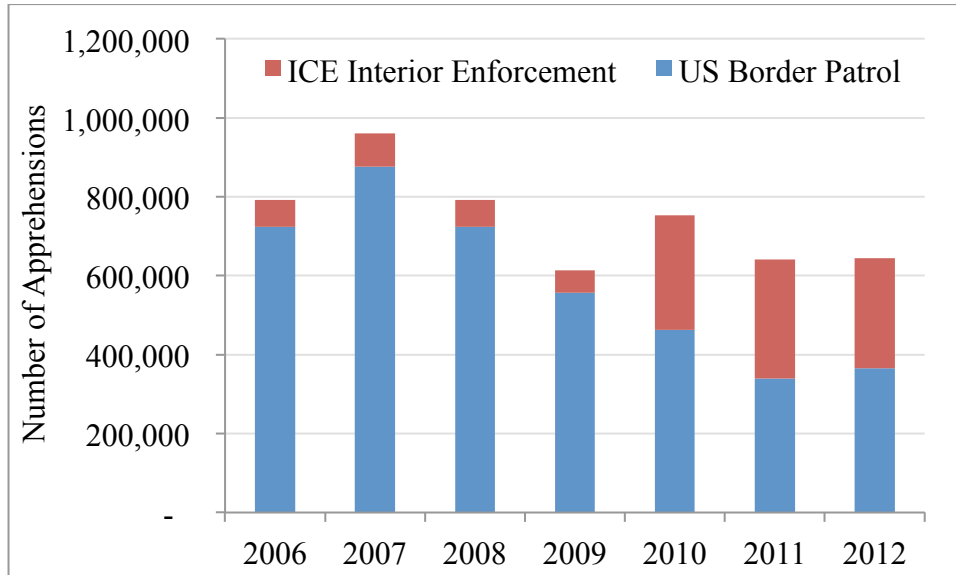
Country	Total Number of ICE Removals
Mexico	241,493
Guatemala	47,769
Honduras	37,049
El Salvador	21,602
Dominican Republic	2,462
Ecuador	1,616
Brazil	1,500
Colombia	1,429
Nicaragua	1,383
Jamaica	1,119
Top 10 Total	357,422

Source: U.S. Immigration & Customs Enforcement, ERO Annual Report, FY 2013 ICE Immigration Removals.

As presented in

Figure 2.3, in addition to heightened border enforcement (e.g., generally the apprehension of persons trying to enter the US without authorization), during this same period there has been a marked increase in interior immigration enforcement (e.g., the removal of immigrants whose lives are well established in the US) (Golash-Boza, 2012). While border enforcement has more direct effects on persons outside of the US, for example, affecting families trying to reunite (Golash-Boza, 2012), changes in interior immigration enforcement practices have direct implications for persons inside the US, for example, separation of families that are already together (Golash-Boza, 2012). The implications of these strategies are complex and can be profound. For example, persons in the US may be affected by the deportation of someone through interior immigration enforcement operations. That person may attempt to re-enter the US to reunite with their family but may encounter barriers to reuniting through border enforcement (Golash-Boza, 2012). In addition, persons have been removed from the interior region of the US by border patrol agents (Miller, 2014).

Figure 2.3. Number of Apprehensions, by Immigration Enforcement Program, United States, FY 2006-2012



Source: U.S. Department of Homeland Security, Office of Immigration Statistics, Annual Report: Immigration Enforcement Actions, 2008, 2009, and 2012, Table 1.

Note: The majority of apprehensions for the US Border Protection Patrol are for the Southwest sectors of the US.

There is some evidence that post-9/11 anti-immigrant sentiments have adverse health outcomes for Arab Americans, a group that has experienced an escalation of discrimination in this period (Lauderdale, 2006). Despite the large numbers affected, relatively little research has examined implications for health of Latinos. To date, no studies in which I am aware have examined the implications of heightened anti-immigrant sentiments and restrictive immigration policies and practices for the fundamental determinants of health of Latinos in a community along the US-Canada border. Further, no studies identified in this review of the literature have empirically examined the effects of heightened anti-immigrant sentiments following 9/11 on the health of Latinos.

In the following pages, I provide an orientation into the theoretical underpinnings guiding this dissertation, including the terms *racialization* and *sociopolitical context*. I then examine the evidence base that leads me to hypothesize that changes in this social, political, and economic

context may be related to changes in health for Latinos over the post-9/11 period and identify gaps in this literature. Finally, I introduce the research questions that are at the center of this dissertation.

THEORETICAL FRAMEWORKS

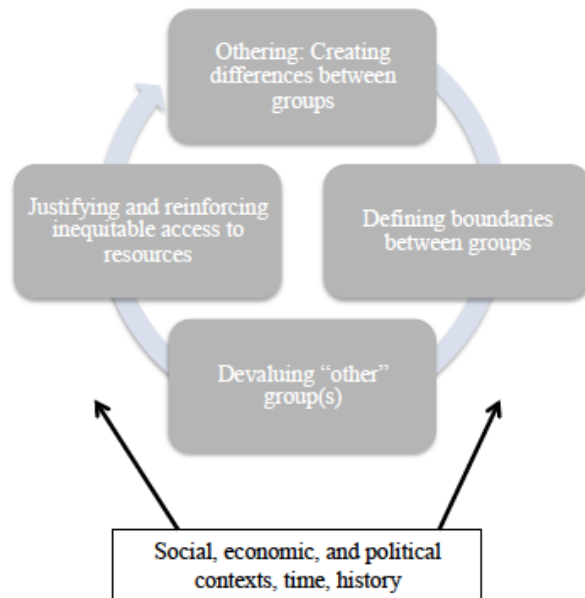
Racialization

Determinants of declines in some indicators of health among Latinos by immigrant generation and, for Latino immigrants, length of US residence, are not well understood. A number of scholars have recently called for the need to move beyond an emphasis on explanations that emphasize individual or group characteristics and cultural factors, toward analyses that examine the social, political, and economic contexts within which health patterns emerge (Acevedo-Garcia & Bates, 2007; Acevedo-Garcia et al., 2012; Viruell-Fuentes, 2007, 2011; Viruell-Fuentes et al., 2012). Among the factors shaping those contexts are processes of racialization that may contribute to these observed declines in health for Latinos (Acevedo-Garcia & Bates, 2007; Gee & Ford, 2011; Viruell-Fuentes, 2007, 2011; Viruell-Fuentes et al., 2012).

As illustrated in Figure 2.4, racialization is a social process through which racial or ethnic meanings and differences are constructed and reconstructed and these meanings are used to justify inequalities. Racialization processes are also contested and negotiated. The first step in racialization processes is “othering,” which involves creating a difference between social groups and establishing an “other” group (Schwalbe et al., 2000). The next step pertains to defining boundaries between groups (Schwalbe et al., 2000). Once the boundaries between groups are distinguished, racialization processes involve devaluing those who are in the “other” group (Schwalbe et al., 2000). Institutions and social agents use the symbols of differential value to

justify or reinforce inequitable access to resources for those who are constructed as an inferior “other” (Omi & Winant, 2015; Schwalbe et al., 2000).

Figure 2.4. Racialization Processes that Create and Reproduce Inequalities



Sources: Schwalbe, M., Godwin, S., Holden, D., Schrock, D., Thompson, S., & Wolkomir, M. (2000) and Generic Processes in the Reproduction of Inequality: An Interactionist Analysis. *Social Forces*, 79(2): 419: 452 and Omi, M., & Winant, H. (2015). *Racial Formation in the United States* (Third ed.). New York: Routledge.

This relational process affects all social groups, conferring privilege on some, while devaluing others and justifying their stigmatized status (Almaguer, 2009; Omi & Winant, 2015; Pearson, 2008). The dominant group may attach differential meaning to these groups; such meanings emerge and change within a particular context and over time (Almaguer, 2009; Omi & Winant, 2015; Schwalbe et al., 2000). As part of racialization processes, the dominant group may also discredit and construct the racialized group as morally and intellectually inferior.

Racialization processes in the US have constructed whites as a dominant or privileged category. Several scholars have noted that processes of racialization in the US construct whiteness as an unmarked category, conferring a degree of invisibility for whites (McDermott & Samson, 2005; Omi & Winant, 2015). This invisibility and subsequent privileging of whiteness

serves to deflect attention from whiteness, while maintaining whites' social dominance and heightening the otherness of non-whites (Hartigan, 1999; McDermott & Samson, 2005; Omi & Winant, 2015).

These processes are also gendered (Golash-Boza & Hondagneu-Sotelo, 2013) and classed (Holmes, 2013). Indeed, intersectional theory emphasizes the intersections of race, class, and gender in racialization processes (Mullings & Schulz, 2006; Viruell-Fuentes et al., 2012). Altogether, processes of racialization may assert, blur, or diminish racial and ethnic boundaries over time and change with social and economic circumstances (Almaguer, 2009; Omi & Winant, 2015).

Processes of racialization are not static, nor are they uncontested. Both dominant and racialized groups employ identity management strategies that may serve to reinforce or to alter or disrupt boundaries between groups, or the meanings that are attached to group membership (Schwalbe et al., 2000). For example, dominant groups may engage in identity management strategies that reinforce notions of power and superiority relative to racialized groups (Omi & Winant, 2015; Schwalbe et al., 2000). Racialized groups also use similar processes to disrupt or resist racialization processes (Omi & Winant, 2015; Schwalbe et al., 2000). Racialization may become structured through social norms, practices, and policies (Jones, 2000; Williams, 1999) that institutionalize restrictions in the social and economic attainment of racialized groups. This process can result in differential status, power, and resources, and limit access to goods, services, and opportunities (Jones, 2000; Williams, 1999). These processes and resources have been described as fundamental determinants of health (House, 2001; House et al., 1990; Link & Phelan, 1995; Phelan et al., 2010; Schulz et al., 2005; Schulz & Northridge, 2004; Williams & Collins, 2001), discussed in greater detail in the section that follows.

In the US context, processes of racialization simultaneously privilege whites and justify their elevated status on the upper rungs of the ethnoracial hierarchy, that is a hierarchy of racial and ethnic groups that differentially defines their social location in the US. Racialization processes and the protracted anti-immigrant sociopolitical context are reciprocal processes that may limit access to resources and opportunities for Latinos and contribute to the observed health deterioration by immigrant generation and length of US residence for Latinos. For example, anti-immigrant policies are examples of the instantiation of anti-immigrant sentiment mobilized against a socially constructed group (i.e. Latino immigrants) that serves to limit access to resources. Likewise, the exclusion of undocumented immigrants from formal occupations contributes to economic oppression, which may further reinforce stereotypes about immigrants and their co-ethnics and anti-immigrant sentiments.

In response to ascribed statuses, racialized groups may engage in a variety of strategies, including those that reinforce, resist, or disrupt processes of racialization and stigmatization. These may include strategies to gain membership in the dominant group, such as minimizing identification with discredited group(s) and/or discriminating against co-ethnics or other discredited groups (Goffman, 1963). Members of racialized groups may also engage in efforts to deflect stigma ascribed to their identity, and in this process, may reproduce the construction and ascription of devalued meaning to racialized groups (Goffman, 1963; Schwalbe et al., 2000). For groups stigmatized by anti-immigrant sentiment, strategies may include de-emphasizing or minimizing the stigmatized identity or not discussing where they or their parents were born so as to deflect anti-immigrant stigma (Dreby, 2013). Alternatively, members of racialized groups who confront racialized contexts may engage in processes to create an alternative identity (Schwalbe et al., 2000). Examples of such strategies include: embracing one's family's country

of origin as one's racial or ethnic identity (Lopez, 2013; Taylor, Lopez, Martínez, & Velasco, 2012); distancing from American or pan-ethnic identities (Alcoff, 2005; Lopez, 2013; Taylor et al., 2012); or constructing alternative narratives, such as DREAMer narratives for young persons who may lack documented status (Corruncker, 2012). Immigrant rights advocates often emphasize that persons who came to the United States when they were young may lack documented status through no fault of their own (Corruncker, 2012). Such narratives facilitate the proposal and implementation of immigration policies that may benefit this subset of undocumented immigrants while inadvertently adversely affecting others. Thus, these frameworks may distance DREAMers from, position blame on, and further devalue other groups of undocumented immigrants. Goals of this dissertation are to examine the identity management strategies that emerge from interviews conducted in a northern border community with a heightened presence of immigration enforcement and to discuss these within the social, political, and geographic contexts of the literature presented here.

As will be described in greater detail in Chapters 3 and 5, there are several approaches to examining experiences of racialization and changes in racialization over time (Gee & Ford, 2011; Viruell-Fuentes, 2007; Williams & Mohammed, 2009; Williams, Yu, & Jackson, 1997). In this dissertation, I use qualitative assessments of experiences with racialization processes and implications of these experiences for health, as well as quantitative examinations of implications of discrimination for the fundamental determinants of health and health outcomes. In the sections that follow, I provide an overview of two frameworks that guide this inquiry: the social construction of terminology to describe racial and ethnic minority groups, with a particular focus on Latinos; and the fundamental causes of health. I also discuss implications of each of these

frameworks for Latino health inequities research examining the health implications of experiences of racialization.

Latino vs. Hispanic

Race and ethnicity are socially constructed categories that capture historical and contemporary consequences of social, political, and economic opportunities and exclusion (Almaguer, 2009; Omi & Winant, 2015). In 1997, the US Office of Management and Budget (OMB) identified five racial groups (i.e. white, black, Indian or Alaskan Native, Asian, and Native Hawaiian or other Pacific Islander) and two ethnic groups: Hispanic or Latino vs. non-Hispanic or non-Latino (U.S. Office of Management and Budget, 1997). Throughout this inquiry, I use the term *Latino* to refer to persons who are identified as Hispanic or Latino. Use of the terms *Hispanic* or *Latino* is fraught with debate and varies by historical moment, geographic location, and political perspective. Indeed, labels used to describe persons of Latin American origin or descent are socially constructed, as Alcoff (2005) explains:

...it is a very common experience among many Latinos to have our ethnic labels change as we enter the United States or even simply as we change locations within it. Because of this, Latinos are relatively sophisticated about the socially constructed character of names; because we experience the dynamism and instability of names, and because we understand the inherent relationship between names and social status.... Names do describe groups or group characteristics that already exist, but they also offer explanations about groups and causal accounts of their characteristics, and can thus also communicate their collective intentions.... the salience of ethnic names in our society is not a choice; the only choice is *how best to represent and explain that salience* [sic]. (Alcoff, 2005, pp. 398-399)

Thus, it is critical to consider the meaning behind these terms, as the process of naming, as Alcoff (2005) posits, not only reflects historical perspectives, but also affects the future. The terminology (e.g., *Hispanic* or *Latino*) used to refer to persons of Latin American origin or

descent may reflect social status, including histories of and responses to struggles with power and inequality, US ethnic and racial relations, and one's vision for the future of persons of Latin American origin or descent in the US (Alcoff, 2005). Some scholars have characterized the term *Hispanic* as one that captures shared language and cultural characteristics of persons from or descendants of Latin American countries (Alcoff, 2005; Hayes-Bautista & Chapa, 1987), and thus focuses on the colonization of Latin American countries by Spain (Alcoff, 2005; Torres, 2000). In contrast, scholars have argued that the term *Latino* encompasses not only shared language, race, or cultural characteristics of persons from Latin American countries (Alcoff, 2005; Hayes-Bautista & Chapa, 1987). Scholars posit that the term *Latino* also grounds Latinos' history and position in the US ethnoracial structure in the historical colonization of some Latin American countries by the US, as well as contemporary US foreign policy that contributes to the current migration and colonization of persons of Latin American origin or descent (Alcoff, 2005; Hayes-Bautista & Chapa, 1987).

A recent Pew Hispanic Center Survey found that half (50%) of respondents who identified as Hispanic or Latino indicated no preference for use of these terms, 33% preferred the term *Hispanic*, and 15% preferred the term *Latino*. Preferences varied by state of residence, language use, immigrant generation, and among immigrants, by length of US residence (Lopez, 2013). While this variation may represent subgroup differences in preference, it may also reflect lack of consensus on preferred terminology, and/or resistance to terminology that serves to homogenize Latino subgroups. Additionally, this 2-to-1 preference for the term *Hispanic* may be influenced by decades of governmental practices in describing persons of Latin American origin or descent in the US, which ascribe *Hispanic* as the officially-recognized term. Indeed, in 1978, at the request of the King of Spain, the US Office of Management of Budget adopted the

term Hispanic to refer to persons of Spanish culture or origin in the US, regardless of race and country of origin (Alcoff, 2005). Subsequently, the term *Hispanic* was widely disseminated and adopted both in federal reporting systems and by the general public. The widespread adoption of the term *Hispanic* by the US government contributes to what Alcoff (2005) argues is the imposition by the federal government of the term *Hispanic* on persons of Latin American origin or descent in the US. While overall, a minority (15%) of Pew Hispanic Center Survey respondents identified as *Latino* as compared with *Hispanic* (33%), my use of the term *Latino* to refer to Hispanics or Latinos reflects these historical and theoretical considerations. My use of the term *Latino* also follows recent scholarship that suggests that in this post-9/11 era, subgroup differences may be muted as “Hispanics” are racialized as one monolithic group in this context (C. Cleaveland & Ihara, 2012; DeGenova, 2007; Golash-Boza, 2012).

Most crucially, pan-ethnic terms may undermine ethnic identity and political action. Such terms divert attention from national identities and particular histories associated with Latin American country of origin or descent and instead direct attention to culture and language (Alcoff, 2005; Torres, 2000). Of note, public opinion among Latinos indicates that more than half (54%) of Latinos identified with their country of origin or descent, while only 20% preferred the term *Hispanic* or *Latino*, and 23% identified as *American* (Lopez, 2013). Reflecting heterogeneity of the Latino population, these preferred identities varied by country of origin or descent, immigrant generation, language use, and for immigrants, length of US residence (Lopez, 2013). The contested nature of these categories reflects the contested nature of the social construction of an “other” and the meanings encompassed within the category. Recognizing that the terms *Latino* and *Hispanic* are pan-ethnic terms, I refer to Latinos’ country of origin or descent (e.g., Mexican, Honduran) whenever possible when citing relevant literature, and in

presenting findings in subsequent chapters.

Race, Ethnicity, and Racialized Groups

While the OMB identifies Latino and non-Latino as the only ethnicities, Williams (1997, 2012) argues that this differentiation of race and ethnicity is problematic given that Latino and non-Latino populations may be characterized by different ethnicities within each group. For example, among Mexicans, there are historical, social, political, and economic differences between indigenous and Mestizo populations and subgroups (Dreby, 2010; Holmes, 2013). Additionally, some evidence suggests that Latinos would prefer to be classified as a racial group (Campbell & Rogalin, 2005). For example, Campbell and Rogalin (2005) investigated how Latinos would identify in response to a question that collapsed Latino ethnicity into a question about racial identification. In their analysis of the 1995 Race and Ethnicity Supplement to the Current Population Survey, the authors found that among Latinos who identified as Latino in response to the OMB's two questions about ethnicity (i.e. Latino or non-Latino) and racial identification (i.e. white, black, Indian or Alaskan Native, Asian, and Native Hawaiian or other Pacific Islander, other), when race and ethnicity were collapsed into one question, the majority (74%) of Latino respondents identified as Hispanic or Latino. More recently, in the 2010 US Census, of the 47.4 million respondents who identified as Latino, in response to questions about racial identity, one-third of Latinos identified "some other race," writing in a racial identity that was tied to Latin American countries or territories (Lopez & Krogstad, 2014). Of these write-in racial identifications, 44.3% of respondents wrote in Mexican, Mexican American, or Mexico; 22.7% wrote in Hispanic, Hispano, or Hispana; and 10.0% wrote in Latin American, Latino, or Latin. These findings suggest that Latinos may resist racial classifications or view Latino identity as racial identity.

Given the historical construction of race and ethnicity in the US, I describe minority racial and ethnic groups, including Latinos, as *racialized groups* and non-Latino whites as the dominant or majority group. My use of this term recognizes the fluidity of identities across time, histories, and place, and the relational nature of identities that may create and/or heighten symbolic and social differences between groups in particular moments and places (Nagel, 1994; Woodward, 1997). As with Latinos and non-Latino blacks (NLBs), the NLW population in the US is also characterized by great heterogeneity in socioeconomic position, ethnicity, and contexts of reception for ethnic whites (Hartigan, 1999; Roediger, 2007). Ethnic whites, such as Polish, Italian, Jewish, and Irish ethnic groups have also experienced health inequities linked with racialization (Hunte & Williams, 2009; Pearson & Geronimus, 2011). However, the preponderance of the evidence cited in the following Chapters does not disentangle variations in experiences or health patterns within NLW or NLB populations. While there are multiple dimensions of intersecting identities, ascribed and claimed, that shape lived experiences in the US, I focus on the experiences of Latinos and variations within this population. My use of the term *racialized groups* to describe racial or ethnic minorities considers the implications of processes that create a context within which individuals encounter structural barriers related to the imposition of a racialized identity, against which they must struggle in the negotiation of ethnic and/or personal identities (Pearson, 2008; Schwalbe et al., 2000).

Immigrant Generation & Length of US Residence for Latino Immigrants

The term *immigrant generation* refers to the nativity of immigrants or the parental nativity for US-born descendants of immigrants. Generational status is assessed by two measures: country of birth and number of parents or grandparents who were born in the US. The general definitions for the first, 1.5, and second immigrant generations are provided in Table 2.2

(Rumbaut, 1994, 2004). These definitions guide the sampling strata that informed the qualitative research described in Chapters 3 and 4. The analysis of health patterns within the Latino population, as tested in Chapter 5, is also informed by these definitions. Rumbaut (1994) defines the 1.5 generation as persons who migrated to the US before 12 years of age. This definition signifies the qualitative difference of coming of age in the US with respect to moving to the US at a later age. There is some variation in the literature regarding the classification of the 1.5 generation, whereby in some cases the 1.5 generation may be classified in the first or second generation (Rumbaut, 2004). In addition to considering age of migration to the US, some literature examines the influence of length of US residence, or number of years in which an immigrant has lived in the US since migrating to the US, on the social or health issue of inquiry (Acevedo-Garcia et al., 2010; Alegria et al., 2007; Kaestner et al., 2009).

Table 2.2. Definition of Immigrant Generations for Latinos

Immigrant Generation	Definition
First Generation	Born in Latin America, immigrated to US at age 12 or older
1.5 Generation	Born in Latin America, immigrated to US at <12 years of age
Second Generation	Born in US, descendent of at least 1 immigrant parent

Fundamental Determinants of Health

House and colleagues (1990; 1994), Link and Phelan and colleagues (1995; 2010), and Schulz and colleagues (2005; 2004) conceptualize social and economic resources as fundamental determinants of health. Indeed, a substantial body of evidence demonstrates associations between economic (N. E. Adler & Rehkopf, 2008; Williams, Mohammed, Leavell, & Collins, 2010) and social (Uchino, 2009; Umberson & Montez, 2010) resources with health and health inequities. Link and Phelan (1995) posit that social causes and processes shape how and why

individuals become exposed to risk or protective factors that influence health behaviors, health outcomes, and health inequities. They assert that “fundamental social causes of disease” (Link & Phelan, 1995, p. 87) create an unequal distribution of resources such as knowledge, money, power, prestige, and social networks. This structures the disproportionate patterning of risk for adverse health outcomes among populations with limited access to social and economic resources. Consequently, in a dynamic system in which proximate risks evolve, interventions addressing proximate factors will not eliminate the patterning of health inequities (Hawe, Shiell, & Riley, 2009; Link & Phelan, 1995; Phelan et al., 2010). This dissertation considers the influence of experiences of racialization following 9/11 for the fundamental determinants of health, and health outcomes of Latinos in Detroit.

Sociopolitical Context

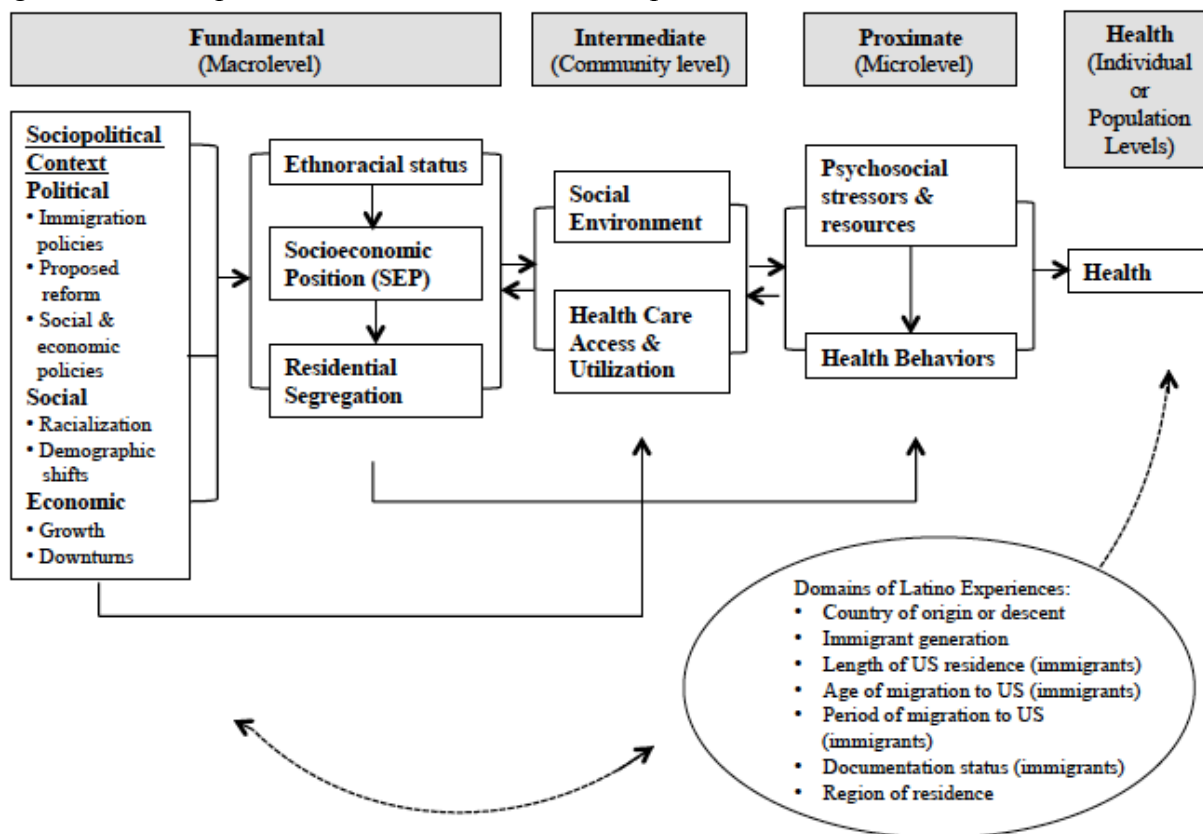
The *sociopolitical context* refers to the social, political, and economic dynamics, which intersect with the historic context; and values and attitudes that also interact with this context (Miranda et al., 2011). These factors shape the social, economic, and political experience of populations and individuals and may in turn influence well-being and health (House, 2001; Krieger, 2008; Miranda et al., 2011; Schulz & Northridge, 2004). This inquiry considers the influence of the sociopolitical context following 9/11 as experienced by Latinos, and considers implications for the fundamental determinants of health and health patterns.

Conceptual Framework

The conceptual framework guiding this dissertation, as depicted in Figure 2.5, posits that variations in the processes of heightened or declining racialization may contribute to variations in health outcomes over time or across geographic locations. At this particular historical moment, post-9/11 political, social, and economic factors – the sociopolitical context – may

intersect to create and heighten the racialized experiences of Latinos. Relative to NLWs, these experiences in turn may contribute to health inequities among Latino immigrants and US-born Latinos. The basic framework of this conceptual model is informed by the fundamental causes models of Link and Phelan (1995), House (2001), Schulz and Northridge (2004), and others explicating fundamental and dynamic social processes that influence health. A basic tenet of fundamental cause models is that they consider multiple pathways through which social, economic, and political processes are linked to multiple health outcomes. The fundamental level (e.g., macrolevel) may shape intermediate or proximate factors to influence health patterns for Latinos that may vary by historical and local contexts, Latino subgroup, or immigrant generation. Among Latino immigrants, the influence of macrolevel factors on health patterns may vary by length of US residence, location of residence, age or period of migration to the US, and current or past documentation status(es). The intermediate level refers to community processes that are shaped by fundamental factors. For example, for Latino immigrants, levels of social integration and isolation may be influenced by sentiments towards immigrants and immigration-related policies. Influenced by fundamental and intermediate factors, the proximate level (e.g., microlevel) describes proximate factors that may contribute to health patterns, such as psychosocial resources and stressors and health behaviors. In the sections that follow, I review the sociopolitical context immediately prior to 9/11 and following 9/11, and consider implications for racialization of Latinos.

Figure 2.5. Conceptual Model of Influence of Sociopolitical Context on Racialization and Health



SOCIOPOLITICAL CONTEXT¹: IMPLICATIONS FOR RACIALIZATION OF LATINOS

National Pre-9/11 Sociopolitical Context Towards Latinos

Historically, many immigration laws have explicitly focused on Mexican immigrants. For example, immigration laws at various points in time have focused on importing migrant labor from Mexico to meet labor needs (DeGenova, 2007; Holmes, 2013). During periods of economic downturns, immigration laws have instituted mass deportations of Mexican immigrants and immigrants from other Latin American countries, regardless of documentation status, and in many cases their US-born citizen children (DeGenova, 2007). These laws and practices have varied with the US economic circumstances, labor demands, and nativist sentiments (Acuna, 2011; DeGenova, 2007; Golash-Boza, 2012). Prior to 9/11, immigration enforcement was largely contained along the US-Mexico border (Golash-Boza, 2012; Golash-

¹ The US-Mexico border is the largest land border between a developed and developing nation (F. Romero, 2008). This geopolitical context is rooted in the US occupation of territory that was formerly Mexico and has contributed to economic and political contexts in Mexico and Central America that may lead some to migrate to the US in pursuit of better economic conditions. Discussion of the larger historical context that may contribute to the contemporary sociopolitical moment as it relates to Latinos is beyond the scope of this Chapter.

Boza & Hondagneu-Sotelo, 2013). Though deportation levels began increasing during the 1990s, the number of deportations in the years prior to 9/11 was far lower than it has been following 9/11 (Figure 2.1 and

Figure 2.2) (U.S. Department of Homeland Security, 2013). In more recent years, immigration enforcement in the interior region of the country and along the northern US border has increased relative to immigration enforcement along the southern US border (

Figure 2.3) (Simanski & Sapp, 2013; U.S. Department of Homeland Security, 2009, 2010). That is, immigration enforcement efforts have escalated from primarily preventing undocumented migration across the US-Mexico border, and focusing on persons “outside” the country, to also including a substantial focus on the interior immigration enforcement of persons “inside” US and in northern border regions (Golash-Boza, 2012; Miller, 2014).

In the decade prior to 9/11, immigration enforcement practices generally operated on a smaller scale and in particular geographic locations (Golash-Boza, 2012). These small-scale immigration enforcement efforts contributed to the racialization of Latinos by creating a threat of deportation of immigrants lacking documented status. As De Genova (2007) argues, in the pre-9/11 context, immigration law did not aim to achieve mass deportation. Rather, the objective was to:

maintain the possibility of deportation ... So that some are deported in order that most may remain (un-deported) – as workers, whose particular migrant status may thus be rendered ‘illegal’ and sustained indefinitely. (DeGenova, 2007, p. 426)

Thus, immigration enforcement practices prior to 9/11, while operating on a much smaller scale than in the years following 9/11, engendered a context in which immigrants and their co-ethnics were vulnerable to exploitation. These relatively small-scale operations contributed to a social and political climate that maintained the social location of Latino immigrants on the lower tiers of the ethnoracial structure. For example, while pre-9/11 workplace raids often resulted in the deportation of some immigrant employees who lacked documentation status, they also made salient for remaining or new immigrant employees the fragility of their employment. Thus, workplace raids – one form of small-scale immigration enforcement operations – undermined the ability of remaining or new immigrant employees to resist exploitation (e.g., wage theft, unsafe work conditions) by employers. The climate of uncertainty generated by these immigration

enforcement practices undermine human rights and set the stage for abusive labor and policing practices.

Immediately prior to 9/11, there was a brief moment in which there was promise for a more favorable political climate towards immigrants. Preliminary 2000 Census estimates indicated that immigrants, particularly Latino immigrants, were a critical and growing political constituency (U.S. Census Bureau, 2001). Subsequently, in the 2000 presidential election, candidates presented positions on immigration to court the Latino vote (Hines, 2002). After the 2000 election, President George W. Bush and Mexican President Vicente Fox engaged in informal discussions regarding the possibility of creating a legalization program for Mexican immigrants who did not have documented status or a temporary guest worker program for Mexican immigrants (Hines, 2002). On September 6, 2001, before a joint session of Congress, Mexican President Fox urged for a legalization program for Mexican immigrants. Concurrently, several federal bills were pending Congressional approval that would have favored the creation of guest or temporary work programs; a permanent legalization program for immigrants; or the provision of permanent resident status to immigrants, depending upon length of US residence, age, employment sponsorship, and eligibility for college admission (Hines, 2002). That potential changed dramatically with the attacks on the World Trade Center on September 11, 2001, which altered the promising trajectory of favorable immigration sentiments and legislation and catalyzed a marked rise in xenophobia as reflected in changes in immigration policies and practices. Consequently, proposed progressive immigration legislation was stalled (Hines, 2002).

My argument regarding the health implications of changes in the sociopolitical context identifies a single year, 2001, and a particular event, the 9/11 terrorist attacks, as a major turning

point in the context for Latinos. The main focus of my work is on the multi-year process that has unfolded since that point. In the section that follows, I review changes in the sociopolitical context in the US following 9/11. Drawing on analyses developed by several scholars, I discuss relations between these social, economic, and political conditions, and anti-immigrant sentiments.

Social Context

Presented in Table 2.3 is the distribution of the US population by race, ethnicity, and for Latinos, by nativity, from 2000 to 2012. These recent Census data support prior projections indicating that the US is shifting to a minority-majority society (Humes, Jones, & Ramirez, 2011; Ortman & Guarneri, 2009; Passel & Cohn, 2008). By 2050 nearly 1 in 3 (29%) persons in the US is projected to be Latino (Passel & Cohn, 2008). Much of this demographic shift is driven by growth in the Latino population, which over the past fifty years has been the fastest growing racialized group in the US (Passel & Cohn, 2008). Indeed, from 2000 to 2010 the Latino population grew by 44%, totaling 50.7 million or 16.4% of the US population in 2010 (Motel & Patten, 2013), and accounting for half of the US population growth over this period (Motel & Patten, 2013; Passel, Cohn, & Lopez, 2011). Census 2010 estimates indicate that 37% of Latinos are immigrants, while 63% are born in the US (Motel & Patten, 2013). Of the 37% of Latinos who are immigrants, approximately one-third have achieved citizenship and two-thirds are non-citizen Latino immigrants (Dockterman, 2011). For some of this latter group, documentation status is unknown.

Table 2.3. Population, by Race and Ethnicity, United States, 2000-2012

	2000 ^a			2010 ^c			2000 to 2010 Percent Change for the Total US Population or Latino Population: 2000 to 2010	2012 ^b		N (20
	Number	Percent of US Population	Percent of Latino Population	Number	Percent of US Population	Percent of Latino Population		Number	Percent of US Population	
Latino or Hispanic	35,204,480	12.5		50,729,570	16.4		44.1	52,961,017	16.9	
US-born	21,072,230	7.5	59.9	31,912,465	10.3	62.9	51.4		N/A	
Immigrant	14,132,250	5.0	40.1	18,817,105	6.1	37.1	33.2		N/A	
White, non- Latino	194,527,123	69.1		196,931,448	63.7		1.2	197,243,423	62.8	
Black, non- Latino	33,706,554	12.0		37,936,978	12.3		12.6	38,464,192	12.3	
Asian, non- Latino	10,088,521	3.6		14,558,242	4.7		44.3	15,375,460	4.9	
Other, non- Latino	7,895,228	2.8		9,193,451	3.0		16.4	9,869,948	3.1	
Total Population	281,421,906			309,349,689				313,914,040		

Sources: ^aMotel & Patten, 2013, *Statistical Portrait of Hispanics in the United States, 2010*. Pew Hispanic Center; ^bUS Census Bureau, 2012 American Community Survey, 1-Year Estimates, DP-05 File.

Note: N/A indicates not available.

The growth of the Latino population over the 2000 to 2010 period, as in the past, can be attributed to both immigration and births. Census estimates indicate that from 1980 to 2000 the Latino immigrant population experienced substantial and steady growth, while from 2000 to 2010 the rate of growth slowed (Krogstad, Lopez, & Rohal, 2014). Indeed, the share of new immigrants from Latin America declined from 45% prior to 2007 to 40% by 2008 (Walters & Trevelyan, 2011). More recently, from 2010 to 2012 the Latino immigrant population as a percent of the Latino population has declined further (Krogstad et al., 2014), largely driven by a net zero migration between the US and Mexico (Passel, Cohn, & Gonzalez-Barrera, 2012). In other words, there is now an equal number of persons that are entering the US from Mexico as there are exiting the US to Mexico. Given these shifts in immigration patterns, 60% of the growth in the Latino population from 2000 to 2010 was attributed to births (Krogstad et al., 2014). Reflecting these immigration patterns for Latinos over the past decade, in 2012 the Asian population eclipsed the Latino population as the fastest growing racial or ethnic group in the US as a *proportion* of the respective population, while the Latino population continues to experience the largest *numerical* growth (U.S. Census Bureau, 2013).

Paradoxically, the transformation to a racial and ethnic minority-majority society (Humes et al., 2011) and growth in the Latino population (Motel & Patten, 2013) may contribute to the racialization of Latinos (Pedraza, 2006). These shifts may be an unsettling change for groups that have held the social and numerical majority. Backlash due to the growth of the Latino population has contributed to the wide scale deportation of Latinos since 9/11 (Golash-Boza, 2012; Golash-Boza & Hondagneu-Sotelo, 2013). These deportations, as well as other social and economic conditions in the US and in sending countries, have led to the slowed growth of the Latino population. Indeed, Passel and colleagues (2012) attribute the net zero Mexican

migration in the US to a combination of the economic downturn in the US, increased border enforcement including preventing migration from Mexico to the US and increased deportations from the US to Mexico, the increasingly precarious journey across the US-Mexico border, and shifts in the demographic and economic context in Mexico.

Economic Context

Effects of this protracted period of heightened racialization of Latinos are also seen in differential declines in socioeconomic well-being for Latinos and shifts in population growth patterns. From 2005 to 2009, which spanned the Great Recession of 2007 to 2009, the inflation-adjusted median wealth for Latinos declined by 66% (Taylor, Kochhar, Fry, Velasco, & Motel, 2011). This decline was substantially greater than the wealth diminishment experienced by NLBs (53%) and NLWs (16%) (Taylor et al., 2011). These decreases in wealth for Latinos contributed to an exacerbation of the ratio of the average wealth among NLWs relative to Latinos, which rose from 7-to-1 in 1995 and 2004 to 15-to-1 in 2009 (Taylor et al., 2011). This worsening socioeconomic position for Latinos can be attributed to unemployment stirred by the Great Recession, which more greatly affected racial and ethnic minorities (Taylor et al., 2011). These patterns suggest that the sociopolitical context may intersect with the economic context to diminish the SEP of Latinos. These patterns may reflect occupational segregation by race and ethnicity. It is possible that sectors that were more likely to employ Latinos, or occupational ranks in which Latinos were concentrated, were more adversely affected by the economic downturn than those that employed other racial or ethnic groups. This racial and ethnic segregation of the labor force may contribute to differential rates of layoffs, reduction in employment opportunities, and/or the exploitation of workers in vulnerable occupational sectors among Latinos. As a fundamental cause of health (House et al., 1990; House et al., 1994; Link

& Phelan, 1995), the concentration of the burden of the economic downturn among communities of color may contribute to an exacerbation of racial and ethnic health inequities.

Political Context²: Immigration Policies and Practices and Proposed Reform

Federal Immigration Policies

De Genova (2007) contends that the events of 9/11 had a significant influence on Muslims in the US, as well as other groups that experience growth through immigration and/or maintain transnational ties:

The new nativism of antiterrorism has clearly not made the vast majority of contemporary (non-Muslim) migrant groups into primary objects of the sorts of racial profiling that proliferated since September 11, 2001. Nevertheless, the practical ramifications for *all* [sic] migrations and migrant *transnationalism* [sic] are already profound... (DeGenova, 2007, p. 424)

These effects of legislative changes that followed 9/11, De Genova (2007) argues, are rooted in the dissolution of the Immigration and Naturalization Service (INS) and the creation of the Department of Homeland Security (DHS) ("Homeland Security Act of 2002," 2002). This change indicates a critical link between the events of 9/11 and implications for immigration policies. The Department of Homeland Security (2002, p. vii) describes these organizational changes as "the most extensive restructuring of the federal government in the past fifty years." This shift in nomenclature and embedding of immigration agencies under the Department of Homeland Security marks a change in how the federal government treats immigration, moving from prioritizing *naturalization* processes to prioritizing the militarization of responses to

² This context is also characterized by high levels of incarceration of Latinos (Lopez & Light, 2009; Mauer & King, 2007; Wakefield & Uggem, 2010; Western & Pettit, 2010), restrictive voter identification laws that also adversely affect social, political, and economic opportunities for Latinos (Barreto, Nuno, & Sanchez, 2009), and other policies and practices that are beyond the scope of this Chapter.

immigration, which are now treated as a threat to “homeland security.” The effects of this shift from INS to DHS began to manifest in 2005 (DeGenova, 2007). A cascade of other immigration-related legislation following 9/11 reinforced the post-9/11 anti-immigrant climate, such as the new, proposed, or newly implemented immigration-related legislation described in Table 2.4, below. Policy changes have been enacted on multiple fronts, restricting the rights and mobility of non-citizens. In response to the anticipated rise in detentions of immigrants resulting from these immigration policies and practices, in 2006 contractors were awarded \$385 million to create new detention facilities to hold persons detained for immigration enforcement purposes (DeGenova, 2007). Together, these policies enhanced immigration enforcement along the borders of the US and added resources to focus enforcement on the interior (Golash-Boza, 2012; Golash-Boza & Hondagneu-Sotelo, 2013).

Table 2.4. Selected Examples of New, Proposed, or Newly Implemented Federal Immigration-Related Legislation Following 9/11

Policy	Provisions
<p>PATRIOT Act, 2001</p> <p>Date signed into law: October 26, 2001</p>	<p>This act increased border patrol along the US-Canada and US-Mexico borders ("U.S.A Patriot Act," 2001)</p>
<p>REAL ID Act, 2005</p> <p>Date signed into law: May 11, 2005</p>	<p>This act established standards requiring proof of "legal presence" in order for driver's licenses and state identification to be used for federal identification purposes such as airport screenings ("Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief," 2005)</p>
<p>Border Protection, Antiterrorism and Illegal Immigration Control Act (HR 4437)</p> <p>Date proposed legislation passed in the House of Representatives: December 16, 2005</p> <p>Never signed into law because this bill did not pass in the Senate</p>	<p>This act passed in the House of Representatives, but did not pass in the Senate.</p> <p>This act would have rendered lacking documented status as felony; converted any immigration violations to felonies, thereby affecting legal permanent residents; and criminalized anyone suspected of assisting a migrant who did not have authorized presence in the US. (DeGenova, 2007)</p>
<p>Section 287(g) amendment to the Immigration and Nationality Act, 1996</p> <p>Date Section 287(g) was enacted: 1996</p> <p>Date ICE began issuing memorandums of agreement linked to Section 287(g): January 2006</p>	<p>This act authorized state, county, and local law enforcement agencies to enter into agreements with federal agencies to enforce federal immigration laws. The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 added section 287(g) to the Immigration and Nationality Act of 1965. First ever use of this amendment began in 2006. (Rodriguez, Chishti, Capps, & John, 2010; U.S. Immigration and Customs Enforcement, 2014a)</p>
<p>Secure Fence Act, 2006</p> <p>Date signed into law: October 26, 2006</p>	<p>This act provides for construction of a fence along the US-Mexico border ("Secure Fence Act of 2006," 2006)</p>
<p>E-Verify, 2007</p> <p>Date by which the Office of Management and Budget mandated enrollment in program: October 1, 2007</p> <p>Date by which employers with federal contracts have to begin using e-verify: September 8, 2009</p>	<p>The E-Verify employer sanction program was originally established as a pilot program in 1997. In August 2007, the secretaries of the Department of Homeland Security and Commerce announced was implemented in September, 2009, with the mandate that all organizations that have federal contracts verify the documentation status of all employees. (US Department of Homeland Security & US Citizenship and Immigration Services, 2014)</p>

Effects of the restructuring and bolstering the authority of the institutions tasked with immigration enforcement and the provision of funds for heightened immigration enforcement have been particularly notable since 2005 and 2006. At this point, federal immigration policies implemented following 9/11 began to unfold within federal, state, and local institutions, and some local institutions proposed and adopted policies that are even more restrictive towards immigrants (Androff et al., 2011; Bauer, 2009; DeGenova, 2007; Winders, 2007). These restrictive immigration policies have contributed to an increase in immigration raids at worksites and homes since 2002 (Golash-Boza, 2012), as illustrated in Table 2.5. Worksite raids further surged in 2006 (DeGenova, 2007; Golash-Boza, 2012). Large-scale worksite raids such as the Swift Meatpacking Co. in Greeley, Colorado (2006); Michael Bianco, Inc. leather factory in New Bedford, Massachusetts (2007); Little Village Discount Mall in Chicago, IL (2007); and Agriprocessors slaughterhouse in Postville, IA (2008) generate “media spectacles” (Golash-Boza, 2012, p. 63) that portray an image of the Department of Homeland Security’s Immigration and Customs Enforcement (ICE) protecting the “homeland” by penalizing undocumented immigration. Moreover, these raids reinforce images and sentiments that construct immigrants as dangerous and have immediate and life-altering consequences, including separating families and generating fear across immigrant communities (Golash-Boza, 2012).

Table 2.5. Number of Undocumented Immigrants Apprehended During Worksite Raids, United States, 2002-2013

Year(s)	Number of Undocumented Immigrants Apprehended	Annual Average Number of Undocumented Immigrants Apprehended
2002-2005 ^a	2,700	900
2006-2008 ^a	14,000	4,667
2012 ^a	280	280
2013 ^b	273	273

Sources:

^a Inda, J. X. (2014). Governance and Criminalization. *Undocumented Immigrants in the United States: An Encyclopedia of Their Experience*. A. O. O'Leary. Santa Barbara, Greenwood: p. 295.

^b Immigration and Customs Enforcement (2013). "Worksite Enforcement." Retrieved December

12, 2014, from <https://www.ice.gov/factsheets/worksite>.

The decline in the annual number of immigrants apprehended in worksite raids from 2008 (4,667 annual apprehensions) to 2012 (280 annual apprehensions) reflects a shift in immigration enforcement policies.³ In 2009, ICE revised their worksite enforcement strategy to prioritize the penalization of employers of undocumented immigrants to deter the employment of immigrants who may lack or who cannot prove their documented status, rather than apprehending workers who may lack or cannot prove their documented status (Forman, 2009). This strategy change has contributed to a decline in the number of immigrants apprehended during worksite raids (Inda, 2014; U.S. Immigration and Customs Enforcement, 2013b).

Whereas worksite raids constitute raids of public spaces, home raids involve invasions of the private sphere (Golash-Boza, 2012). Data regarding the number of home raids over this period are less readily available than information about worksite raids. However, the available information demonstrates the human rights violations and vulnerability of immigrants who lack or cannot prove their documented status, their families, other household members, or occupants at the time of the raid. The intent of such raids is to apprehend suspected immigrants who lack documented status or are “criminal aliens” (Golash-Boza, 2012). In violation of Fourth Amendment protections from unreasonable searches and seizures, early in the morning, often when occupants are sleeping, ICE agents surround the home and bang on windows and doors. Once an occupant opens the door or once ICE agents tear down a door, ICE agents order all occupants, including children and older adults, to a central location of the house and interrogate all occupants. Anyone suspected of lacking documented status is apprehended, including

³ My review of U.S. Department of Homeland Security data was unable to retrieve worksite enforcement data for the 2009-2011 period. It is possible that the decline in apprehensions attributed to worksite raids was realized earlier than 2012, following the 2009 revision to ICE’s worksite enforcement strategy.

“collateral arrests” (Golash-Boza, 2012, p. 48), i.e. the arrests of persons suspected of lacking documented status, even with no warrant. Home raids may not generate the media spectacle that worksite raids once held. However, immigrants, their families, and their co-ethnics who experience the raids are vulnerable to violence and trauma, as well as the consequences of immigration-related apprehensions, such as detention, deportation, and family separation.

In addition to worksite and home raids as strategies to apprehend immigrants who may lack or cannot prove their documented status, there is now greater collaboration between local law enforcement agencies and federal immigration enforcement agencies. The Bush administration utilized a little used 1996 amendment to the Immigration and Nationality Act in order to facilitate collaboration between federal immigration and local law enforcement agencies (U.S. Immigration and Customs Enforcement, 2013a). The Secure Communities program is an extension of the Bush administration’s use of the 287(g) amendment. It began in 2008, when this program was first piloted in sixteen counties in six states (U.S. Immigration and Customs Enforcement, 2013a). Under the program, local jurisdictions are asked to submit arrestees' fingerprints to both Federal Bureau of Investigations and Immigration and Customs Enforcement (ICE) databases, enabling ICE access to information on persons who have been arrested for any reason, and to deport those who may lack documentation (U.S. Immigration and Customs Enforcement, 2012).

Immigration advocates have not been passive in the face of these restrictive immigration enforcement actions. In Spring of 2006 this hostile legislative climate and immigration raids galvanized immigrant advocates to organize marches across the US and to organize the May 1 “day without an immigrant” strike and boycott. However, De Genova (2007) posits that these

forms of public resistance raised the public's support of the proposed House legislation that was restrictive towards immigrants and contributed to federal backlash against immigrants:

The escalation in the name of the 'War on Terrorism' of immigration raids against undocumented Mexican and other migrant workers – especially those employed in airports and on military bases during the months immediately after September 11, 2001 – as well as the heightened policing and militarization of the US-Mexico border, and the dramatic escalation of immigration raids since April 2006 in reaction to the protest mobilizations, have persistently and repeatedly reconfirmed that the pervasive racialized equation of Mexican in particular (and Latinos, more generally) with the figure of the 'illegal alien' has hardly been suspended or diminished. (DeGenova, 2007, p. 427)

Thus, De Genova argues that the Secure Fence Act of 2006 and increases in worksite and home raids in 2006 were direct backlash in response to public demonstrations against the post-9/11 increase in immigration enforcement.

More recently, legislative inaction remains on comprehensive immigration reform. Through executive action, the Obama Administration authorized the Deferred Action for Childhood Arrivals (DACA) policy. DACA granted two-year relief from deportation and two-year renewable work permits for young persons who were brought to the US without documentation when they were children and who meet educational and background eligibility criteria (U.S. Department of Homeland Security, 2012). However, immigration enforcement has escalated under the Obama administration. Under this administration, by the end of 2013, the Secure Communities program had been activated in all counties in the US (U.S. Immigration and Customs Enforcement, 2013a). The Secure Communities program, which was rolled out from 2008 to 2013, was first implemented in counties with sizable Latino populations, indicating that the impact was disproportionately felt in Latino communities (A. B. Cox & Miles, 2013). Under this program, when fingerprint submissions are submitted to the federal government and matched

against ICE's immigration and law enforcement records, ICE requests that local jurisdictions hold the person for 48 hours until ICE can detain and eventually deport undocumented persons convicted of a high-level criminal offense (U.S. Immigration and Customs Enforcement, 2012). However, ICE records indicate that it is not just high-level offenders who lack documented status who are deported in this context. Indeed, the majority of deportations are among low-level (e.g., misdemeanor) offenders (U.S. Immigration and Customs Enforcement, 2014b).

In November 2014, President Obama announced several executive actions including the creation of the Deferred Action for Parents of Americans and Lawful Permanent Residents program, known as DAPA; the extension of work authorization for DACA recipients from two- to three-years; and plans to enhance border enforcement and to support the migration and retention of high-skill immigrants (President Barack Obama, 2014; U.S. Citizenship and Immigration Services, 2014). The DAPA program extends relief from deportation and three-year work authorization to undocumented immigrants who have continuously resided in the US for at least five years and/or who have children who are citizens or legal residents, and meet other eligibility requirements (U.S. Citizenship and Immigration Services, 2014). DAPA is likely to favorably affect certain segments of the immigrant population in the US and DAPA recipients' networks by providing relief from deportation and enabling undocumented immigrants to obtain formal employment. However, as with DACA, this program fosters a liminal and fragile residency status for undocumented immigrants. Paradoxically, President Obama's framing of the need for DAPA programs and new border enforcement strategies engages false dichotomies with respect to his vision for immigration enforcement and humane immigration reform. For example, in his speech announcing executive action on immigration, President Obama emphasized that the strategy informing these executive actions focuses on

deporting “Felons, not families. Criminals, not children. Gang members, not a mom who’s working hard to provide for her kids.” (President Barack Obama, 2014). However, the simplification of these statuses overlooks how immigration policies criminalize minor offenses, such as crimes of moral turpitude (e.g., fraud, theft), as well as immigration policies that criminalize re-entry to the US after deportation. Thus, the social construction of felons and criminals, the differential profiling of racial and ethnic minority communities by law enforcement agencies, and barriers to immigrants’ occupation in formal economies increases the likelihood that the felons, criminals, and gang members to which President Obama refers are indeed family members, parents, and children.

Further, in 2010 the director of ICE’s Detention and Removal Operations announced, to all field offices across the US, ICE’s new goal to deport 400,000 internal undocumented immigrants annually (Chaparro, 2010; Golash-Boza, 2012). This number translates into 1,136 deportations daily. The Director established this quota with the goal of exceeding the number of deportations under ICE in the previous fiscal year (387,000), detaining 33,400 persons daily, and reaching expectations tied to increased federal funding allocated to ICE (American Civil Liberties Union, 2010; Chaparro, 2010). In direct contradiction of Congress’ mandate to target the most dangerous criminals who lack documented status (Golash-Boza, 2012), this directive called for enhancing detention and detainments of any persons suspected of lacking documented status (American Civil Liberties Union, 2010). This internal ICE quota and mandates to increase detentions and detainments essentially necessitates racial and ethnic profiling of certain groups as otherwise how would immigration officials determine if someone lacks documented status? Given the differential policing of NLB and Latino communities and these excessive deportation quotas, immigrants of color, particularly African and Latin American immigrants are more likely

to be jailed and eventually deported than European and Asian immigrants (Golash-Boza, 2012).

As a result of these immigration policies and practices, approximately 97% of the nearly two million deportations under the Obama administration have been of persons of Latin American origin or descent (Lopez et al., 2011; Simanski & Sapp, 2013; U.S. Immigration and Customs Enforcement, 2014b). In consequence, while immigration policies are intended to target immigrants without documentation – particularly Latino immigrants – the policies and their implementation affect not only those who may lack documentation, but their families, friends, and communities overall, regardless of immigration status (Androff et al., 2011; Bauer, 2009; Capps, Castaneda, Chaudry, & Santos, 2007; Dreby, 2012, 2013; Golash-Boza, 2012). For example, immigrants who may lack documented status may be the parents, partners, or otherwise kin network member of US-born Latinos, Latino immigrants who have citizenship or legal permanent residency, or persons who identify with another racial or ethnic group(s). Qualitative evidence documents the fear of deportation and mistrust of law enforcement among children of undocumented parents (Dreby, 2012, 2013) and couples' decisions to delay having children due to fear of deportation of a partner who lacks documented status (Golash-Boza, 2012). The effects of wide scale deportations ripples across the Latino community, as approximately one-quarter of US-born Latinos know someone who has been detained for immigration enforcement purposes or has been deported (Lopez et al., 2011).

These federal policies following 9/11 also influence the social context. De Genova (2007) argues that “border spectacles” (DeGenova, 2007, p. 434) such as imagery of border patrol agents trying to prevent the migration of persons to the US at the US-Mexico border creates a visible portrait of an “invasion” (DeGenova, 2007, p. 434) of the US by persons who may not have documented status. In reality, the number of persons apprehended for attempting

to cross into the US from Mexico was 286,000 in 2011, down from more than one million in 2005 (Passel et al., 2012). Such “spectacles” may fuel and normalize anti-immigrant sentiments by generating images of and subsequently fostering fear of an invasion of persons of color across the southern border (Chavez, 2013).

Consequently, qualitative evidence indicates that the general public and law enforcement agencies racialize Latinos as one homogeneous group, namely undocumented Mexican immigrants, regardless of country of origin or descent, immigrant generation, or immigration status (C. Cleaveland & Ihara, 2012; Golash-Boza, 2012; Viruell-Fuentes, 2007, 2011). Post-9/11 immigration enforcement strategies are informed by and reify assumptions that anyone who appears Latino, particularly dark-skinned and Latino, is an immigrant who does not have documented status (DeGenova, 2007; Golash-Boza, 2012). Golash-Boza (2012) posits:

Undocumented Latin Americans are likely targets because they have been construed as the quintessential ‘illegals.’ At times it seems as though ‘Mexican’ and ‘illegal’ are virtually interchangeable. Because Latin Americans often are portrayed as being undocumented, they end up also being more likely to be apprehended by immigration authorities. Although there have been some immigration raids in Chinatowns across the United States, and the occasional Israeli or Ukrainian immigrant is caught up in immigration enforcement actions, the majority of immigration raids have been aimed at Mexican and Central American immigrants. Because of stereotypes of Latin Americans as undocumented migrants, they are more likely to be targeted in enforcement efforts and thus more likely to end up in deportation proceedings. (Golash-Boza, 2012, p. 87)

The construction of Latinos as a devalued “other” racial or ethnic group has contributed to disproportionate effects of immigration enforcement on Latino communities and the diffusion of racialization processes to the broader Latino population. That is, Latinos in general, regardless of country of origin or descent and immigration status, experience an environment in which they

must confront these ascribed statuses and prove their documentation status or nativity (Bauer, 2009; DeGenova, 2007; Viruell-Fuentes, 2007).

Within this anti-immigrant sociopolitical context, Latinos are increasingly exposed to discrimination (Bauer, 2009; C. Cleaveland & Ihara, 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckman, et al., 2011). In fact, US-born Latinos report more frequent experiences of discrimination than Latino immigrants (Perez, Fortuna, & Alegria, 2008; Viruell-Fuentes, 2007). Consequences include racial profiling, which is exhibited in workplace raids targeting locations with predominantly-Latino employees, “routine” traffic stops, and arrests based on skin color and language use, experienced by immigrant and US-born Latinos (C. Cleaveland & Ihara, 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckman, et al., 2011). A survey of 500 Latinos in the southeastern region of the US conducted in 2009 found that Latinos reported a range of experiences of interpersonal discrimination (Bauer, 2009). Reported experiences include receiving hostile and disapproving looks, being removed from small businesses for speaking Spanish, waiting in “Hispanic-only” lines at social service agencies, physical abuse, and difficulty obtaining housing or a job (Bauer, 2009).

State-Level Immigration Policies

This post-9/11 period has also been characterized by unprecedented state-level immigration legislation. Often multiple measures may be enacted through a single voting session, further extending immigration enforcement authority to local law enforcement agencies. Beginning in 2005, the number of immigration bills proposed at the state-level increased relative to prior years (National Conference of State Legislatures, 2012a). In 2010, Arizona’s S.B. 1070 ("Arizona S.B. 1070," 2010) and H.B. 2162 ("Arizona H.B. 2162," 2010) were the first omnibus immigration bills to pass the state legislature. These bills authorized the identification,

prosecution, and deportation of undocumented immigrants; criminalized the failure to carry immigration documents; and granted local law enforcement agencies authority to detain anyone for whom documentation status is unknown, among other provisions ("Arizona H.B. 2162," 2010; "Arizona S.B. 1070," 2010). Immigration legislation in Arizona has received significant public attention and may shape public sentiments towards immigrants, legislation proposed in other states, and the perceived and actual authority of state legislatures to intervene in immigration debates and enforcement.

Following the introduction and enactment of restrictive immigration legislation in Arizona, more than 50 restrictive immigration bills containing multiple measures were proposed in 30 state legislatures, including Michigan, in 2011 alone (National Conference of State Legislatures, 2012a). In contrast, in 2012, as states were awaiting the Supreme Court's decision on Arizona's legislation, only five states proposed bills containing multiple immigration-related measures (National Conference of State Legislatures, 2012a). However, 45 states, including Michigan, enacted smaller-scale immigration-related legislation or adopted an immigration-related resolution (National Conference of State Legislatures, 2012a). In 2012, the U.S. Supreme Court decision in *Arizona v. United States* upheld the provision in Arizona's legislation that law enforcement can inquire about documentation status during a lawful stop (National Conference of State Legislatures, 2012b). However, the decision struck down the elements of the bill that criminalized failure to carry immigration documents; criminalized the solicitation of, application for, or performance of work by undocumented immigrants; and authorized warrantless arrests for persons suspected of lacking documentation who are believed to have committed an offense (National Conference of State Legislatures, 2012b). Prior to this Supreme Court decision, between 2005 and 2012, 267 state-level immigration-related laws or resolutions were enacted

across the nation (National Conference of State Legislatures, 2012a). In 2013, following this Supreme Court decision, a total of 437 immigration-related laws were enacted or resolutions were adopted in 45 states across the country, including legislation in Michigan (National Conference of State Legislatures, 2014a).

These legislative processes have contributed to an escalation of restrictive immigration policies and practices, with profound implications for immigrants of color and their co-ethnics, including Latinos. Such legislation is arguably both grounded in and serves to reinforce social constructions of Latinos and other groups of color that experience growth through immigration as an inferior “other” group through restrictions on human rights and freedoms (Chavez, 2013; DeGenova, 2007; Golash-Boza, 2012). Further, such policies serve to reinforce boundaries between racially or ethnically identified “others” and majority groups. They also construct Latinos as a national threat and devalued population, contributing to anti-immigrant sentiments (Chavez, 2013) and illustrate the process of ascribing differential, devalued meaning to the group once defined as “other” (Schwalbe et al., 2000).

Michigan’s Post-9/11 Sociopolitical Context: Restrictive Immigration Policies in a Border State

While attention to state and local immigration policies and practices has focused on states like Arizona, including local jurisdictions in Arizona that have been particularly hostile towards immigrants, this sociopolitical context also uniquely affects Michigan. For example, in a 1995 General Opinion, Michigan’s Attorney General Frank Kelley clarified that there was no law that precluded undocumented immigrants from obtaining a driver’s license and that undocumented immigrants who lived in Michigan were considered residents of Michigan (Kelley, 1995). In other words, the State of Michigan could not deny driver’s licenses on the basis of documentation status (Kelley, 1995). Until 2008, under the direction of Michigan’s Secretaries

of State Candice Miller (1995-2003) and Terri Lynn Land (2003-2011), Michigan residents who could prove their identity and residence in Michigan could obtain a driver's license or state identification card, regardless of documentation status or citizenship (Michigan Immigrant Rights Center, 2014). In 2007, in response to an inquiry from a Republican state representative, Attorney General Mike Cox reversed the 1995 Opinion (M. Cox, 2007). This Opinion directly addressed proposed state legislation responsive to the REAL ID Act of 2005, which establishes that proof of "legal presence" is necessary if state-issued driver's licenses or identification cards are to be used for federal purposes of identification ("Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief," 2005). Concluding that immigrants who lacked documented status could not be considered Michigan residents, this new Opinion ruled that among immigrants who do not have citizenship, only lawful permanent residents would be considered residents of Michigan (M. Cox, 2007). However, the Secretary of State also issues driver's licenses to immigrants with employment authorization or other visas (Michigan Secretary of State, 2015). Hence, this new Opinion established a new definition of who is considered a resident of Michigan and thus entitled to a driver's license and denied driver's licenses to immigrants who may lack documentation (M. Cox, 2007). Secretary of State Terri Lynn Land began implementing this Opinion in early 2008. In 2012 the Obama Administration's DACA policy provided temporary relief from deportation and employment authorization to eligible young persons. However, Michigan Secretary of State Ruth Johnson held that DACA recipients were not "legally present" and thus not eligible for a driver's license (Kowalski, 2013). It was not until the Secretary of State was sued by DACA recipients and received clarification from the federal government regarding requirements to establish "legal presence," that Secretary of State Johnson reversed this opinion (Kowalski, 2013). Since 2013,

DACA recipients in Michigan have been eligible for driver's licenses and state identification cards. Noteworthy, Michigan's driver's license and state identification card policy does not have to comply with the REAL ID Act, and there remains no deadline for states to establish a form of identification to be used for federal purposes (Michigan Immigrant Rights Center, 2014). The State legislature has the authority to reverse the driver's license and state identification card policy and to eventually create a separate form of federal identification (Michigan Immigrant Rights Center, 2014).

Since 2006, Michigan has enacted immigration-related legislation or resolutions ranging from applying for federal funds to support migrant labor housing to local collaboration with federal law enforcement agencies and immigration detention processes (National Conference of State Legislatures, 2007, 2008, 2009, 2010, 2011). While not all of these bills are restrictive, in 2010, the Michigan legislature considered a bill that was premised on Arizona's multiple measure restrictive immigration legislation (National Conference of State Legislatures, 2011). However, this bill was not enacted (National Conference of State Legislatures, 2011). From 2008 to 2013, 36 immigration-related bills were enacted or adopted in Michigan (National Conference of State Legislatures, 2014b).

In addition to Michigan's driver's license policy and other proposed restrictive immigration bills modeled on the Arizona measures, the state of Michigan as a whole, and several particular counties in Michigan, implemented the Secure Communities program earlier than other US counties. The Secure Communities program was first implemented in 2009 in Wayne County, which includes Detroit, MI, and rests on the Canadian border (U.S. Immigration and Customs Enforcement, 2013a). Evidence indicates that the Secure Communities program was first implemented in counties with large Latino populations (A. B. Cox & Miles, 2013).

Given the sizable Latino population in Detroit, MI, the early implementation of this program in Wayne County, MI is consistent with this evidence. By the end of 2011, the Secure Communities program was implemented in every county in Michigan, two years ahead of the 2013 deadline set by the Department of Homeland Security for implementing this program in the more than 3,000 counties across the country (U.S. Immigration and Customs Enforcement, 2013a).

Michigan is also uniquely affected by its proximity to the US-Canada border. Under the 100 mile rule, any land within 100 miles of the US border is classified as a “Constitution-free zone” (Figure 2.6) (American Civil Liberties Union, 2008). The term *Constitution-free* derives from exceptions to the Fourth Amendment to the US Constitution along the US border. In this zone, Fourth Amendment protections, including protections from random stops, searches, and detainments without solid reason, do not hold (American Civil Liberties Union, 2008). This 100-mile rule affects not only the US-Mexico border, but also regions considered to be in the “interior” part of the US, such as those that are a sizable distance from the physical boundaries of the US; the Pacific and Atlantic coasts; and areas along the US-Canada border. According to estimates by the American Civil Liberties Union, based on 2007 Census data, two-thirds of US residents live within this Constitution-free zone (American Civil Liberties Union, 2008). Furthermore, in 2004, this 100 mile rule was changed to allow immigration inspectors to detain an immigrant who may lack documented status if they are apprehended within this 100 mile region within 14 days of entering the US (Golash-Boza, 2012). Immigration policies affecting the US border also affect the Constitution-free zone. The liberties in law enforcement practices that are encompassed in this rule may contribute to an intensification of racialization processes for racialized groups. For example, with such high daily and annual detention and deportation

goals established by the Department of Homeland Security, the authority to conduct searches without reasonable cause within 100 miles of the US border, and enhanced collaborations between local law enforcement and immigration enforcement, ethnic profiling becomes more likely. As a border state, the entire state of Michigan is considered within this Constitution-free territory (American Civil Liberties Union, 2008). As a result, Michigan residents are subjected to loss of constitutional rights to freedom from unreasonable searches.

Figure 2.6. United States Constitution Free Zone



Source: American Civil Liberties Union, based on 2007 Census Estimates. Retrieved May 16, 2014 <https://www.aclu.org/know-your-rights-constitution-free-zone-map>

The loss of civil liberties within this Constitution-free zone affects the entire state of Michigan, which is encompassed by the 100-mile perimeter. This zone, together with the heightened presence of interior immigration enforcement throughout Michigan, creates a precarious social and political environment for immigrants and their co-ethnics. In addition, the presence of what the government calls Customs and Border Protection along the US-Canada border, and in particular in Southwest Detroit, MI, further enhances the vulnerability of immigrants in this post-9/11 sociopolitical northern border context. Consequently, contact with

legal authorities can quickly escalate to contact with immigration officials. Given the focus of immigration enforcement institutions on Latino populations (A. B. Cox & Miles, 2013; Golash-Boza & Hondagneu-Sotelo, 2013), Latinos may be adversely affected by the presence of these immigration-related institutions, loss of civil liberties, and anti-immigrant sentiments.

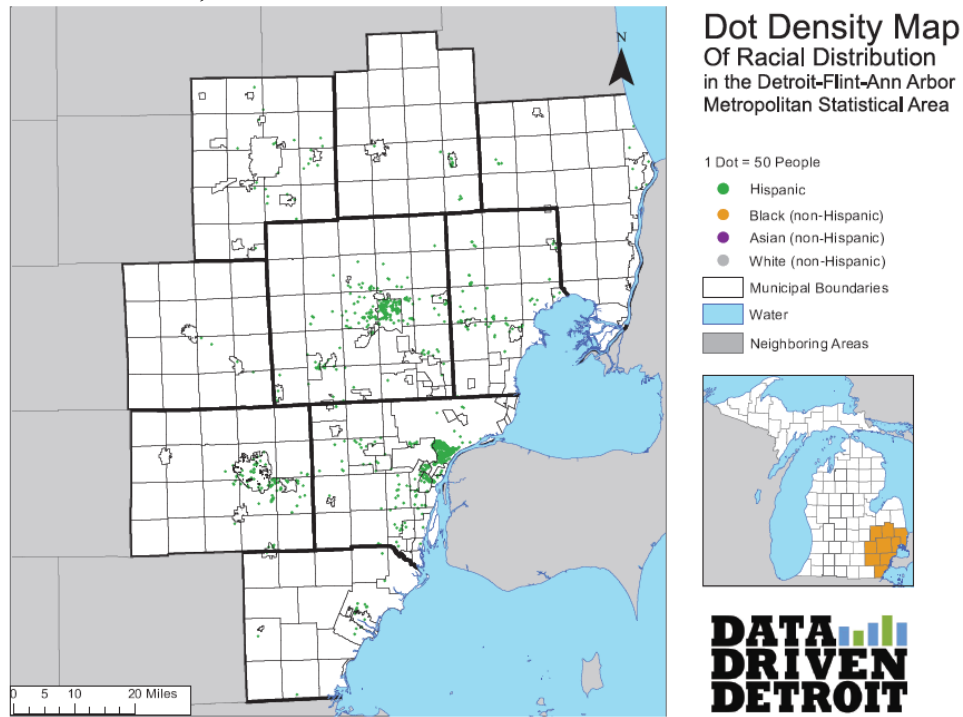
Consistent with national trends, from 2000 to 2013, the Latino population has increased in Michigan (3.3% to 4.6%), in Wayne County (3.7% to 5.4%), and in Detroit (5.0% to 7.5%,) (Table 2.6). Recent Census estimates indicate that 7.5% of residents of Detroit are Latino, more than the proportion of Latinos in Wayne County (5.4%) and the State of Michigan (4.6%), but below the national rate (16.9%). The 50% growth in the Latino population in Detroit has coincided with the continued decline in the proportion of non-Latino white Detroit residents. Southwest Detroit, MI, home to the majority of Latino residents in Detroit (Data Driven Detroit, 2010) (Figure 2.7), is located along the US-Canada border (Figure 2.8), an area where local law enforcement and immigration authorities have expanded immigration enforcement powers. As a result, Latino residents of this community are particularly vulnerable to experiences of anti-immigrant sentiment and accompanying racialization processes – experiences that may ultimately contribute to adverse effects on health (Gee & Ford, 2011; Viruell-Fuentes, 2007, 2011; Viruell-Fuentes et al., 2012; Viruell-Fuentes, Morenoff, Williams, & House, 2013). Understanding these experiences and their implications for health offers important opportunities for assessing their contributions to the social patterning of health for Latinos.

Table 2.6. Racial and Ethnic Distribution of Population in US, Michigan, Wayne County, and the City of Detroit, 2000-2013

	Total Population (n)	Latina/o (%)	White, non-Latino (%)	Black, non-Latino (%)	Asian, non-Latino (%)	Other/2+race, non-Latino (%)
US						
2000a	281,421,906	12.5	69.1	12.1	3.6	2.7
2008b	301,237,703	15.1	65.9	12.1	4.3	2.7
2013b	313,861,723	16.9	62.8	12.2	4.9	3.1
Michigan						
2000a	9,938,444	3.3	78.6	14.1	1.8	2.3
2008b	10,045,697	4.0	77.5	13.9	2.3	2.3
2013b	9,884,242	4.6	76.1	13.8	2.6	2.8
Wayne County						
2000a	2,061,162	3.7	49.9	41.9	1.7	2.7
2008b	1,980,262	4.9	50.2	40.6	2.4	1.9
2013b	1,789,819	5.4	49.8	39.5	2.7	2.5
City of Detroit						
2000a	951,270	5.0	10.5	81.2	1.0	2.4
2008b	808,398	6.4	8.3	82.7	1.0	1.6
2013b	696,922	7.5	8.5	80.7	1.3	2.0

Source: ^a U.S. Census Bureau, 1-year estimates, DP-01, DP-02, and DP-05 files; ^b US Census Bureau, 3-year estimates, DP-01, DP-02, and DP-05 files.

Figure 2.7. Distribution of Latino Population in the Detroit-Flint-Ann Arbor Metropolitan Statistical Area, 2010



Source: Data Driven Detroit, Detroit, MI. Estimates based on 2010 US Census.

Figure 2.8. Southwest Detroit, MI: An Ethnic Enclave in a Northern Border Community



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Health Implications

Immigration policies have implications for access to social and economic resources for immigrants and their networks – resources that are the fundamental determinants of health

(House et al., 1990; House et al., 1994; Link & Phelan, 1995; Phelan et al., 2010) – for which evidence demonstrates an association with health (N. E. Adler & Rehkopf, 2008; N. E. Adler & Stewart, 2010; Uchino, 2006; Umberson & Montez, 2010). Indeed, qualitative evidence developed by public health researchers and civil rights and public policy organizations indicates that immigration policies enacted since 9/11 have adversely affected social, political, and economic opportunities for Latinos (R. H. Adler, 2006; Ayon et al., 2011; Bauer, 2009; C. Cleaveland & Ihara, 2012; C. L. Cleaveland, 2013). Further, two studies have demonstrated a decrease in health care service utilization and use of public assistance among Latino adults after the implementation of restrictive state-level immigration policies in Arizona and Alabama in 2010 and 2011, respectively (Toomey et al., 2014; White, Blackburn, et al., 2014).

Personally mediated discrimination and institutional discrimination are also adversely associated with health (Williams & Mohammed, 2009, 2013; Williams et al., 2010). Since 9/11, Latino immigrants and US-born Latinos report ethnic profiling, risk of victimization, discrimination from public agencies, and heightened scrutiny about their documentation status (R. H. Adler, 2006; Ayon et al., 2011; Bauer, 2009; C. Cleaveland & Ihara, 2012; Dreby, 2012, 2013; Garcia & Keyes, 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Hardy et al., 2012; White, Yeager, et al., 2014).

Lacking in this literature is research that adequately examines the connections between the social, economic, and political effects of restrictive immigration policies and anti-immigrant sentiments and the health of Latinos. Further, there is limited research about how Latinos in the Midwest (Dreby, 2012, 2013; Theodore, 2013), particularly along the US-Canada border may be affected by heightened immigration enforcement and anti-immigrant sentiments. The preponderance of this qualitative evidence emerges from the northeastern (R. H. Adler, 2006;

Dreby, 2012, 2013; Hacker et al., 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011), southeastern (Bauer, 2009; C. Cleaveland & Ihara, 2012; White, Yeager, et al., 2014), and southwestern (Ayon et al., 2011; Garcia & Keyes, 2012; Hardy et al., 2012) regions of the US. The specific social determinants of health that are affected and the processes through which these factors are influenced for Latinos residing in a northern border community in the Midwest may differ from those in communities where there is a larger Latino population, more alternatives to driving, and/or where there is not the dual presence of interior and border immigration enforcement institutions.

Finally, few studies examine implications of restrictive immigration policies and anti-immigrant sentiments for Latinos across immigrant generations (Dreby, 2012, 2013; Toomey et al., 2014). Even fewer studies have examined implications of immigration policies and xenophobic sentiments for US-born adult Latinos (Toomey et al., 2014). Restrictive immigration policies and practices and anti-immigrant sentiments following 9/11 may accelerate declines in health for Latinos that are seen by immigrant generation and, for Latino immigrants, by increased length of US residence. My dissertation seeks to understand the influence of this heightened and prolonged anti-immigrant context on the fundamental determinants of health and health of Latinos.

SUMMARY

As posited by political scientist Melissa Harris-Perry (2011), social, economic, and political struggles play out on real bodies. The constellation of federal-, state-, and local-level responses to the sociopolitical context following 9/11 may adversely affect Latinos in Detroit, MI. This protracted anti-immigrant sociopolitical context may both reflect and exacerbate racialization processes experienced by Latinos (Viruell-Fuentes, 2011). However, there are few

systematic examinations of how racialization processes are expressed in this contemporary context for Latinos to affect the fundamental determinants of health. In particular, few studies have examined patterns in Midwestern communities (Dreby, 2013; Theodore, 2013) and none of which I am aware have examined implications for the health of Latinos residing along the US-Canada border.

Public health literature, training programs, interventions, and policy makers have been largely inattentive to the contextual factors that affect the fundamental determinants of health and health outcomes of Latinos across immigrant generations (Gee & Ford, 2011; Viruell-Fuentes et al., 2012). Moreover, these public health communities have given limited attention to the fundamental determinants of health of Latinos in Midwestern and northern border communities. Few have also considered how this post-9/11 anti-immigrant context may affect the social and economic factors that influence Latino health. The absence of an examination of the implications of this post-9/11 context for the health of Latinos in a northern border Midwestern community such as Detroit, MI may lead public health researchers, practitioners, and policy makers to consider this anti-immigrant context as one that is restricted to Latinos in southern border regions. Without such inquiries, researchers, practitioners, and policy makers may also consider the anti-immigrant context as affecting Latinos in states (e.g., Arizona and Alabama) that have enacted multiple-measure restrictive immigration policies that have received much attention from the media. Thus, this inquiry has the potential to inform public health practitioners, researchers, and policy makers of the implications of this post-9/11 context for Latinos in northern border or other communities that are acutely affected by the heightened presence of immigration enforcement agencies and by single-measure restrictive immigration policies, such

as Michigan's policy to deny driver's licenses to persons who lack or cannot prove their documented status.

Chapter 3 “DON'T [B]OTHER THESE PEOPLE”: LATINAS' EXPERIENCES WITH DYNAMIC PROCESSES OF RACIALIZATION POST-9/11: FINDINGS FROM A QUALITATIVE STUDY IN DETROIT, MI

INTRODUCTION

The years following 9/11 have been characterized by a rise in xenophobia, nativism, and hatred towards immigrants of color and their co-ethnics (Chavez, 2013; DeGenova, 2004, 2007; Dreby, 2013; Viruell-Fuentes et al., 2012). Over this period, there has also been an increase in restrictive immigration policies (DeGenova, 2004, 2007; Dreby, 2012, 2013; Golash-Boza, 2012; Hines, 2002; Magana-Salgado, 2014). These restrictive immigration policies and anti-immigrant sentiments are daily realities and salient threats for Latino immigrants and their co-ethnics (Dreby, 2013; Golash-Boza, 2012). Indeed, the vast majority (97%) of deportations since 2008 have been among persons of Mexican or Central American origin (Golash-Boza & Hondagneu-Sotelo, 2013; Magana-Salgado, 2014).

Anti-immigrant policies, practices, and sentiments are reciprocal processes that heighten inequalities through processes of racialization that reinforce boundaries between racial and ethnic groups (Almaguer, 2009; Chavez, 2013; Omi & Winant, 2015). Racialization is a process through which meanings and differences between groups are actively constructed, reconstructed, contested, and negotiated (Goffman, 1963; Nagel, 1994; Omi & Winant, 2015; Schwalbe et al., 2000). While focused on race or ethnicity, these processes also invoke other social statuses such as socioeconomic position, gender, and nativity (Mullings & Schulz, 2006). These social hierarchies and identities are fluid and relational, while also obdurate, and interact over time and

within particular contexts (Collins, 1990; Connell, 2012; Crenshaw, 1989; Hankivsky, 2012). The complex interplay of these multiple social locations and identities, through social processes and structures, interact to affect health (Hankivsky, 2012). Viruell-Fuentes and colleagues (2012) have called for investigations of how health inequities of Latinos are influenced by the intersection of social statuses such as race, ethnicity, socioeconomic position, immigrant generation, documentation status, and gender.

In response to this research gap, this qualitative inquiry draws on in-depth interviews with Mexican, Mexican American, and Central American women in Detroit, MI to understand women's experiences with restrictive immigration policies and sentiments towards immigrants. The central goal is to understand how women's experiences of social and political processes that have unfolded in Detroit since 9/11 may influence health. Toward this end, I examine potential variations in these experiences across groups (e.g., immigrant generation; documentation status; socioeconomic position; age; and for immigrants, period of migration to US), variations in women's responses, and explore their implications for the health of women, their families, and their networks.

Smith (1987) posits that social, political, and economic processes shape the organization of individuals' everyday lives. Thus, talking to individuals is useful for understanding how their experiences are shaped by social institutions (Smith, 1987). Processes of racialization, which may be reinforced through anti-immigrant policies, practices, and sentiments, involve a complex interplay of social institutions, practices, and agents (Omi & Winant, 2015). Thus, through individual interviews with Latinas, we can understand how immigration policies, immigration enforcement, and sentiments towards immigrants are gendered and racialized. Hence, these interviews may enhance understanding of how these institutions actively shape the structure and

lived experiences of Latinas and their social networks and implications for health. In the sections that follow I contextualize this study within the literatures regarding health patterns among Latinos and Latinos' experiences with immigration policies. I then outline the need to understand implications of women's experiences with immigration policies in a northern border community and introduce the research questions that guide this empiric analysis.

Health Patterns among Latinos

Public health evidence based on samples that primarily include Mexican immigrants and Mexican Americans, and on data collected before 9/11 or prior to the implementation of several restrictive immigration policies, suggests that US-born Latinos tend to have worse health outcomes than Latino immigrants for some health indicators (Acevedo-Garcia et al., 2010; Acevedo-Garcia et al., 2005; Crimmins et al., 2007; Kaestner et al., 2009; Peek et al., 2010). Further, Latino immigrants with longer US residence have worse health than recent immigrants (Acevedo-Garcia et al., 2010; Alegria et al., 2007; Daviglius et al., 2012; Kaestner et al., 2009). Health patterns within the Latino population also vary by other social statuses, such as socioeconomic position, gender, country of origin or descent, and health outcome (Acevedo-Garcia & Bates, 2007; Acevedo-Garcia et al., 2005; Albrecht et al., 2013; Derby et al., 2010; Karlamangla et al., 2010). Scholars have posited that racialization processes, related stressors, and identity negotiation strategies, may contribute to these health patterns among Latinos (Perez et al., 2008; Viruell-Fuentes, 2007, 2011; Viruell-Fuentes et al., 2012; Viruell-Fuentes & Schulz, 2009). For example, immigrants may harbor salubrious beliefs or behaviors that may only temporarily promote and preserve favorable health as they contend with processes of racialization. Thus, as racial and ethnic health inequities reflect social hierarchies (Whitehead & Dahlgren, 2006), understanding how Latinos experience racialization within this post-9/11

environment, variations in these experiences by social status, and the implications of those experiences for health, will facilitate the identification of areas of intervention to reduce and eventually eliminate health inequities among Latinos.

There is growing qualitative evidence that immigrants of color, including Latinos, have experienced increased surveillance and discrimination during the period following 9/11 (R. H. Adler, 2006; Ayon et al., 2011; Bauer, 2009; C. Cleaveland & Ihara, 2012; Dreby, 2012, 2013; Hacker et al., 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Hardy et al., 2012). However, limited research (Golash-Boza, 2012; Toomey et al., 2014) has considered implications of post-9/11 processes of racialization for Latinos across immigrant generations in samples that include adult US-born Latinos, and fewer still have considered implications for health. Thus, while scholars are beginning to understand how this post-9/11 environment affects Latino immigrants (R. H. Adler, 2006; Ayon et al., 2011; Bauer, 2009; C. Cleaveland & Ihara, 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011) and their US-born or immigrant children (Dreby, 2010, 2013), relatively little is known about how adult Latinos across multiple generations experience this context.

Considering Latinos' Experiences of Racialization in a Northern Border Community

Racialization processes are not only based upon race or ethnicity, but also intersect with other social hierarchies, such as socioeconomic position, gender, and nativity (Mullings & Schulz, 2006). These processes unfold over time and vary across sociopolitical contexts (Almaguer, 2009; Omi & Winant, 2015). Few studies to date (Dreby, 2013; Theodore, 2013) have specifically considered implications of restrictive immigration policies and anti-immigrant sentiments for the experiences and well-being of Latinos in Midwestern communities and in particular how identities and social statuses intersect with these environments (see Dreby, 2013;

Theodore, 2013 for exceptions). Dreby (2013) posits that variations in the local social, economic, and political context may have implications for processes by which racialization following 9/11 unfolds. Local policies are likely to be a reflection of the local social context and may reinforce or instantiate social hierarchies structurally.

The experiences of Latinos in communities situated along the northern border of the US are different from areas that are most proximate to entry points for the largest number of Latino immigrants (Miller, 2014). Post-9/11 restrictive immigration policies have enhanced immigration enforcement not only along the southern border and interior regions of the US (Golash-Boza, 2012; Golash-Boza & Hondagneu-Sotelo, 2013; Miller, 2014), but also along the northern border (Miller, 2014). As discussed in Chapter 2, the northern US border is encompassed within the Constitution-free zone, in which Fourth Amendment protections from unreasonable searches do not hold (American Civil Liberties Union, 2008; Miller, 2014). This Constitution-free zone poses an increased risk of contact with law enforcement, including immigration officials. The Ambassador Bridge to Canada crosses through Detroit, and in particular, Southwest Detroit. As a result, residents contend with heightened presence of interior immigration enforcement, increased border enforcement in their neighborhood through which the bridge to Canada crosses, and greater collaboration between local law enforcement and immigration agencies (A. B. Cox & Miles, 2013; Golash-Boza, 2012; Miller, 2014). Additionally, residents must contend with a policy that was implemented in 2008 that denies driver's licenses to persons who cannot prove documented status. Thus, the dynamics with which Latino residents in Detroit negotiate may vary from those of other communities across the US. This study examines how these processes unfold for Latinos within a community that, while it has not experienced multiple-measure state-level legislation (e.g., communities in Arizona and

Alabama) that is restrictive towards immigrants, is set in a state that has implemented several separate policies (e.g., driver's license policy, Secure Communities collaboration with federal law enforcement) that heighten challenges with which immigrants and their co-ethnics must contend.

Gendered Racialization of Latinos Following 9/11

Golash-Boza and Hondagneu-Sotelo (2013) posit that the post-9/11 increase in deportations constitutes a “gendered racial removal program” (Golash-Boza & Hondagneu-Sotelo, 2013, p. 272):

In this context, the gendered construction of immigrant danger has shifted. The new danger is masculine, one personified by terrorist men and ‘criminal aliens.’ The DHS [Department of Homeland Security], the cabinet department created after the September 11 attacks, which replaced the old Immigration and Naturalization Service (INS), has framed its efforts in a discourse of national security. Mass deportation emerged as a primary strategy for protecting the nation from the gendered and racial threats of criminal and fugitive aliens and terrorists. (Golash-Boza & Hondagneu-Sotelo, 2013, pp. 273-274)

The exact rates of deportations disaggregated by country of origin *and* gender are not available from the Department of Homeland Security. However, based on Golash-Boza's ethnographic research in communities that receive persons deported from the US (e.g., Guatemala City, Guatemala) and estimates posited by demographers, Golash-Boza and Hondagneu-Sotelo (2013) estimate that 85% of deportations are of men. They conclude that Latino men are deported at a higher rate than Latinas and any other racial or ethnic group (Golash-Boza & Hondagneu-Sotelo, 2013). Among Latino men, working class men are the primary targets of these policies (Golash-Boza & Hondagneu-Sotelo, 2013). However, even so, 15% of deportations are of women (Golash-Boza & Hondagneu-Sotelo, 2013). Additionally, deportations have profound implications for women and men who are not deported (Dreby, 2012; Golash-Boza, 2012).

Those not deported may experience immigration-related detention, separation from family and community members, or contend with the threats thereof. In addition, those who have not been deported may also acquire economic and family responsibilities previously borne by those deported, and contend with other implications of the loss of network members who have been deported.

Gender is socially constructed, multi-dimensional, and distinct from biological sex (Connell, 2012; Krieger, 2003). The gendered deportation patterns indicate a need for an intersectional approach to research, seeking to understand Latinos' experiences of racialization in a context of heightened immigration enforcement and implications of these experiences for the fundamental determinants of health. This "gendered racial removal program" (Golash-Boza & Hondagneu-Sotelo, 2013) raises several questions that remain to be unpacked: How do women experience and navigate restrictive immigration policies and anti-immigrant sentiments? What are the implications of deportation or the threat thereof for family structures, economic realities, well-being, and health?

Research Questions

In this study, I seek to understand the gendered nature of immigration enforcement policies and practices and anti-immigrant sentiments by understanding Latinas' experiences of racialization under these conditions. To date, no studies of which I am aware have examined the gendered nature of this context and implications for Latinas across immigrant generations and other subgroup characteristics such as age, education, and family structure. This research focuses on how these processes play out for Latinas and their networks in a northern border community, specifically Detroit, MI. The aim of this analysis is to examine women's experiences of racialization, typologies of experiences, variations in these responses, and

implications for health. The research questions that guide this inquiry include: (1) How do Latinas experience racialization processes within a context of restrictive immigration policies and anti-immigrant sentiments (Chapter 3)?; (2) In what ways do women's experiences of racialization vary (Chapter 3)?; (3) In what ways do women respond to these experiences (Chapter 4)? How do we understand these differential responses (Chapter 4)?; (4) In what ways are these experiences gendered (Chapters 3 and 4)?; and (5) What are the implications for health of women's experiences of (Chapter 3) and responses to racialization (Chapter 4)?

Overview: Dynamic Intergenerational Racialization Processes

This chapter analyzes women's descriptions of their experiences with processes of racialization, the influence of immigration policies and sentiments towards immigrants on these experiences, and potential variations in these experiences. A central theme that emerged from women's narratives was the pervasiveness of women's and their network members' encounters with threats to social and economic stability. Multiple agents, reflecting multiple social institutions, create a web that women continuously encounter that reinforces vulnerability and threatens security. The constant need to navigate within this context creates a space that not only contributes to psychosocial stress, but also has profound social and economic implications.

The processes of racialization examined in this chapter extended to the experiences of others in women's social networks. In this chapter, I examine ways that women's experiences with racialization processes affected their social networks, and how the experiences and vulnerabilities of members of their networks shaped women's experiences. In Chapter 4, I examine how the resources on which women could draw to prevent, mitigate, or resist processes of racialization shaped the effects of racialization. Following presentation of results from the

analyses presented in Chapters 3 and 4, I discuss implications for women’s well-being and health, and for that of their family and networks.

METHODS

Sample

Qualitative research methods are effective for examining the experiences of highly marginalized populations (Reinharz, 1992). For this reason, qualitative methods were selected to explore Latinas’ experiences with processes of racialization. This study, the *Our Story, Our Health/Nuestra Cuenta, Nuestra Bien Estar Study*, draws on 50 in-depth individual interviews conducted between July, 2013 and October, 2014. Participants were women who were at least 18 years of age, lived in Southwest Detroit, were of Mexican or Central American origin or descent, and in the first, 1.5, or second-immigrant generation. The term *immigrant generation* refers to the nativity of Latina immigrants or the parental nativity for US-born descendants of Latin American immigrants. Generational status was assessed by two measures: country of birth and number of parents who were born in the US. The definition of immigrant generation accords with that used by Rumbaut (1994) and is described in Table 3.1:

Table 3.1. Definition of Immigrant Generations for Persons of Latin American Origin or Descent

Immigrant Generation	Definition
First Generation	Born in Latin America, immigrated to US at age 12 or over
1.5 Generation	Born in Latin America, immigrated to US at <12 years of age
Second Generation	Born in US, descendent of at least 1 Latin American immigrant parent

I engaged the assistance of a research assistant who is a resident of Southwest Detroit, community-based organizations (CBOs), and other participants to recruit participants. We used

snowball sampling (Patton, 1990), asking participants to mention the study to others in their network who might be eligible to participate. Several CBOs in Southwest Detroit shared information about the study with their clients and networks (e.g., by posting flyers in their office, on Facebook, and inviting us to introduce the study to students in English language classes) and assisted us in reaching women of particular immigrant generations to meet the needs of the study.

Preparing the Interview Guide

I began by drafting open-ended interview questions to derive detailed information about women's experiences with immigration policies and sentiments towards immigrants over the past 12 to 15 years. The research assistant and I then conducted four pilot interviews to refine the interview guide and to solicit feedback on the questions and interview process. In addition to input from members of the doctoral dissertation committee, and feedback from pilot interviews, several staff members from one CBO based in Southwest Detroit provided guidance on the study protocol, interview guide, and recruitment strategies. Based on this feedback, the interview guide was designed to foster a conversation around the following themes: (1) participants' experiences of being treated unfairly or poorly; (2) perceptions of what others think about Latinos; (3) experiences of being questioned about their documentation status; (4) experiences with immigration enforcement practices; (5) experiences as a result of Michigan's driver's license policy; (6) responses to these experiences; (7) opinions of immigration policies and practices; (8) reflections on 9/11 and what, if any changes, they have experienced or observed since 9/11 as it relates to these topics; and (9) participants' health. Interview materials were translated from English to Spanish, then back-translated to English. (See Appendix A for an example of the interview guide.)

The University of Michigan Institutional Review Board approved this study on July 10, 2013. The research assistant and I obtained verbal consent from participants, who were asked to provide a pseudonym to keep track of study records. All names mentioned in this chapter are pseudonyms.

Interviews

The research assistant and I conducted the interviews at community- and faith-based organizations, or in participants' homes, based on their preferences. Interviews were conducted in English or in Spanish, again based on participants' preferences. Interviews ranged from 45 to 180 minutes (mean=113 minutes). The research assistant, who is fluent in Spanish, took the lead in asking questions during interviews that were conducted in Spanish. During those interviews, I took notes and asked or clarified questions as appropriate, also in Spanish. I lead interviews that were conducted in English and the research assistant took notes and raised questions when relevant. The typical interview lasted 2 hours. All but one interview were audio recorded. Interviews were transcribed verbatim. Quotes that exemplify the themes from this study that are drawn from interviews conducted in Spanish are presented in both Spanish and English.

We did not ask participants to disclose their documentation status or that of others that they mentioned during the interview and explicitly stated that they did not need to reveal anyone's documentation status. However, because of the salience of these statuses in women's lives, women often mentioned and spoke freely about their status or that of their family, friends, or other network members. For example, some women who recently experienced temporary relief from deportation under the DACA program described the profound impact of this program on their everyday lives. Thus, in these discussions, they disclosed that they both lacked documented status and had temporary relief from deportation due to DACA. In addition, several

women discussed the effects of Michigan's policy to deny driver's licenses to persons who could not prove or lacked documented status. In these interviews, these statuses and the burden of proving or avoiding disclosure of one's documentation status were often discussed.

Following completion of the interview, we invited participants to complete a brief survey asking about their health, experiences of unfair treatment, and demographic information. Participants received a \$20 cash incentive and information about individual and immigrant rights as partial compensation for their time. When appropriate, we connected participants with relevant services to address needs that emerged during the interview.

Analysis

Trained research assistants or I transcribed each recorded interview and I checked every transcript against the recording. I then analyzed the transcribed interviews and field notes using a grounded theory approach (Charmaz, 2001, 2012; Corbin & Strauss, 2008; Glaser & Strauss, 1967; Strauss & Corbin, 1990) using NVivo 10 qualitative data analysis software. Towards this end, this grounded theory approach facilitated the development of an inductive theory that was grounded in the analysis of women's narratives. The insights gained from initial interviews informed subsequent interviews with other participants and the analysis. The analysis involved iteratively reducing the data into manageable units or codes. I began this process with a careful reading of each interview to gain a sense of the range of experiences that each participant shared. I then engaged in a line-by-line analysis, labeling each concept for the first set of interviews (3 interviews with first generation women; 2 interviews with 1.5 generation women; and 2 interviews with second generation women). Following this process, I grouped concepts that emerged from these initial analyses of the interviews into categories that represented similar themes (Charmaz, 2001, 2012; Glaser & Strauss, 1967). I labeled these categories, developed

dimensions of the categories, and integrated the categories and subcategories, following procedures outlined by Strauss and Corbin (2008; 1990) for grounded theory analysis. In-vivo codes and their associated content served as the analytical constructs that informed the recurrent themes. Using axial coding, I made connections between categories and subcategories (Charmaz, 2001, 2012; Glaser & Strauss, 1967). Data from each interview were studied within the context of each individual and in comparison with other participants to discern common themes that could be found within the larger narratives (Glaser & Strauss, 1967).

I also looked for negative cases that might challenge the categories, to support the development of the grounded theory. For example, some participants challenged my expectations that they contended with heightened immigration enforcement in the years following 9/11. These findings facilitated the identification of how social statuses of women and their social network members intersect with the life course to shape women's narratives of experiences with immigration enforcement.

I explicitly made comparisons across immigrant generations and other social statuses such as household structure and age in order to identify similarities and differences in experiences. I also examined the gendered nature of women's experiences by understanding how their gender identities and responsibilities intersected with their experiences of and responses to racialization processes. By examining the processes by which boundaries are created and maintained, I examined how institutional inequalities are reflected in women's experiences.

As an example of the analysis of women's experiences with racialization processes, one of the themes that emerged is one that I labeled "official othering." This theme encompassed participants' descriptions of ways in which policies and practices engendered surveillance of

participants and their network members by social agents such as police, immigration officials, social welfare caseworkers, and clerks at the Secretary of State's office. This surveillance from officials served to assess documentation status, based on policies that emphasize documentation status in determining access resources. These officials use the power within their jurisdiction to then restrict or prevent access to resources based on these assessments. As an example of axial coding, due to legislation recently passed in Michigan, the driver's license has become a "symbol of deportability" that is engaged in officials' assessments of documentation status. Through "peer othering," peers also used the driver's license as a symbol of deportability in assessments of documentation status and efforts to establish difference and belonging. Peer othering heightened women's risk of encounters with officials, and in particular police or immigration enforcement. Throughout the analytic process, I discussed the codes and themes with the research assistant, staff at the CBO with whom we worked closely, and advisors on this project with expertise in qualitative research.

In this chapter, I present the categories and results that pertained to women's experiences with racialization processes that were salient for several women in the sample. Other categories, such as experiences with educators and educational institutions or health care providers and institutions, emerged from a small subset of interviews, and will be the focus of future publishable papers.

Though the research assistant and I sampled women across immigrant generations, I examined variations in experiences with racialization processes by a number of social statuses. Immigrant generation did not always emerge as the most salient social status that shaped women's experiences with racialization processes. Thus, the findings presented in the sections that follow present variations in these experiences according to the social statuses that emerged.

Notes on Language

In the sections that follow, I discuss the findings from this inquiry. Before proceeding, it is important to provide a brief guide to some linguistic and framework decisions that inform the presentation of the findings. First, I did not ask women about their sexual orientation. A strong heteronormative framework was evident in the interviews, with women primarily describing relationships with male partners. While this analysis may include women of other sexualities, these were not evident in their narratives.

Second, many women referred to the 2012 Deferred Action for Childhood Arrivals (DACA) program as the DREAM Act (e.g., “[The Secretary of State’s Office] is full now [of applicants for driver’s licenses] because of the program for the students, the DREAM Act” (Dania, first generation participant)). Though the majority of women used the term DREAM Act to refer to DACA, in an effort to link women’s experiences with specific institutions and policies, I use the term DACA to refer to relief from deportation and employment authorization through the DACA program that some women and/or their network members hope to or have gained. In quotes where women mention the DREAM Act or DACA, I present women’s own words, accompanied by a footnote to clarify instances in which I believed that women meant DACA when they said DREAM Act.

Third, several women in the first and 1.5 generations had multiple current immigration statuses (e.g., currently lacking documented status and have temporary relief from deportation through DACA) or had more than one status over their life course (e.g., previously lacking documented status, now legal permanent resident or US citizen; previously had a visa, which is now expired). When possible, I refer to both of their current status(es) and to their previous status(es), as often more than one current or previous status over women’s life course influenced the experiences and reflections that they discussed.

Context of Detroit

As has been previously noted by one community-based organization with whom we worked over the course of this research, this CBO identified a Customs and Border Protection patrol car parked outside of their offices in Summer 2014. This organization assisted with developing the study protocol and recruiting participants. They also offered their organization as a site to interview participants. However, perhaps due to surveillance of this organization by immigration officials, many participants declined to meet at this location. This recent sighting of immigration officials outside of the CBO is indicative of the presence of immigration enforcement in Southwest Detroit, as well as the targeting of this community by immigration officials. This context also highlights the difficulties of conducting research to understand the influence of immigration policies on Latinos' lives in this anti-immigrant context as immigration officials' presence throughout Southwest Detroit threatens and undermines the work of a critical community partner in this process and opportunities for collaborative research.

RESULTS

Sociodemographic and Health Characteristics of Participants

As shown in Table 3.2, the majority of women (n=48) in this sample identified as Mexican or Mexican American, and 1 woman was from Honduras and 1 from Nicaragua. Two-thirds (n=33; 66%) of interviews were conducted in Spanish. The mean age of participants was 41.57 years (SD=14.63). Women in the first generation (mean=45.04 years; SD=11.28) had a marginally significantly (p=0.09) higher mean age than women in the 1.5 generation (mean=32.78 years; SD=14.49). There was no significant difference in the mean age of women in the second generation (mean=40.67 years, SD=19.00) relative to women in the first and 1.5 generations, though this difference may still be meaningful given the small sample size and age

patterns across immigrant generations. Approximately half (55.56%) of first generation women had less than a high school education, 18.52% had a high school education, and 25.93% had some college education or more. Among women in the 1.5 generation, 11.11% had less than a high school education, one-third (33.33%) had a high school education, and 55.56% had some college education or more. One quarter (25.00%) of women in the second generation had less than a high school education, 25.00% had a high school education, and half (50.00%) had some college education or more. The majority of first generation (85.19%) women identified as raising children full-time and not working outside the home for pay, whereas 66.67% of 1.5 generation women were currently working for pay, and one-third (33.00%) and one-quarter (25.00%) of second generation women identified as currently working for pay or looking for work, respectively. A greater proportion of participants who were in the first (88.89%) generation were married, relative to those in the 1.5 (55.56%) or second (41.67%) generations. Across immigrant generations, the majority (83.33%) of women had one or more children less than 18 years of age who lived in their household. The mean everyday unfair treatment score was 1.87 (SD=0.64), the mean acute unfair treatment in the past year score was 0.58 (SD=0.92), and the mean lifetime acute discrimination score was 1.40 (SD=1.57). Generally, trends suggest that women in the 1.5 generation reported higher levels of unfair treatment than women in the first- or second generations. Women in the second generation reported the highest level of everyday unfair treatment. These sociodemographic and reported unfair treatment patterns are based on unadjusted estimates. Given differences in sociodemographic factors across immigrant generations, it is possible that these patterns may not reach statistical significance after adjusting for other sociodemographic factors.

At the time of the interview, 39.58% of women described their health as being fair or poor, whereas only 12.50% of women described their health 15 years ago as fair or poor. Relative to 1.5 generation women (22.22%), patterns suggest that a larger proportion of women in the first (40.74%) and second (50.00%) generations reported their health at the time of the interview as fair or poor. For the full sample, 31.25% and 25.00% of women were diagnosed with high blood pressure or high cholesterol, respectively. Nearly forty-percent (39.58%) of women reported that they were diagnosed with depression, one-third (33.33%) had been diagnosed with anxiety, and 14.58% had been diagnosed with post-traumatic stress disorder. The mean depressive symptoms score, based on the CES-D was 2.78 (SD=0.47). Several of these self-reported health patterns may be correlated with age, as the mean age of women in the first generation was higher than that of women in the 1.5 and second generations. A larger proportion of women in the second generation (83.33%) had health insurance, whereas only 33.33% of first and 22.22% of 1.5 generation women had health insurance. The majority (81.25%) of women across immigrant generations had seen a doctor in the past year, with fewer women in the 1.5 generation (66.67%) reporting that they saw a doctor in the past year compared to first (81.48%) and second (91.67%) generation women. Reports of better health among 1.5 generation women may be associated with the substantially younger age in this group.

Table 3.2. Sociodemographic and Health Characteristics, Our Story, Our Health Study (n=50), by Immigrant Generation, 2013-2014

	Total Sample (n=50) ^a		1st Generation (n=27)		1.5 Generation (n=10) ^b	
	% (n)	Mean (SD)	% (n)	Mean (SD)	% (n)	Mean (SD)
Sociodemographic Characteristics						
Age (mean, SD) ^d		41.57 (14.63)		45.04 (11.28)		32.78 (14.49)
Interviewed in Spanish (% , n)	66.00% (33)		96.30% (26)		40.00% (4)	
Mexican or Mexican American (% , n)	96.00% (48)		92.59% (25)		100.00% (10)	
Central American (% , n)	4.00% (2)		7.41% (2)		0% (0)	
Educational attainment						
Educational attainment (mean, SD)		1.98 (0.89)		1.7 (0.87)		2.44 (0.73)
Less than a high school education (% , n)	39.58% (19)		55.56% (15)		11.11% (1)	
High school education (% , n)	22.92% (11)		18.52% (5)		33.33% (3)	
More than high school education (% , n)	37.50% (18)		25.93% (7)		55.56% (5)	
Employment status ^c						
Currently working for pay (% , n)	25.00% (12)		7.41% (2)		66.67% (6)	
Currently looking for work (% , n)	10.42% (5)		7.41% (2)		0% (0)	
Retired (% , n)	4.17% (2)		3.70% (1)		0% (0)	
Homemaker or raising children full-time & not working for pay outside of house (% , n)	54.17% (26)		85.19% (23)		22.22% (2)	
Student (% , n)	12.50% (6)		3.70% (1)		22.22% (2)	
Permanently disabled (% , n)	4.17% (2)		3.70% (1)		0% (0)	
Married or living with partner (% , n)	70.83% (34)		88.89% (24)		55.56% (5)	
Have one or more children living in household (% , n)	83.33% (40)		85.19% (23)		77.78% (7)	
Everyday unfair treatment (mean, SD)		1.87 (0.64)		1.77 (0.66)		1.85 (0.50)
Acute unfair treatment in past year (mean, SD)		0.58 (0.92)		0.56 (1.01)		0.78 (0.67)
Lifetime acute unfair treatment (mean, SD)		1.40 (1.57)		1.33 (1.62)		1.78 (1.39)
Self-rated fair or poor health						
At time of interview (n, %)	39.58% (19)		40.74% (11)		22.22% (2)	
15 years ago (n, %)	12.50% (6)		14.81% (4)		0% (0)	
Diagnosed chronic disease						
High blood pressure (n, %)	31.25% (15)		33.33% (9)		0% (0)	
High cholesterol (n, %)	25.00% (12)		33.33% (9)		22.22% (2)	
Diabetes (n, %)	10.42% (5)		11.11% (3)		11.11% (1)	
Asthma (n, %)	14.58% (7)		11.11% (3)		11.11% (1)	
Diagnosed mental health condition						
Depression (n, %)	39.58% (19)		51.85% (14)		11.11% (1)	
Anxiety (n, %)	33.33% (16)		37.04% (10)		11.11% (1)	
Post-Traumatic Stress Disorder (n, %)	14.58% (7)		14.81% (4)		11.11% (1)	
Depressive Symptoms (mean, SD)		2.78 (0.47)		2.73 (0.46)		2.64 (0.33)
Have health insurance (n, %)	43.75% (21)		33.33% (9)		22.22% (2)	
Saw a doctor in the past year (n, %)	81.25% (39)		81.48% (22)		66.67% (6)	

Note: ^a There was a total of 50 participants who participated in interviews, 48 of whom participated in the post-interview survey. Language of interview and country of origin or descent are based on information from the 50 participants; other sociodemographic information is based on surveys completed by 48 participants. ^b Language of interview and country of origin are based on all 10 1.5 generation women who participated in the interview; other sociodemographic information is based on the 9 participants in the 1.5 generation with survey data. ^c Language of interview and country of descent are based on 13 second generation women who completed the interview; other sociodemographic information is based on the 12 second generation participants who completed the survey. ^d The mean age of women in the first generation was marginally significantly higher than that for women in the 1.5 generation. ^e Some women identified with engaging in more than one type of work, thus percentages sum to greater than 100%.

While this study set out to interview women of Mexican and Central American origins or descent, the final sample only included two Central American women. The small number of Central American women in this sample may be due to the snowball sampling strategy used to recruit participants for this study. Because the experiences that the two Central American women described were similar to those that Mexican and Mexican American women described, I have included these two women in the analytic sample. However, there were some important differences. Both of the women from Central America were in the first generation and lacked documented status at the time of the interview. The main difference between the experiences of the two Central American women and some of the Mexican and Mexican American women in this sample was that the two Central American women recounted having to physically cross multiple national borders to get to the US. One woman discussed at length the difficulty of her journey and the sexual violence that she survived along the way. The other woman's partner has been deported and she discussed that she knew they would never see each other again because (1) he was deported and (2) there are multiple nation-borders between them. In contrast, some Mexican and Mexican American women talked about crossing between the US and Mexico more easily before 9/11. Further, a couple of Mexican immigrant women discussed how their partners who were deported were able to re-enter the US, but now occupy a more fragile documentation status. For instance, there is a 10-year bar for persons who have been deported; re-entering the US within this period is classified as a criminal offense. Thus, the main difference between these two women and other women in the sample was the structure of their lives: where they came from, when they arrived, what they endured, and what feels to them like permanent separation from their lives and family in Honduras and Nicaragua.

In the presentation of findings that follows, due to the very limited sample of Central American women I do not present examples from interviews with these two women. However, when relevant I mention variations in their experiences relative to women who identified as

Mexican or Mexican American. I decided to include these two women's contributions and voices in the analysis presented here because their narratives are important for understanding women's experiences with racialization processes. A case study of these two Central American women's experiences may be the focus of a future publishable paper.

Of note, many women in this study who identified as Mexican or Mexican American were from or had ties to the state of Michoacán, in the Southwestern region of Mexico. Relationships of residents of Southwest Detroit with Michoacán are reflected in the small businesses scattered throughout the community that express their ties to Michoacán (e.g., *Nevería la Michoacana*, *La Michoacana Tortilla Bakery*). Some women were from or had family ties to Sinaloa, a state in the Northwestern region of Mexico, and Jalisco, a state in the Central Western region of Mexico. Whereas not all participants identified links to these states, other participants' connections to these Mexican states may be attributed to the snowball sampling strategy that we employed in this study. Unfortunately, data are not available that would enable a comparison of Mexican states of origin or descent for participants in the *Our Story, Our Health* study to that of Latino residents of Southwest Detroit more generally to provide a sense of representativeness.

Structural factors may also contribute to these linkages. For example, agricultural policies (e.g., North American Free Trade Agreement) that undermine food access and quality and occupational opportunities in sending communities; immigration policies; and labor policies that depend on labor migration and vulnerability of immigrants in the US occupational structure (Holmes, 2013) may contribute to migration flows from these regions to Michigan and to Southwest Detroit. Transnational ties (Viruell-Fuentes & Schulz, 2009) and family reunification under immigration policies (Golash-Boza, 2012) may also facilitate the connections of some participants to these regions of Mexico, and to the eventual migration of family members to Southwest Detroit.

Also noteworthy, several women in this sample who had a spouse or partner occupied a more protected citizenship or documentation status than their partners. For example, three women in the second generation had husbands who were immigrants and who did not have documented status at some point in time. In addition, several first or 1.5 generation women who had obtained citizenship or temporary relief from deportation through DACA had partners who were currently trying to fix their documentation status or who have been deported. A few other women in the first or 1.5 generation indicated that they lacked documented status, but had partners who had been deported. For other partnered women in the first or 1.5 generation, both they and their partner lacked documented status. However, it is difficult to ascertain the extent to which these patterns reflect the population in Southwest Detroit, particularly due to the snowball sampling approach.

“I came here looking for a better future. For my children.”: Reasons for Migrating to the US, Documentation Status, and Agency in Women’s Social Statuses

The sections that follow discuss typologies of women’s experiences with processes of racialization, which included encounters with immigration enforcement and interactions with government officials and peers who engaged in othering. In these processes, the boundaries and categories of the “other” group were contingent upon the contexts in which these experiences occurred, including the domain of life, social agent who reinforces racialization processes, and the policies that construct racialized groups. That is, the “other” group ranged from immigrants who lacked documented status to immigrants and to Latinos, depending on the context. Women’s accounts illustrated some of the ways that social statuses influenced their or their co-ethnics’ vulnerability to these processes.

This section discusses women’s or their network members’ reasons for migrating to the US, which may influence their current or previous documentation status(es), and their agency in these decisions. Some women may have come to be vulnerable to racialization processes

through their or their family members' lack of documented status through decisions that they made as active agents to migrate to the US without authorization or to remain in the US when their authorization expired, which contributed to that vulnerability. For example, Margarita, a 49-year old first generation woman, who was undocumented until recently, explained her reasoning for traveling from Mexico to the US without documentation and for remaining in Detroit after her husband's most recent deportation:

Vine aquí buscando un mejor futuro. Para mis hijos. ... Pues también esta difícil en México ahorita la situación. Mucho narco traficante donde quieras esta ya eso en México, muchas matanzas y todo eso. Que da miedo ir, la verdad.
(I came looking for a better future. For my children. ... Well, it is also difficult in Mexico with how the situation is now. There is a lot of drug trafficking wherever that is going on in Mexico, a lot of killings and all that. It scares you to go, really.)

Margarita and other women took ownership of their and their family members' decision to come to the US without documented status or to remain in the US after their visas expired. That she came to the US and has remained in Detroit "para mis hijos" ("for my children") due to the ongoing and escalating violence in Mexico indicates that as a caregiver Margarita actively weighed her children's experiences and opportunities into her decision for her and her family to come to the US without documented status.

Other women cited economic motivations for journeying from Mexico to the US. For example, as Dania, a 31-year old woman in the first generation who came to the US without documentation put it:

Porque en México no hay futuro. Si hay futuro pero es mas difícil la vida y mas dura. Como el trabajo. Como vas a comprar ganas aquí ciento veinte dólares y en México lo ganas en siete días y aquí lo ganas a veces en un día. Ahí ganas setecientos pesos que son menos que setenta dólares, ¿como sesenta dólares como lo haces para vivir allá? Ósea [si] te impones es fácil, pero a la vez es duro. Es como yo, yo me case aquí. Yo cuando me vine de México solo estiraba la mano. Si me entiendes? Y yo no me veo mi vida en México y con mi esposo. No. La verdad no.

(Because in Mexico there is no future. There is a future but it is more difficult and harder. Like with work. How are you going to buy- here you earn one hundred and twenty dollars and in Mexico you earn that in seven days and here you earn it sometimes in one day. There you earn seven hundred pesos that is less than seventy dollars, like sixty dollars, how do you live over there? I mean [if] you make yourself it's easy, but at the same time it's hard. And since I was married here. When I came here from Mexico I was just putting my hand out. You understand me? And I don't see my life in Mexico and with my husband. No. Honestly no.)

Dania's account illuminates her active decision to move from Mexico to the US without documentation. As she explained, she assessed the economic opportunities in her country of birth and saw that "no hay futuro" ("there is no future") in Mexico. Thus, she pursued her expectations of economic opportunities and family well-being for her, her husband, and her future children in the US.

Several second generation women echoed these sentiments of opportunities in the US that influenced their family's decision to migrate, even without documentation. For example, Clara, a 41-year old second-generation woman whose husband lacked documented status until recently explained:

We come here to work, to make a better life. If – if our governments weren't corrupted, we would have been in our country [Mexico] a long time ago. But we have no choice. And especially now with Mexico, with all these cartels and all these organized crimes, you know, you have no choice but to leave. And, you have to. It's a double – it's a double jaggar [sword]. Because you have to leave because of the economy and then crossing the – the the the ... the border. It's, it's scary 'cause now you've got all these cartels and setas and take – taking over. So it's your life or it's your your [sic] everyday challenge.

Clara elucidated the decision that some women and their family members made to come to the US and to remain without documented status when she said, “it’s your life or it’s your your [sic] everyday challenge.” That is, some women and/or their family members actively decided to make the difficult journey of physically crossing the US-Mexico border without documentation and to contend with the everyday challenges of lacking documented status, such as confronting othering related to this vulnerability.

Many women described economic, family, and other reasons for coming to the US. Their accounts illustrate the complexity of experiences and actions that led to the decision to come to the US. Their narratives highlight the goal of constructing a better future for themselves and their children, as well as the complexity of their options, decisions, and experiences. In the following sections, these structures and relationships are apparent in both women’s descriptions of their experiences as well as their responses as they negotiate those experiences.

9/11: “When Everything Went Down” and “They See Us as a Threat”?

A majority of women across generations described routine ethnic profiling from police, social welfare caseworkers, and clerks at governmental agencies; surveillance from immigration officials; and questioning from peers about their documentation status or poor treatment from peers. Different typologies of experiences with immigration enforcement before and after 9/11 emerged from women’s accounts. These typologies are summarized in Table 3.3, and are described in greater detail in the paragraphs that follow.

Table 3.3. Typologies of Experiences with Immigration Enforcement Before and After 9/11

Typologies of Experiences with Immigration Enforcement Before and After 9/11	Social Statuses Associated with Typologies
(1) No effects of the 9/11 attacks on day-to-day experiences with immigration enforcement or surveillance based on documentation status	<ul style="list-style-type: none"> • Migration to the US shortly before 9/11 (for immigrants) • Migration to the US after 9/11 (for immigrants) • Younger age at the time of the 9/11 attacks • Vulnerability to immigration enforcement before and after 9/11 (e.g., remained or knew someone who remained vulnerable to immigration enforcement before and after 9/11; became or knew someone who became a resident or citizen over this period)
(2) Increase in immigration enforcement	<ul style="list-style-type: none"> • Older age at the time of the 9/11 attacks • Migration to the US several years before the 9/11 attacks (for immigrants) • US-born • Vulnerability to immigration enforcement before and after 9/11 (e.g., remained or knew someone who remained vulnerable to immigration enforcement before and after 9/11 or only after 9/11; became or knew someone who became undocumented since 9/11)
(3) Pervasive, but increased level of immigration enforcement, the form of which has evolved to specifically target Latinos	<ul style="list-style-type: none"> • Older age at the time of the 9/11 attacks • Migration to the US several years before the 9/11 attacks (for immigrants) • Vulnerability to immigration enforcement before and after 9/11 (e.g., remained or knew someone who remained vulnerable to immigration enforcement before and after 9/11; became or knew someone who became undocumented since 9/11)

Some reported an increase in immigration enforcement in their community after 9/11, while others did not. Several Mexican and Mexican American women and both Central American women in the first and 1.5 generations did not report effects of the 9/11 attacks on their day-to-day experiences with these governmental authorities or their peers. Ruby, a first generation 37-year old woman who had lived in the US for 16 years, echoed these sentiments regarding a limited effect of changes following 9/11 on her daily experiences:

De que estuvimos viendo en la televisión y luego de que no sabíamos ni para donde venía para el otro avión. Que no sabían donde estaba... estábamos con el miedo de que viniera pa'ca para Detroit y... uh huh... porque como dicen que es la ciudad en ruedas verdad. Entonces yo dije paraca puede que dicen que viene paraca, o así. ... A... porque me tocó ver cuando estaba sacando las personas muertas y todo eso y... pues me puse a pensar verdad... en muchos que dejaron familias, verdad... y gente inocente porque en realidad son gente que estaban trabajando, no más.

(What we were watching on the TV and then not knowing where the other plane was going. That they didn't know where it was... we were afraid that it would come to Detroit and ... uh ... because they say it's the Motor City, right. So I said this way they might say that it's coming this way, or something. ... well I got to see when they were taking the dead people out and all that and... well it got me thinking, right... about how many of them left families, right... and innocent people because really they were people that were working, that's it.)

Like many others living in the US at that time, Ruby's descriptions highlighted the uncertainty, scariness, and loss that followed the terrorist attacks that day, as well as her concern that similar attacks could happen in her community. When probing about whether Ruby had seen any changes in her community since the attacks, she responded, "Um ... no... no sigue todo igual." ("Um ... no... no everything is the same.") These experiences may reflect some women's identification with the collective suffering and uncertainty felt across the country and in other parts of the world, as well as concern that similar attacks could happen in Detroit. Some women's reporting of no connection between 9/11 and their experiences with immigration enforcement, above and beyond the fear and trauma that they recalled about the attacks and changes to airport security, may be understood in the context of their period of migration to the US and/or age. In the paragraphs below, I examine some of these factors that may have shaped these experiences.

A few participants in the first or 1.5 generation had not yet migrated to the US when the attacks occurred. For example, Dania, a 31-year old first generation woman who was living in Mexico at the time of the attacks said:

Mi hermana estaba recién llegada [en los Estados Unidos]. Me sentí feo porque ella estaba acá y con tanta gente que se murió. (My sister had just gotten here [to the United States]. I felt bad because she was here and with so many people that died.)

Dania's experience was shaped by family ties in the US. Her account illustrates a different point of reference, one which precluded direct comparisons between experiences with authorities and peers in the US before and after 9/11.

Other women may have been too young to contrast their experiences before 9/11 with their current experiences. As Bella, a 21-year old 1.5 generation woman who recently received DACA put it, "I was in third grade. I remember my mom picking me up [from school]. She was freaking out. That's all I can remember from it." Thus, while some women described their experiences with recent immigration policies, not all drew connections between the attacks and the presence of immigration enforcement on their daily lives and in their community. Common among most narratives was women's recollection about their emotional response or that of their family members to the attacks. In fact, several women became choked up during the interview when recalling the events of 9/11.

In contrast, many second generation women and several first and 1.5 generation women connected the crumbling of the World Trade Center towers with when "everything went down" with respect to an increase in immigration enforcement in Detroit and surrounding communities. As Clara, a 41-year old second generation woman, explained, "That's when everything went down. Immigration." What emerged from these women's narratives was that they saw Latinos, particularly Mexicans, as direct targets of heightened immigration enforcement efforts that ensued following 9/11. Maria, a 46-year old second generation woman, echoed these sentiments when she said:

What do I remember? The planes that came... the planes that crashed into the towers. The towers falling down, and that it set us back again, us Mexicans to be able to fix things. The Latinos couldn't get it fixed because all that we had gained we lost with the twin towers. I don't see what the twin towers have to do with immigration [of Latinos] if they're [those who attacked the towers] from another country. And I don't understand what we Latinos have to do with them [those who attacked the twin towers]. For them to set us back... what we had already gained.

As indicated by Maria's layered discussion of how things changed after 9/11, some women not only linked the attacks with heightened immigration enforcement efforts that targeted Latinos, but also struggled to understand the connection between the terrorist attacks and subsequent policies that have set back the potential for the social advancement of Mexicans or other Latinos. They note that the terrorists were not from Mexico or another Latin American country, yet many of the ensuing immigration policies have had a disproportionate impact on immigrants from these countries. Angela, a 29-year old 1.5 generation woman who recently received relief from deportation through DACA, summed up her reflections on the current status of Latinos, by observing that since 9/11 "Americans" see Latinos as a threat: "I understand how people, you know, um, well Americans, maybe see us as a threat, because of what happened [September 11th terrorist attacks], and ever since that day [September 11, 2001], everything, it got worse, do you know?" Relative to some first and 1.5 generation women, these women's more common statements connecting the 9/11 attacks with increases in immigration enforcement may reflect second generation and other women's greater length of time spent attempting to make sense of their interactions with immigration enforcement, governmental authorities, and peers and changes that have occurred over the past 14 years.

Angela, like many other women, used the term "American(s)." After some probing, Angela and other women explained that they use this term to refer to non-Latino whites. This attribution of an American nationality to non-Latino whites may be understood as serving to heighten women's identity as non-American, perhaps reflecting their encounters that contribute

to their sense of not feeling “American,” internalized othering, their resistance to claim national membership in a society that so clearly stratifies them, and/or their embracing of alternative, affirming identities. I unpack this pattern to a greater extent in Chapter 4.

In addition to reporting connections between 9/11 and increased immigration enforcement targeting Latinos, many women also described their own efforts and that of their families to navigate immigration enforcement in the years and decades before 9/11. As Alicia, a 1.5 generation 29-year old citizen who came to the US as an infant explained:

In my community particularly ... things are the same. The fear of immigration. I can't speak that it's any more or any less. But [based on] the conversations [that I am] having with people, the fear's there. Um, the only thing I would say that [has] change[d] is the racial profiling that now you're more targeted versus before you wouldn't see as much Border Patrol in the community. Um, but then again I think that because before things were on the down low, we *could* [emphasis] have seen Border Patrol, but we kind of knew that they wouldn't racial profile, so we kind of dismissed that they're there – their existence was there, but their intention to detain wasn't what it is now. It's kind of confusing. The. [sic] There's gonna be change all the time, but I don't really know or have thought about what that change would exactly be.

Thus, as Alicia and other older women in the 1.5 and second generations, and women in the first generation who have lived in the US for decades, recounted an increase in immigration enforcement in recent years, they explained that this immigration enforcement in their northern border community was heightened, but the phenomenon was not new. That is, from before 9/11 to recent years, some women reflected on the pervasive, but increased presence of border patrol agents in their neighborhood. Indeed, in interviews conducted with Mexican women in Southwest Detroit from 2001 to 2003, Viruell-Fuentes (2007) found that many first generation women were concerned about the presence of immigration officials in their neighborhood. For women who reported concern about immigration enforcement before 9/11, what emerged as new in this post-9/11 era was that they experienced the current immigration enforcement environment as specifically targeting Latinos and their community in Southwest Detroit. Women who felt

that the forms of surveillance had changed since 9/11 often lacked documented status when they were younger and/or had family members or other network members who were undocumented and consequently concerned about immigration enforcement. For example, Alicia recalled witnessing an immigration raid on her neighbor's home when she was ten or eleven years of age. This encounter may have heightened her awareness of immigration enforcement practices when she was younger. Thus, women's and their network members' level of vulnerability to the forms of immigration enforcement that officials practiced before and after 9/11 may influence these patterns in the typologies of reports of immigration enforcement over this period that emerged from women's narratives.

Not only did women recount fear of immigration enforcement in the years prior to 9/11, some women also recalled their parents' strategies to mitigate these concerns in the decades before 9/11. Alice, a 50-year old second generation woman's experience of her parents' immigration-related fears in the decades prior to 9/11, is one example:

So on my birth certificate my mom and my dad technically were born in the United States but ... my dad was born in Michoacán and my mom was born in Mexico City. [Laughs] ... Because they, when they, when my mom had us they just ask you where were you from and my mom said, I think my mom put down Nebraska [laughs] cause at one time her father was working in Nebraska so that came to her mind and she said Nebraska. And my dad put down he was from Texas [laughs]. ... Same, you know, because of you know they lived a life where supposedly they were born here and they weren't. ... I'm sure she worried about that maybe someday if they ever got caught or whatever ... it's just living a life that way, you know, it's not – it can't be easy.

Her parents' claim that they were born in the United States may reflect their efforts to mitigate the effects of a restrictive immigration context that was unfolding at the time of Alice's birth, which was one year prior to the 1965 Immigration Reform and Control Act. This Act simultaneously presented an opportunity for some persons who lacked documented status to apply for citizenship, and also authorized the wide-scale deportation of undocumented

immigrants (DeGenova, 2004). Her parents' actions are also indicative of how improvements in technology and an increased emphasis on forms of identification have made it more challenging to prove or report on birth certificates information about a vulnerable social position such as being born outside of the US or lacking documented status. Similar to Alice's story, most women who explained that immigration enforcement has been pervasive in Detroit since before 9/11, while increasing in the years since, recalled their parents efforts to fix the papers of their family members who lacked documented status. These strategies imply a pre-9/11 environment in which women and their families felt the need to gain protection from immigration enforcement.

Women's naming of increased surveillance since 9/11 and other women's reports that the *level* of surveillance since 9/11 may not have changed while the *forms* of surveillance have changed are typologies of women's experiences since 9/11. These patterns were most commonly indicated among women in the 1.5 and second generations who were in their late twenties or older, and women in the first generation who had been in the US for at least a couple of decades. Differences in these typologies may be attributed to women's and their network members' level of vulnerability to encounters with immigration enforcement over this period. Thus, as discussed above and depicted in Table 3.3, typologies of experiences with immigration enforcement before and after 9/11 varied according to a number of social indicators, including age; year of migration to the US, for immigrants; and vulnerability to immigration enforcement before and after 9/11. These typologies occurred alongside some of the typologies of experiences of othering that I describe in the following sections. The presentation of these typologies is broadly organized to reflect the agents who enacted these practices: othering from officials and peers. Within these broad categories, I examine variations in women's experiences based on the social positions and resources that women, as well as the official and peer agents engaged.

Symbols of Deportability

The category of “symbols of deportability” transcended women’s experiences with processes of racialization. This category includes socially constructed symbols that social actors manipulated in their interactions with women and their network members. The symbols of deportability that social agents often engaged include not having a valid driver’s license, language use (e.g., speaking Spanish or having a Spanish accent), being born outside of the US, having an ethnic name, residence in Southwest Detroit, physical features such as darker skin color, documentation status(es), and the status(es) and identities of members of one’s social network. Symbols of deportability are components of the meaning of the “other” category that is constructed in racialization processes and are symbolically used in unequal interactions between social actors and women. The driver’s license was the most common symbol of deportability that women described. For example, when we asked what she would say to a state representative, Liliana, a 20-year old woman who came to the US when she was an infant and recently received DACA (and her driver’s license) shared:

That they give a Michigan license, you know, only DREAMers⁴ can have a Michigan license, because other people [who are undocumented and do not have DACA] can’t have one. That they give all of us [immigrants who are undocumented] a license. ... Why is it important to have a license? Because a lot of people don’t want to drive because they are afraid that the police might stop them and they’ll get asked for their license. If they don’t have a license they’ll call immigration, if you have a license, then there is no reason for them to call immigration.

As Liliana’s account illustrates, this category of “symbols of deportability” captures the symbolic content of the racialized categories constructed through racialization processes. Various agents manipulated this symbolic content in ways that reflect the resources and power to

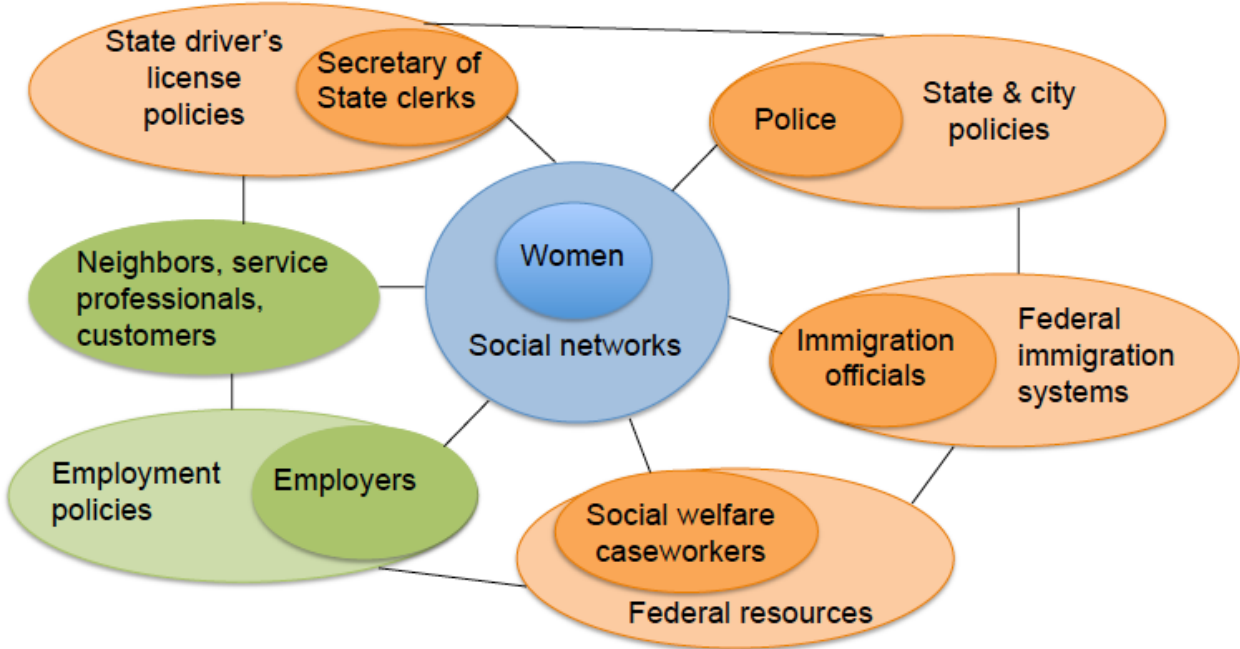
⁴ Liliana’s reference to DREAMERS is likely to persons who received DACA.

which those agents have access and with which women negotiated in their interactions with these agents.

Official Othering

As depicted in Figure 3.1, women described dynamic processes of racialization that they and their network members navigated. They confronted these processes as they interacted with an interconnected and complex web of institutions and social agents. Social agents within these institutions enacted, bolstered, and sometimes disrupted restrictive policies and the racialization processes on which they were based. The vast majority of women described experiences of “official othering” or the threat thereof as central to the complex web of inequalities that they navigated. The category of “official othering” encompasses women’s or their co-ethnics’ encounters with governmental officials in which the social agent who engaged in othering constructed them as “different” or marked in some way. Women encountered these social agents as they sought to gain access to social and economic resources (e.g., employment, health care, driver’s licenses) that were contingent upon documentation status.

Figure 3.1. Dynamic Racialization Processes: Complex Web of Institutions and Social Agents That Create and Reinforce Inequalities



Othering from police, immigration officials, and representatives from other governmental agencies such as social welfare caseworkers and clerks at the Secretary of State’s office are subcategories of “official othering.” The agent who enacts othering, and the institutions and policies in which these agents are embedded, define these subcategories. Each of these officials holds different forms of power, often serving as gatekeeper to various resources, with implications for the women with whom they interact. The sections that follow describe the subcategories of official othering that emerged from this analysis and the connections between these subcategories. This analysis also includes a discussion of the relationship between the subcategories of official othering, symbols of deportability, and another theme that emerged from this analysis: “network effects,” which is described in greater detail below.

Official Othering from Police and Immigration Officials

Official Othering from Police

The subcategory of “official othering from police” emerged from women’s accounts of police engaging in ethnic profiling, questioning them about their documentation status,

threatening to contact or contacting immigration officials, or otherwise heightening women's or their network members' concern that their encounter could escalate to contact with immigration officials. Central to these interactions with police was the police officer's assessment of documentation status. Women who recounted "official othering" from police often experienced or were concerned about these encounters when driving, specifically during traffic stops within the Motor City, or in surrounding communities. Consuelo, a 39-year old first generation woman who came to the US when she was 21 years of age spoke about one of her experiences with a traffic stop:

Mi hermano manejaba y yo iba en frente con él y le daba ride a un muchacho y desafortunadamente, pues ese muchacho no traía identificación, no traía id y nos paro la policía porque yo creo mi hermano iba un poquito recio no se que paso, no me acuerdo muy bien, y, y por el echo que no trae id le dijo, nos dijo, a nosotros que nadie le debíamos dar ride, que no teníamos que mmh... que para la próxima que nos parara que si lo traíamos le iba, lo iba deportar al muchacho pero no no nos quito ni nada, no nomas así se lo izo y ya, pero no nos pregunto si teníamos papeles ni nada no mas eso fue lo que nos dijo, porque no tenia id... pero yo traía mi licencia y mi hermano también, y él no traía nada. Y, y lo que fue que dijo era que si, 'Ustedes saben que puedo llamar a migración porque él no trae id?' ¿Y nosotros le dijimos pues si, que él podía hacer lo que él quisiera verdad? Y luego nos pregunto que para donde íbamos y le dijimos que para el trabajo y ya fue cuando dijo 'Y ustedes [inaudible] no pueden siguiendo dar ride a este muchacho porque, dice, si yo lo vuelvo a parar, y viene con ustedes le voy a llamar a inmigración' fue lo que nos dijo.

(My brother was driving and I was in front with him and he gave a ride to a young man [their co-worker] and unfortunately, well that young man didn't have identification with him, he didn't have ID and the police stopped us because I think my brother was going a little bit fast I don't know what happened, I don't remember very well, and that guy because he didn't have ID, they told us that nobody should give him a ride, that we didn't have to mmhmm.... That the next time they stop us if we have him with us, they were going to deport the young man but they didn't take anything, no nothing more that's what they did and that's it, but they didn't ask us if we had papers or anything, just what they told us was it, because he didn't have ID... but I had my license and my brother too, and he didn't have anything. And, and what he said was 'do you know that I can call immigration because he doesn't have ID?' And we said, well yes, he could do whatever he wanted, right?

And later he asked us where we were going and we told him we were going to work and that's when he said 'And you can't keep giving a ride to this guy because, if I stop you again and he's with you I will call immigration' that was what he told us.)

Traffic stops such as the one that Consuelo recalled suggest that ethnic profiling by police features into women's interactions with local law enforcement. In encounters of official othering that occurred when driving, some women could not recall the reason for being stopped. That many women who were pulled over only received a citation for driving without a driver's license or a warning that the next time the officer stopped them they would call immigration officials supports their claims that their encounters with police were attributed to ethnic profiling.

What emerged from women's narratives was that the typology of othering from police involved police officers' exercise of their authority in the domain in which they had jurisdiction: driver's licenses. However, this form of othering was not only about identification. Police officers' inquiries about driver's licenses also served to assess documentation status. Police could and did directly contact immigration officials based on these assessments.

These encounters with police extended beyond othering. Police officer's threats to contact immigration officials – a common threat – reflected legislation that has been enacted targeting undocumented immigrants. This suggests that othering is already constructed and legitimized. Specifically, legislation has been enacted that defines an other group – those who lack documented status – and those who are classified as within that category. Implications of such legislation include the restriction of access to resources for those who lack documented status, including the resources that enable some to remain in the US without documentation. In addition, legal codes also contribute to contested access for those suspected as lacking documented status. The agents are attempting to ascertain whether a given individual fits within the category or not, based on symbols of deportability. Women's accounts illustrate that othering creates a foundation for these processes, but is only one component of an institutional process

that restricts access to resources, and thus lays the foundation for structural inequalities (Omi & Winant, 2015; Schwalbe et al., 2000), with implications for health.

Official Othering from Immigration Officials

The subcategory of “official othering from immigration officials” includes women’s experiences of surveillance and mistreatment from immigration officials who enact and reinforce restrictive immigration enforcement policies. These include encounters that were catalyzed by the police, as well as those that occurred through other channels. This typology of othering involved immigration officials exerting their authority over the outcomes of encounters with police, immigration-related detainment, or immigration agents’ surveillance of women’s ethnic enclave. As Consuelo shared, the police officer’s threat to call immigration officials heightened her fear that she would have contact with immigration officials. Thus, othering from police is related to that from immigration officials through encounters in which, or concern that, ethnic profiling from police and questioning about documentation status would escalate to immigration enforcement. These processes are rooted in the restrictive immigration policies that are enforced, which have real implications, namely deportation, for those who are the focus of those processes.

Symbols of Deportability and Official Othering

As Consuelo’s experience illuminates, the driver’s license serves as a “symbol of deportability” that the police officer engaged in their interaction. The category of symbols of deportability is linked to official othering through women’s accounts that official agents, such as police, utilized these symbols in assessing the documentation status and then allocated or denied resources based on these assessments. Officials also engaged other symbols of deportability in these practices. As Angela, a 1.5 generation woman explained:

That's [profiling from police] the threat that we live every day. ... Well, the first thing is, your, your shade of skin, yeah. 'Cause if you look Mexican that's when they, more go after you, and then if you don't speak English, well that's worse.

Thus, skin color and language use are other symbols of deportability that social actors engage in racialization processes.

Women also leveraged certain symbols of deportability to reduce the likelihood of their exposure to official othering, and/or to mitigate its effects. For example, the police officer interpreted Consuelo's and her brother's driver's licenses as indications that they had documented status. Likewise, the officer assumed that their co-worker, who could not present a driver's license, lacked documented status. Though Consuelo and her brother lacked documented status at the time of their traffic stop, their ability to shield their status by presenting their driver's licenses appeared to protect them from contact with immigration officials that day.

Network Effects, Official Othering, and Symbols of Deportability

Women also described how experiences of official othering that members of their networks encountered – whether or not it was a shared interaction – also affected them. The category of “network effects” encompasses ways in which the possibility of exposure to and the effects of othering for one person may affect others. This category is distinct from, and intersects with, the category of “symbols of deportability” and the subcategories of “official othering.” The degree of the effect of these encounters varied according to several factors. For example, in encounters of othering, persons of more privileged social status(es) may be affected by the vulnerability of those of lower social status(es) and likewise, the more privileged status(es) of others may limit the vulnerability of persons of lower social status(es). Consuelo's interaction with the police officer illustrates some elements of how network effects influence the outcomes of othering from police. While Consuelo and her brother could conceal their documentation status during their encounter with the police officer, their co-worker's lack of a

driver's license also escalated their vulnerability to contact with immigration officials. Thus, ethnic profiling from police and the deportability that the police officer ascribed to their co-worker based on the symbol of deportability (i.e. driver's license) heightened their fear of othering from immigration officials. Likewise, the resources on which Consuelo and her brother could draw – their driver's licenses – to resist assumptions about their deportability also protected their co-worker. Thus, women's experiences illustrate how the social position(s) of members of their networks influence their exposure to and the effects of encounters of othering from police.

Women's experiences with othering from police and immigration officials intersected with their residence along the US-Canada border. For example, when asked what, if anything, she does to limit the risk of interactions that may lead to immigration enforcement, Sonia, a 44-year old first generation woman who migrated to the US 20 years ago and now has an expired driver's license explained:

No acercándome mucho a la frontera mas sin embargo casi [laughs] vivo por ahí, no caminar mucho por la calle, y como me da miedo meterme en freeway no meterme en freeway porque por los nervios me pueden traicionar [sniffle] y pues te digo no acercarme lo más que pueda y no hacer muchas cosas que, no. Como, yo no voy casi a lugares como, por decir los bailes internacional o cosas así, yo no voy por lo mismo. Digo, 'Dios no quiero un pleito, se me van agarrar que me agarren en una cosa de mando o cosa que estoy haciendo por el bienestar de la casa pero no por diversiones.' Te afecta en todo-itito. En todo vas sacara la seguridad, tu licencia, vas a la biblioteca, tu licencia, en todo aspecto.

(Not getting near the border, except I almost [laughs] I live near there, not walking in the street very much, and since I'm afraid of getting on the freeway, not getting on the freeway because my nerves might betray me [sniffle] and like I say not getting near the best I can, and not doing a lot of things, right. Like, I don't go to places like, like dances, or things like that. I say, 'God I don't want an argument, if they are going to get me then have it be while I'm running errands or doing things for the house not for fun. It affects you in everything, in everything, getting your insurance, your license, if you go to the library, your license, in all aspects.)

Women's descriptions highlighted engagement in strategies such as avoiding travel near the border and limiting mobility to prevent the consequences of being othered. Thus, restricting where, when, and how frequently they would drive is one way in which women tried to prevent the adverse effects of othering. However, as many participants noted, it can be difficult to avoid driving in or around Detroit. Sonia's and other women's accounts indicate that being near the border heightened their vulnerability for encounters with agents. Sonia explained the challenge of these efforts, as she "viv[e] por ahí" ("live[s] near there"). Thus, decades of race-based residential segregation that has contributed to the development of Southwest Detroit as an ethnic enclave for Latinos, engenders Sonia's and other women's zip code itself as a "symbol of deportability" that is created and maintained by surveillance from immigration officials and in their unequal interactions with police.

Whereas women in the first- and 1.5 generations generally described direct encounters with police or immigration officials more frequently than second generation women, women across generations described the *possibility* of encounters of official othering from police. As Angela, a 29-year old 1.5 generation woman who recently received her driver's license through DACA explained:

Well we feel threatened by the police, you know, and immigration. So we *do* [emphasis] live with that threat that we just don't wanna get pulled over, have, an encounter with them [the police or immigration officials] or anything so that's, I guess that's the threat that we live every day.

Thus, women described the persistent psychosocial stress associated with the threat of interactions that would escalate the risk of immigration enforcement.

Othering from police or immigration officials also occurred in public encounters when women were not driving. For example, Clara, a 41-year old second generation woman, explained immigration officials' pervasive surveillance of her community:

[Immigration officials are] going around the schools or churches. Or, even if [they] are on break, don't um, don't bother these people. So, you do see it. It's like uh, it's a norm. It's so sad, because we shouldn't be living in fear.

Clara's experience illustrates that women experience surveillance from immigration officials not only through encounters with police, but in the context of their neighborhoods. Clara's demand that immigration officials stop "bother[ing] these people" reflects the pervasiveness of surveillance. Their ethnic enclave has become a racialized community, with the neighborhood itself serving as a symbol of deportability. Immigration-related surveillance of their ethnic enclave heightened the risk of deportation for those who lived in communities known to have large proportions of vulnerable residents.

Surveillance from officials was not limited to encounters on the road or sidewalks. In other public spaces, immigrants and their co-ethnics were also subject to official othering from police, for instance in stores. As Isabella, an 18-year old second generation woman recounted:

I knew that like when we would go to stores like my mom, well actually it was all of us. Like sometimes the cops would actually follow us around the store, like the security guards would like follow us around the store. I would tell, I'm like, 'Why are they following us?' It's like you really think that I am going to steal something from the store. What? Why would – that doesn't even make sense. Why would I come to a store that? ... I mean they would follow us.

Isabella's experience illustrates the network effects of symbols of deportability. She believed that the security guards' gaze was focused on her mother, who was later deported. By virtue of their shopping together, the security guards extended their gaze to her as well. These gazes from police and security guards illustrate how women across social statuses were differentially vulnerable to official othering, based on, for example, language skills and documentation status. Although their encounters that day did not escalate to official othering from immigration officials, had this happened, Isabella could have engaged resources such as her fluency in English and US citizenship to mitigate any potential escalations of these encounters. In contrast,

her mother, who lacked documentation status and spoke little English, could draw on fewer resources to offset these consequences.

These experiences extend beyond othering, and include the real implications that derive from laws that specifically target those who are vulnerable because they have been racialized. Women's accounts illustrate that othering is the social process of creating a different, and in this case, also deportable group. In doing so, these processes create and reinforce hierarchies of inequality that position Latinos as a subordinate and deportable racialized group relative to non-Latino whites, and restrict their access to social and economic resources.

The (In)visibility of Race and Ethnicity in Encounters of Official Othering from Police and Immigration Officials

Women did not mention the race or ethnicity of the police officer or immigration officials with whom they encountered. This omission contrasted with their descriptions of interactions with other agents of official othering (described below). As a result, we began to explicitly probe the racial, ethnic, and gender background of the police and immigration officials with whom women and/or their network members had an encounter. In the majority of cases, the law enforcement agent(s) were men. In all cases, women believed the racial or ethnic background of the law enforcement agent to be non-Latino white.

The implied whiteness of police and immigration officials who occupied the most powerful positions of authority in women's narratives of othering suggests that women may see a strong connection between positions of authority and power and their occupation by non-Latino white men (McDermott & Samson, 2005; Nagel, 1994; Omi & Winant, 2015). That is, it is possible that the non-Latino white male background of the law enforcement agent is unspoken because women see these social locations as embedded in the position of power that these officials exercised over women and their co-ethnics. Thus, this association of male whiteness with power may be so obvious to women that they see the non-Latino white male background of

the officers as implicit. This phenomenon illustrates that racialization processes are relational (Nagel, 1994; Omi & Winant, 2015; Saperstein, Penner, & Light, 2013). Ultimately, the unspoken whiteness of these officials elucidates the invisibility of whiteness and the visibility of women's otherness, as engaged through symbols of deportability (McDermott & Samson, 2005; Omi & Winant, 2015; Saperstein et al., 2013).

Scholars posit that racialization processes involve the social agents who engage in othering, as well as the institutions that facilitate these inequalities (Nagel, 1994; Saperstein et al., 2013). These dimensions of racialization processes are interconnected (Nagel, 1994; Saperstein et al., 2013). The invisibility of the whiteness of the police officer(s) or immigration official(s) illustrates that racialization processes and responses to these processes involve not only actors, but also the structures that enforce these inequalities. That is, encounters of othering from non-Latino white agents representing the police and immigration complexes are reflective of the racial and ethnic structure of these institutions. For example, the majority of police officers across the country are white and male (Bureau of Justice Statistics, 2015). Historically, the composition of the police force in Detroit has mainly included non-Latino white men, often who are not residents of Detroit (Sugrue, 1996). However, in recent decades, the Detroit Police Department's composition has become predominantly non-Latino black (Reaves & Hickman, 2004). These patterns suggest that women's and their co-ethnics' interactions with police may be with non-Latino white police officers in and around Detroit, or with officers representing the sheriff's office or state police. Alternatively, it is possible that women may perceive police officers as non-Latino white due to associations of whiteness with power. My search of the racial and ethnic composition of immigration enforcement agencies did not yield any information about demographic characteristics of immigration officers, though women's accounts indicated that these interactions were with non-Latino white men. Together, the social agents (i.e. police, immigration officials) who had relative control over the outcome of women's and network

members' encounters, and the institutions (i.e. police and immigration enforcement agencies) in which these agents are embedded, contribute to the production of inequalities, namely risk of deportation, for those who are the focus of these processes.

Intersection of Vulnerabilities, Protected Status, Networks, and Identities in Experiences of Othering from Police or Immigration Officials

Among the challenges in the terrain that women navigated were its changing nature and the dynamic interplay of vulnerabilities, protected statuses, social networks, and identities. For example, many women perceived that men in their networks and ethnic enclave had greater vulnerability to othering from police and immigration officials than themselves and other women. Leticia, a first generation woman, recently received DACA. Her husband remains undocumented and without a driver's license. She is working on her GED, and explained about a night out with other GED students:

Y todas las morenas, las guerras, llevaban sus maridos novios, no se que, y nosotros todas las latinas íbamos solas. ¿por qué? Porque todos nuestros esposos no, no tienen la licencia vigente. Entonces pues ahí si sentí feo porque dije ay, ellas si traen a sus maridos y nosotros no. ... Conozco muchos casos de aquí que se han llevado de aquí los esposos casi siempre se llevan a los esposos.

(And all the blacks, whites [students in her GED class] took their husbands, boyfriends [to the casino], I don't know what and all of the Latinas were alone. Why? Because all of our husbands didn't have valid licenses. So well there I did feel bad because I said ay, they have their husbands and we don't. ... I know many cases here where they [immigration officials] have taken the husbands from here, they almost always take the husbands.)

Indeed, Leticia, and many women across generations described experiences in which their husbands, brothers, or other men in their family lacked a driver's license, had been detained by immigration officials, or had been deported. Women described these men's vulnerabilities to othering and ultimately deportation as a strain on their access to social and economic resources and a major source of stress.

These vulnerabilities and protections intersect with identities, statuses, and social networks in complex ways. Women across generations in this sample occupied a more protected documentation status than their husbands or had a driver's license while their husbands currently or previously had a more vulnerable documentation status and/or did not have a driver's license. Leticia spoke at length about the strain of these dissonant vulnerabilities and protections on her marriage and implications for her family's day-to-day activities:

Si ha causado tensión este, problemas con la pareja porque uno quiere salir y el no quiere salir. Si todos fuéramos iguales por ejemplo si todos, se supone que ante los ojos de dios todos somos iguales pero ante los ojos de la justicia y de la ley nosotros no somos iguales porque yo por ejemplo tengo la licencia y puedo gozar de otras cosas y mi esposo no el no puede. Yo por ejemplo en navidad quise ir a downtown a patinar con los niños, vamos. Ósea yo lo que quiero es hacerlos a mis niños mas que nada el que tiene once años esta viviendo ya ahorita su adolescencia a lo mejor y el tiene que ver otras cosas. Entonces no lo puedo tener aquí nada mas encerrado en la casa. Si el papa quiere quedar pues lo siento mucho, pues que se quede. Y hasta cierto, como te digo hasta cierto punto si, si afecta porque pues, 'Si, vámonos a patinar. El papa no quiere porque estamos cerca del puente de Canada.' Estamos cerca de Canadá y pues puede pasar cualquier cosa un accidente, uno nunca sabe. Ok pues te quieres quedar pues quédate. No puedo hacer nada. Y que pasa ahí que estamos teniendo problemas, y a lo mejor el le de a pensar que yo me siento superior a el porque tengo la licencia pero no es así. Yo pienso si ahorita se me dio la oportunidad, si no tuviera yo la licencia pues si, ni siquiera diría vamos a patinar vámonos de vacación me quedaría aquí en la casa con mi esposo y los niños ¿pero que niñez se les estoy dando a los niños? ¿Que recuerdo les estoy dejando a los niños? No les estoy dejando ningún recuerdo mas sin embargo si ahorita gracias a dios tengo la licencia y pues tengo ya un papel valido que es el permiso de trabajo ya trayendo eso pues ya. Hasta donde yo tengo entendido ya no me pueden hacer nada.

(Yes it has caused tension um, problems with the marriage because one wants to go out and he doesn't want to go out. If we were all equal for example if we all, supposedly in the eyes of God we are all equal but before the eyes of justice and the law, we are not equal because I, for example have a license and I can enjoy other things and my husband can't. I, for example, at Christmas wanted to go downtown to go skating with the children, lets go. I mean what I want is to make my children more, the eleven year old is already living in his adolescence maybe and he needs to see other things. So I can't have him here just closed up in the house. If

papa wants to stay well I'm very sorry, well then he can stay. And up to a point, like I tell you, up to a point it does affect because well, 'Yes, let's go skating. Papa doesn't want to because we will be close to the bridge to Canada.' We are close to Canada and well anything could happen, an accident, you never know. Okay well you want to stay then stay. I can't do anything. And what happens there is that we are having problems, and maybe he starts to think that I feel superior to him because I have a license but it's not that way. I think that if I was given the opportunity right now, if I didn't have my license I wouldn't even say let's go skating, let's go on vacation, I would stay here at home with my husband and children but what kind of a childhood am I giving the children? What memories am I giving the children? I am not giving memories however now I thank God I have a license and well, I have valid papers that is a work permit having that well. As I understand it they can't do anything to me.)

Leticia's recent DACA status and her subsequent opportunity to renew her driver's license enhanced her family's access to important social and economic resources. She implied that as a mother it was important to build positive "memories" and opportunities for her children, which she could do to a greater extent with her new driver's license. However, Leticia's reflection that "the eyes of justice and the law, we are not equal," illustrates her experience with daily navigating her family's vulnerabilities to immigration enforcement. In particular, she negotiates her husband's vulnerability to deportation, her new protected DACA status, and mothering responsibilities.

Despite women's accounts of gendered differences in vulnerabilities to official othering and ultimately immigration enforcement, many women feared their own direct interactions with police or immigration officials and immigration enforcement. For the few women whose encounters with police led to direct contact with immigration officials, the nature of their experiences with immigration agents were influenced by their vulnerabilities, protections, social networks, and identities. Dalilia's experience offers one example. At the time of the interview, Dalilia, a 1.5 generation 28-year old woman who came to the US when she was 8 years old, was

awaiting the outcome of her DACA application. She explained her previous experience of being detained for two weeks after a traffic stop and almost being deported:

Me pararon y a raíz de eso de que no tenía licencia me arrestaron, me llevaron a la cárcel y dure dos semanas encerrada. Me iban a deportar y este, no me deportaron porque empezaron a checar todo mi record y me empezaron a hacer preguntas acerca de mi vida y este. Um, ‘pos vieron que tenia niños aquí, ciudadanos nacidos aquí y gracias a eso, este me dejaron salir.

(They stopped me and because I didn't have a license they arrested me, they took me to jail and I was locked up for two weeks. They were going to deport me and um, they didn't deport me because they started to check all of my record and they started asking me questions about my life and um. Well they saw that I had children here, citizens, born here and thanks to that, um, they let me go.)

Dalilia's vulnerability to deportation due to her undocumented status intersected with her social networks and identity as a single mother of US citizen children to protect her from deportation.

In contrast to Dalilia's experience, in Sonia's immigration detention, immigration officials used her emphasis of her identity as a mother to US-citizen children to heighten their othering of her:

Ya cuando llegue yo allí en la oficina de inmigración pues claro que yo estaba triste, empezaron a tomar información me dijeron que ‘¿cuantos hijos tenía?’ y les dije que dos. Dicen ‘dos ratas como tú.’ ‘Dos ratas como tú.’ [on the verge of tears] Yo dije son mis hijos dicen ‘que podemos esperar habiendo rateros como tú’ Eso es lo que les están enseñando! Son unas ratas. Pues todo nada mas bien andar de rateros.

(When I arrived at the immigration office I was of course sad, they started asking question, they said to me ‘How many children do you have?’ And I told them two. They said ‘two rats like you.’ ‘Two rats like you’ [on the verge of tears]. I said they are my children. They said ‘What can we expect with thieves like you.’ That is what they are teaching them! They are rats, thieves. Well it's all only thieves running around.)

Thus, Sonia's undocumented status and identity as a mother were racialized, with immigration officials escalating their ethnic insults against her upon learning that she had children. This interaction provides an example of the symbols and meanings that are loaded into an “other” category as part of the process of devaluing those who are included within the boundaries of that

category (Schwalbe et al., 2000). The immigration agents' use of these differential and inferior symbols and meanings to refer to Sonia and her children illustrates how the agents assigned differential value to them, which they used to justify her detention and dehumanizing treatment.

The experiences of Sonia and Dalilia – both mothers to US citizen children who themselves lacked documented status at the time of their detention – illustrates the subtle interplay of vulnerabilities and protected statuses that agents engage in racialization processes. Dalilia's mothering responsibilities intersected with her single-parent household structure to shelter her from deportation. In contrast, immigration officials engaged Sonia's undocumented status and motherhood to escalate the derogatory statements that they directed at her, heightening their construction of her as an inferior "other." The immigration officials' treatment of Dalilia and Sonia illustrate that it is not only policies that target racialized groups that contribute to processes of racialization. As their encounters demonstrate, their experiences of racialization are also influenced by the actions of these social agents in facilitating the construction of an "other" group, defining and reinforcing the boundaries of these groups, applying differential value, and using these symbols to justify officials' treatment of them and officials' use of their authority to decide the outcome of immigration detentions. Thus, Sonia's and Dalilia's encounters help us to understand the multifaceted and complex dynamics of vulnerabilities, protections, and identities that women negotiate in their everyday lives and in their relationships with these social agents and immigration enforcement institutions.

Official Othering From Social Welfare Caseworkers

Some first, 1.5, and second generation women's accounts also included official othering from caseworkers who oversee welfare, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Medicaid benefits. These agents serve as gatekeepers to resources that are imbedded within institutions that offer economic and health resources. The

category of “official othering from social welfare caseworkers” includes encounters in which social welfare caseworkers questioned women’s and their children’s eligibility for assistance and/or granted or denied access to such assistance for women and/or their children in their efforts to assess and allocate resources based on documentation status. This typology of official othering involved caseworkers exercising their power over access to nutritional, medical, and economic assistance. The symbols of deportability that case workers invoked in questioning women’s or their children’s eligibility for benefits included being born outside of the US, having an ethnic name, lacking a valid driver’s license, and speaking Spanish or having a Spanish accent. For example, Mariana, a 1.5 generation woman explained how her caseworker questioned her US-born children’s eligibility for health insurance because of Mariana’s legal permanent residency status and the Mexico nativity of some of her children:

They – my baby doesn’t have [health] insurance either. They cut it out saying that they didn’t have a Social Security card [on file]. But that they needed some more documentation. So but, he has a Social Security card, he was born here. So when I made a copy and everything and took it to the office but I am fighting to get it turned back on. So yea... [points to her stomach, mouthing that she’s pregnant] nobody knows. So I mean I obviously need to go to the doctor and um and he needs his 6-month checkup especially with being premature you know? He needs to be, and with everything they have been having – they had him going every week for the first 2 months for a weight check just to make sure. Um, but now I can’t take him ... But it’s you know – especially with the insurance I don’t care about myself, but like for the kids, come on. They need shots to go to school or else they aren’t allowed to go to school here if they don’t have those shots.... She [case worker] tried to cut out the groceries [nutrition assistance program] too and the system wouldn’t let her do it. Because they can only do so much on the computer by themselves.... You can’t make those people [caseworkers] angry because they kind of, they have like, you know, your kids’ health in their hands and I mean to some extent.

As with Mariana, women recounted these experiences as personally stressful, and described adverse effects on, for example, their children’s access to health care and supplemental nutrition programs. Mariana’s experience illustrates the concerns that several women expressed regarding

network effects of othering from caseworkers. Based on women's accounts, often the more vulnerable status of one family member, such as an immigrant mother or child, affected access to nutritional and health care benefits for other family members.

Women tended to interact with caseworkers because of their roles as caregivers and a need for economic assistance associated with their limited occupational options and/or financial hardships associated with workplace exploitation. However, women differed in the resources on which they could draw on respond to threats to access to benefits. For example, Mariana recognized the authority that the caseworker held over her children's access to food, economic assistance, and health care. Thus, she hesitated to push too hard to get her child's benefits renewed, as she did not want to jeopardize their access to health care and nutritional resources or to prolong the disruption of these benefits.

Alice, a 50-year old second generation single mother, explained that while she and her children were born in Detroit, case workers repeatedly asked her to prove her and her children's nativity:

They again, assume that I was not from here so they treat you like what makes you feel like you should [not] have WIC, [like you're] not a citizen or whatever. And you know I had to explain to them that I am from here and that actually this is not, technically it's not for me it's for the baby which was born here. But yeah I'm from here too. [laughs] So yea they kinda treat you – they don't, I don't know why and I think that that's one of my – the things that makes me more angry, is when Hispanic people like me, like Mexican Americans I guess we're called, treat Mexicans or Hispanics in a bad way just because they feel that they were not born here but they are so they're... Why do you treat people that way when you know – you will get treated like that too, like I get treated like that when I go somewhere you know, you know the feeling why would you do that to people?

Alice's clear frustration with the dehumanizing treatment that she received illustrates how agents classified some women of Mexican descent as a racialized "other," in this case undocumented immigrants. Her account suggests that the agent used these ascribed statuses to legitimize

assumptions that “others” are not fully eligible to access the desired and needed economic and health resources for which caseworkers are the gatekeepers.

While in the previous example, Mariana and her children experienced frequent disruptions in services, this was not the case for Alice. Alice endured this line of questioning, but never experienced caseworkers terminating these benefits for herself or her children during periods in which they were eligible. Mariana and Alice described both different experiences and different responses. Their divergent experiences suggest that, while both faced questioning about documentation status, the differential resources that they could engage shaped their responses and influenced the effects of these encounters on their family.

The symbols of deportability that caseworkers engaged in these processes extended beyond symbols and had consequences for access to social and material resources. Contested and inconsistent access to nutritional and economic assistance and health care posed significant stressors for women as they pursued the basic life resources necessary for promoting health. In addition to fragile access to these resources posing a stressor, evidence indicates that nutritional assistance programs such as WIC are positively associated with breast feeding initiation and completion of well-child visits, which are important for promoting child health (Chatterji & Brooks-Gunn, 2004).

Gender, Race, and Ethnicity in Encounters of Official Othering from Social Welfare Caseworkers

In contrast to the absence of race in women’s narratives of interactions with police and immigration officials, the gender, race, and ethnicity of caseworkers featured saliently into women’s accounts. Women described caseworkers as non-Latino black or Latina women. They cited the racial or ethnic dissonance or congruence between themselves and the caseworker as influencing their contested access to the benefits for which the caseworkers were gatekeepers.

For instance, Mariana cited racial and ethnic incongruence between herself and her non-Latino black caseworker as part of the tensions that originally led to the caseworker cutting off her children's health care and nutritional assistance benefits:

I mean thankfully now like my [case]worker is Hispanic too, but um, my older worker was African American and she was extremely rude. And she was the one that actually cut off the [health] insurance and [the] same with the [Social Security] numbers. And now I have the new one [caseworker] and the new one is like really, she's really trying to get it turned back on for my son.

Here, Mariana attributed her loss of benefits to racial tensions between her and her caseworker. In contrast, she saw the congruency in the Latina background of both her and her new caseworker as promising for having these benefits restored. Though only a few women explicitly described tensions with non-Latino black caseworkers, more generally several women who mentioned negative experiences at the welfare office also mentioned that the caseworkers with whom they worked were often non-Latino black women.

The gender, racial, and ethnic characteristics of the caseworkers that women encountered may reflect the gendered and racial and ethnic stratification of occupational opportunities and structures as they have unfolded in this historically non-Latino black city. Indeed, Mullings (2005) suggests that due to gender and racial segregation of occupational hierarchies, non-Latino black women are disproportionately concentrated in public sector occupations, such as social service positions. Women's descriptions of tensions with non-Latino black caseworkers could thus reflect the composition of the workforce. That is, while women were more likely to describe adverse experiences than positive experiences with their caseworkers, both outcomes would disproportionately be with non-Latino black women.

In contrast to Mariana's experience, Alice's encounter of being questioned about her status came from caseworkers who were Latina. As discussed in greater detail in the sections that follow, women often described othering from co-ethnics, in contrast to othering by those

who are not co-ethnics, as experiences that increased their emotional suffering. Latina caseworkers' scrutiny of documentation status may be understood as a strategy to distance themselves from stigmatized stereotypes of Latinos, which in this context were based on documentation status. Goffman (1963) posits that persons who are members of stigmatized groups may engage in strategies to distance themselves from stigmatized others. When persons with stigmatized identities must navigate environments that include both those whose identities are and are not stigmatized, they may vigilantly navigate their actions and impressions in an effort to distance themselves from negative stereotypes. Thus, co-ethnic caseworkers' scrutiny of other Latinas' and their children's documentation status in this diverse setting may reflect caseworkers' navigation of and distancing from the racialization of their identity that is constructed through immigration and social policies. Consequently, this web of social agents who work to manage their own identities intersects with the social institutions in which they are embedded and policies that construct racialized groups to justify differential access to economic and health resources to further structure inequalities.

Secretary of State: A Source of & Gateway to Protection from Othering

Women's accounts also included official othering that they witnessed or experienced from clerks at the Secretary of State's office when trying to obtain or renew a driver's license. The category of "official othering from Secretary of State clerks" includes women or their co-ethnics being asked about their documentation status and being given or denied a driver's license based upon their ability to prove that they have documented status. This typology of othering involved clerks exercising their power over access to driver's licenses, which women and their network members needed to prevent or mitigate other forms of official othering. Angela, a 29-year old 1.5 generation woman who came to the US when she was 3 years old contrasted her and

her husband's experiences in trying to renew their driver's licenses at a Secretary of State's office outside of their neighborhood:

But when he [her husband] went [to the Secretary of State's office], the lady that saw him, was like Hispanic, so I think they know like, so right away when we got there, she didn't even like, ask him nothin', she just said, 'I need your Social Security number.' Like, she didn't even ask him what we were – like, 'Your name' or, 'Can I have your expired license?' or nothin' like, you know, like other people, no, she right away told him like, 'Oh I need your Social Security number.' And that's when he said, 'Oh,' well, he couldn't give her one ... I was like ... 'You forgot it?' He's like, 'Yeah.' I was like, 'Oh, can we get a pink slip and come back?' And she just gave us that look like, like, 'We know you don't have it,' you know, like, 'Why are you trying?' So yeah. It's hard sometimes because even, the Hispanic people, are more, racist than other people towards, their same people you know? That's how I noticed it, because when I went [to get a driver's license], it was um, an African American lady [clerk at the Secretary of State]. She didn't even, ask me for nothin'. She was normal and everything. And that, lady was Hispanic, when my husband went, and, that's the first thing she told him – 'I need your Social Security number first.' So. I think that's sad, that instead of trying to help, each other out, you know, they're, sometimes more, racist.

As with Angela's experience, women across generations described how, relative to non-Latinos, they and their co-ethnics experienced a higher level of scrutiny from clerks at the Secretary of State's office. Specifically, women noted that Latinos, but not other racial or ethnic groups, were often asked if they had papers. Women described symbols of deportability that clerks used in these othering processes to include characteristics such as living in Southwest Detroit, not having a driver's license, having an expired driver's license, their physical features, speaking Spanish or having a Spanish accent, and having ethnic names.

There were also some differences based on generation and documentation status in women's accounts of direct encounters of official othering from clerks at the Secretary of State's office. Relative to second generation women, more women in the first and 1.5 generations recounted experiences of clerks questioning their documentation status. However, among

immigrant women, proportionally fewer first generation women recounted clerks engaging in official othering towards themselves. These variations may be understood in the context of the age and/or documentation status of immigrant women, or by women's decisions of whether or not to apply for or renew their driver's license following Michigan's policy to deny licenses to persons lacking documented status. Indeed, some of the older first generation women in this sample had permanent residency or citizenship and thus may have had fewer encounters of othering, and/or greater resources with which to reduce the extent of their experiences of official othering. Alternatively, several first generation women whose licenses are now expired explained that they simply did not go to the Secretary of State's office to try to renew their license because they knew they would be questioned about their documentation status, which they could not prove. Thus, relative to women in the 1.5 generation, first generation women's more limited recent encounters at the Secretary of State's office may also contribute to these patterns.

Similar to women's experiences of othering from police, immigration officials, and caseworkers, the resources that women could use to mitigate clerks' questioning of their documentation status varied according to their nativity, documentation status, and language use. For example, Angela could present her DACA approval when attempting to renew her license, while her husband, who lacks documented status, had to play off his inability to prove his eligibility for a license as forgetfulness – a burden that Angela explained not everyone had to bear.

Whereas first and 1.5 generation women were more likely than second generation women to report clerks directly questioning them about their documentation status, several women across generations described witnessing official othering from clerks. Their accounts included witnessing clerks question other Latinos about their documentation status or experiences in

which clerks issued negative comments towards Latinos applying for a driver's license. For example, Liliana a 20-year old immigrant woman who recently received DACA shared:

People think that I don't speak English. They think that I don't understand them. Sometimes they are saying things, like saying, sometimes, one time I went to the Secretary of State and they said 'look at these Mexicans cutting in line,' and they were speaking in English, and I said to them in English, I answered, 'they aren't cutting because they have a pass' and they didn't answer, they didn't answer they didn't say anything, they stayed quiet.

Thus, there are network effects of their co-ethnics' experiences of official othering from clerks as women described their witnessing of these encounters as personally stressful. Liliana's account also illustrates how she believed that the clerk who engaged in official othering interpreted her physical features as symbols of her deportability, as indicated by the clerk issuing this derogatory statement in front of her. In this case, Liliana used her facility in speaking English to call out the clerk's othering behavior towards her co-ethnics. Her recent receipt of relief from deportation and work authorization through DACA may have also empowered her to confront the othering that she witnessed given her new, more protected documentation status.

The denial of a driver's license and othering from clerks enhanced women's and their family's social and economic vulnerabilities and strained their caregiving responsibilities. Women described the driver's license as a critical gateway to forms of economic opportunity such as a line of credit or checking account and the ability to purchase goods and services. As Lily, a 43-year old first generation woman who has lived in the US for 30 years explains:

Pues que discriminan porque no tenemos papeles en primer lugar Si no tienes esto, si no tienes una licencia no hay esto no tienes crédito, no tienes nada. No puedes comprar nada a menos de que pagues cash y este, no puedes abrir un crédito porque pues te cierran las puertas porque como no tienes papeles no existes. No existimos aquí para, para el gobierno solamente cuando cobran los taxes es si es bien puntual.

(Well they discriminate because we don't have papers in the first place ... If you don't have this [documented status], if you don't have a license there isn't this, you don't have credit, you don't have anything. You can't buy anything unless you pay cash and um, you can't open a credit because well, they close the doors because since you don't have papers you don't exist. We don't exist here for, for the government just when they want taxes, that is really puntual...)

In addition to exclusion from formal economies, lack of a driver's license posed a barrier to use of public services (e.g., libraries) and safety net programs offered through non-profit organizations (e.g., Toys for Tots), as well as identifying as a parent to US-citizen children (e.g., in obtaining birth certificates). As Lily put it, “como no tienes papeles no existes” (“since you don't have papers you don't exist”). Agents who represented these institutions determined access to these resources by requiring that women and their network members present a driver's license as the form of identification and engaging the license as symbol of deportability.

These encounters are indicative of the synergies between Michigan's driver's license policy, immigration enforcement policies, and official othering. That is, institutions and social agents used the devaluation of those who lack documented status, enacted through policies, to justify restricted access to resources for those who cannot prove documented status. These encounters not only influenced women's navigation of their identities and verification of their identities, but also their access to social and economic resources used to promote health.

Race and Ethnicity and Experiences of Official Othering from Clerks

As with othering from caseworkers, the race and ethnicity of the person in authority was salient in women's interpretations of othering experienced from clerks at Secretary of State offices. Like Angela, several women described how Latina clerks at the office in Southwest

Detroit were more likely than non-Latino clerks at that same office and other offices to engage in official othering. Similar to women's experiences of co-ethnic caseworkers, women grappled to understand experiences of co-ethnic othering from clerks. For example, as Angela explained "I think that's sad, that instead of trying to help, each other out, you know, they're, sometimes more, racist." Several women felt that their co-ethnics were enhancing their personal struggle against these experiences of official othering.

There is also a dynamic nature to women's experiences of othering from clerks and their strategies to overcome these processes. While women recounted othering from clerks at multiple offices, many described othering specifically from clerks at their local office. The Southwest Detroit Secretary of State's office is known among women to have several Latina clerks who ask Latinos about their documentation status. One strategy that women and their co-ethnics engaged to resist these othering experiences and restricted access to the driver's license was to visit other Secretary of State offices as they attempted to renew their license. Leticia, a first generation woman who recently received DACA, provided an example:

Yo siempre he tenido mi licencia. Siempre. ... Bueno, cuando empezaron a decir que ya no iban a dar las licencias yo soy, mi fecha de nacimiento es en marzo entonces yo soy una persona que siempre digo, voy a tratar de luchar hasta que ya no se pueda. Y este y empezaron a decir, no ya no las va a dar. Yo fui a la Vernor [el secretario de la oficina estatal] a tratar de que me la dieran y me dijeron, '¿Tienes [un número de] Seguro Social?' Y yo, 'No.' 'No te la podemos dar.' Me sentí tan triste! Dije '¿Como que no me la van a dar?' Dije, pues no ya andaba casi llorando y buen triste me sentía bien triste desilusionada, este me fui a otra lado a Westland [el secretario de la oficina estatal] a ver si me la podían dar me dijeron que no. Y dije bueno, otra. Voy a ir a otra secretaria [de la oficina estatal] vine aquí a la [oficina] que esta en la Schafer y me dijeron, si, te vamos a dar tu este, tus seguros te vamos a dar tu licencia y no me pidieron el [número] seguro social. Me dieron mi licencia y ay, dige ay gracias diosito me dieron mi licencia. Pero fue en el 2009 y todavía en Marzo yo pude sacar mi licencia entonces yo hasta el 2012. ... Toda la gente ya tenía sus licencias vencidas mi hermana, mi esposo, mi cuñado, toda mi familia y yo todavía tenía mi licencia. Entonces ya en el 2013 fue el primer- no en el 2012 me quede sin licencia por cuatro meses y me sentía tan

triste. Antes mi licencia era mi fuerza porque me sentía bien confiada que traía mi licencia.

(I have always had my license. Always. ... Well when they started to say that they weren't going to give licenses I am, my birthday is in March so I am someone who always says, I am going to fight until you can't anymore. And um, and they started to say, they aren't going to give them anymore. I went to Vernor [Secretary of State's Office on Vernor] to try to get them to give me one and they said, 'Do you have a Social Security [number]?' I said, 'No.' 'We can't give it to you.' I felt so sad! I said, 'What do you mean you won't give it to me?' I said. Well I was almost crying and really sad I felt really sad, disillusioned, um, I went to another place in Westland [Secretary of State's Office] to see if they could give me one. They told me no. And I said, fine, went to another. I am going to another Secretary [of State] I came here to the one [office] on Schaefer and they said, 'Yes we are going to give you your ... license' and they didn't ask me for my Social Security [number]. They gave me my license and ay, thank God they gave me my license. But it was in 2009 and in March I was still able to get my license so until 2012 ... Everyone already had expired licenses my sister, my husband, my brother in law, all my family but I still had my license. So then in 2013 was the first- no in 2012 I was left without a license for four months and I felt so sad. Before my license was my strength because I felt really confident that I had my license.)

Women actively tried to get driver's licenses at offices in the Detroit suburbs where they anticipated that they would be less likely to encounter co-ethnic gatekeepers. Successful outcomes of these efforts to get a driver's license at other offices facilitated their engagement in caregiving and employment responsibilities, reduced risk of immigration enforcement, and ultimately protected their access to social and economic resources.

Otherring from co-ethnic clerks may reflect a strategy that Latina clerks engage to distance themselves from negative stereotypes (Goffman, 1963) about Latinos based on documentation status by exercising their powers within their authority as clerks. Women's reports of othering from clerks at their local office, and greater perceived ease in getting or renewing their driver's license at other offices also suggests that their neighborhood is a symbol of deportability that clerks engaged in these processes.

However, not all women attributed their being asked about their documentation status to the Latina ethnicity of the clerks, all of whom they described as women. For example, one 1.5 generation woman who is now a legal permanent resident attributed her being asked if she had documented status to racial tensions between non-Latino black clerks and Latinos trying to get or renew their license. Similar to some women's interpretations of their encounters with Latina caseworkers at the welfare office, Aurora, a 66-year old 1.5 generation woman who migrated to the US when she was an infant, explained that in her experiences, Latina clerks were more lenient in giving or renewing driver's licenses:

Oh it um um basically you know it it's [going to the Secretary of State's office] fine because you know we have I guess you know like uh Latinas that work behind the counter so you know basically you know um you know they're I guess they're tolerant of it so you know they don't give me a hard time or anything. I have the right documentation.

Aurora's understanding of Latina clerks' greater leniency in issuing driver's licenses may be shaped by her US citizenship. That is, women's interpretations of the influence of the race or ethnicity of the person in authority on their encounter may be influenced by the resources on which they can draw when asked to demonstrate their eligibility to get or renew a driver's license. For example, women who could easily prove their documentation status were able to prevent or mitigate othering from clerks, which may influence their assessments of the role of race and ethnicity in these encounters.

In summary, women's and their co-ethnics' encounters of official othering were components of a larger web of social agents who enact and reinforce policies of the institutions in which they are embedded. The dynamic nature of this web is indicated by the interplay between risks of official othering and ultimately immigration enforcement, as well as the outcomes of these encounters for interactions with other social agents and institutions. That is, the inequalities promulgated by these structures influenced and were influenced by other actors

and institutions in this complex web. Women's experiences with this dynamic web were also shaped by the contexts (e.g., inside or outside of neighborhood) with which women and their co-ethnics interacted with officials. Their protected statuses, vulnerabilities, identities, and responses to othering, as well as the social statuses of officials also intersected with these processes. Women engaged in active efforts to navigate the interplay across aspects of this web of inequality, which is discussed in detail in Chapter 4.

Intersections of Gender, Race, Ethnicity, and Institutional Interactions

The salience of gender, race, and ethnicity in women's encounters with caseworkers and clerks and the implicit gender, race, and ethnicity, of police officers and immigration officials in women's accounts of official othering may reflect hierarchies of privilege and authority conferred to each position. For example, police exercised power over whether to contact immigration officials. Immigration officials had authority over outcomes such as immigration detention and deportation and thus family separation and strains on the social and economic resources on which women and their network members could draw. The unspoken whiteness of male police and immigration officials may reflect women's experiences of and/or expectations that occupational hierarchies reflect social hierarchies based on gender, race, and ethnicity. That is, it may be so obvious to women, based on their experiences, that non-Latino white men occupy positions with high levels of privilege and authority in systems that maintain significant influences over the contexts that they navigate.

In contrast, caseworkers with whom women interacted were women and there was greater variation in the race and ethnicity of the caseworkers, with most being non-Latino black or Latina. The gendered nature of caretaking identities placed women in positions to interact with caseworkers. Caseworkers were gatekeepers to social and material resources that were necessary for buffering women's and their family's social and economic vulnerability as they

navigated processes of racialization. The authority of caseworkers to provide or deny access to these material benefits, in an encounter that women described as being between women and their female caseworker of color, may heighten women's reporting and observations about the racial and ethnic backgrounds of these caseworkers.

Similarly, women attributed their success or difficulty in getting or renewing their driver's license to the racial or ethnic congruence or dissonance between themselves and the clerk at the Secretary of State's office. Many women described residence in Southwest Detroit as a symbol of deportability that the clerks in their local office engaged to assess eligibility for driver's licenses. The authority of clerks, many of whom were women of color, to provide or deny driver's licenses based on their assessment of documentation status may also contribute to women's reporting and observations about the clerk's racial and ethnic background.

In an ethnographic study of the social context of non-Latino black women's experiences in Harlem, Mullings and Wali (2001) found that women in service positions such as at hospitals and social service agencies navigated their desire to serve disadvantaged populations and the realities of their limited control over resources and decision-making processes. This ethnographic work may lend some insights into the tensions that women reported with non-Latino black and Latina caseworkers and clerks. That is, these authorities with which women encountered may have also struggled to balance bureaucratic burdens and high demands. This context may facilitate caseworkers' profiling of women for eligibility for assistance or driver's licenses based on symbols of deportability to determine access to material resources for which they must quickly allocate.

Goffman's (1963) theory of managing stigmatized identities may also be useful for understanding othering from non-Latino black and Latina caseworkers and clerks. These officials' interactions with women may be understood in the context of their role as potentially marginalized gatekeepers within the institutions that they represent. Thus, both groups of

women may engage in identity management strategies that accompany their social statuses, identities, and positions in these dynamic interactions. That is, some caseworkers' and clerks' engagement in othering may be understood as a strategy to manage their identities and negotiate their role in a racially and ethnically diverse environment. In these institutions, it is their responsibility to provide and restrict access to material resources for clients based on stigmatized identities that social policies have already constructed. This strategy may serve to distance officials with marginalized identities from groups that are the targets of policies that restrict access to social welfare resources and driver's licenses based on documentation status.

Whereas women did not mention the gender and racial and ethnic background of police and immigration officials, they often considered the race and ethnicity of caseworkers and clerks who were also women, as linked with their experiences with the social agent. Women's omission of gender, race, and ethnicity in describing their or others' encounters with police and immigration officials may reflect women's experiences that these positions of authority are overwhelmingly occupied by non-Latino white men. That is, in these hierarchies of authority in which women and their network members continually navigated, police and immigration officials held authority over major life events such as immigration-related court hearings, detention, deportation, and family separation. In contrast, while othering from caseworkers and clerks were linked with experiences with police and immigration officials, the outcomes of othering from caseworkers and clerks affected women's abilities to prevent and mitigate othering from police and immigration officials, as well as their access to social and material resources.

Women's accounts illustrate that racialization processes are relational and vary across contexts. That is, women's narratives suggest that racialization processes are a complex interplay of enforcement policies that target racialized groups; gendered, racial, and ethnic stratification of these positions of authority; and the type of resources and threats that each position of authority conferred. These interactions enhance understanding about the gendered

and racialized nature of these institutions by illustrating how various actors deploy symbols of deportability in processes of racialization and use these symbols to reinforce unequal access to social and economic resources necessary to promote health.

These racialization processes, enacted through caseworkers, clerks, and policies that oversee access to these resources have several implications for health. For instance, for Alice, these constant encounters of questioning her nativity and by extension, her and her family's documentation status, contribute to a sense that she and her family do not fully belong and therefore are not eligible for certain health-promoting resources. Alice explained that she tries not to let this constant questioning affect her, but shared the physical toll of these continual encounters of othering:

Um I've had quite a few physically [sic] things but it all has to do with, I think, with my nerves with so much that I have to bear and nobody to speak with. So like I have high blood pressure, I have um there are like white spots and that is from nerves, like you get white spots. It's not discoloration like, cause as soon as my doctor told me what it was uh he said 'Don't worry about things you can't change, things are going to happen and don't worry so much.' And so I started like not worrying so much and being able to relax a little bit more, like he said if you can't change it you know what's the point of worrying. And the spots started going away. So I know it is nerves. You know, [I'm] just kind of depressed but at the same time I can't be depressed because my kids are going to see me so I got to kinda keep it bottled in. Um, uh as far as living, my – I live my life basically for my kids right now so I try not to show them when I am sad or things like that. And um, so that it's also bothering me physically, I've had, other than the white spots and the high blood pressure, I have like, um, gastro irritable bowel syndrome? But it's also from nerves.

Alice linked these racialized stressors to her high blood pressure, stomach problems, and depression. Though her doctor counseled her to stop worrying, this clinical advice ignores the pervasiveness of racialization processes with which Alice and her children must routinely contend, as well as the real implications of these processes of straining or restricting access to social, economic, and other health-related resources.

Intersections of Typologies of Official Othering

Each form of official othering reviewed in the sections above was linked with interactions with authorities in various domains. Women's accounts illustrate the exercise of power in domains where agents had jurisdiction. A central theme was officials' use of authority based on their assessment of documentation status. Thus, in interactions with officials, documentation status was the marker of the boundary, with the content of the category being the meanings that were associated with being identified in that category. However, the symbols of deportability engaged in assessing ascribed membership in the "other" included lacking a current driver's license, Latino ethnicity, language use, physical features, and residence in Southwest Detroit. Officials used their discretion over their actions based on the intersection of protective factors, vulnerabilities, social networks, and identities. Women's accounts illustrated that their experiences with this dynamic web of inequalities affected their family and other social network members. Similarly, network members' experiences of and/or vulnerabilities with respect to this web also affected them.

Women's accounts of police, immigration officials, caseworkers, and clerks engaging in othering resonate with what Weatherly and Lipsky (1977) classify as "street level bureaucracy," or how "personnel ... contrive their own adjustments to the multiple demands that they encountered" (Weatherley & Lipsky, 1977, p. 193). Thus, these forms of official othering may be understood in the context of police, immigration agents, social welfare caseworkers, and clerks at the Secretary of State – street level bureaucrats – navigation of the demands of their job by promulgating official othering.

For example, police exercised their authority over driver's licenses and contact with immigration officials. This typology of othering often occurred when driving and conducting business related to caregiving and employment responsibilities. Latino identity featured into women's accounts of othering from police in that many women believed that they or their

network members were or would be ethnically profiled. However, women saw their Latino identity as linked with assessments of documentation status. Thus, while some women implied that police engaged physical features or language use to ethnically profile women and their co-ethnics, central to women's accounts was that police made salient the driver's license as a symbol associated with difference or deportability.

Immigration officials enacted their power over their surveillance of residents, encounters with police that escalated to contact with immigration officials, and women and their network members' experiences of immigration-related detention and outcomes of their detention. Once documentation status was established, immigration officials made salient women's difference or deportability according to women's caregiving identity (e.g., parent), household structure (e.g., single parent), and social networks (e.g., US citizen children). However, how immigration officials engaged these symbols of deportability (e.g., release the person detained, heighten racializing comments) varied according to the immigration agent.

Social welfare caseworkers exercised their authority over access to nutritional, medical, and economic assistance for women and their children. In these interactions, the driver's license also served as a gateway to social and economic resources such as welfare, nutritional, and health care assistance. As gatekeepers who determine access to assistance and benefits for their US-born and citizen children, encounters with caseworkers not only made salient women's sense of deportability, but the decisions made in those encounters had substantial material and financial implications.

Women's Latino identity vis-à-vis their caseworker's racial or ethnic background was prominent in women's accounts of othering from caseworkers. In this racially and ethnically diverse and woman-dominated space, women attributed their encounters of questioning of their documentation status to the racial or ethnic congruence or incongruence of themselves vis-à-vis their caseworker. For example, some women reported that non-Latino black caseworkers were

more likely to question their documentation status. In contrast, others reported that Latina caseworkers were more likely to scrutinize their and their children's status, and yet some women believed that their cases operated more smoothly when the caseworker was Latina. Many women's need to interact with caseworkers was based on their identities as caregivers and economic strains associated with limited occupational opportunities and workplace exploitation that contributed to experiences of wage theft of employment instability. Some women's responses to these encounters were based on their intention of preventing the tensions from escalating to immigration enforcement.

At the Secretary of State's office, clerks used their discretion in assessing documentation status when issuing driver's licenses. While women described othering from clerks at multiple offices, women consistently reported othering from clerks at their local office, suggesting that their neighborhood is a symbol of deportability that clerks engaged in these processes. Women described the clerks at their local office as being predominantly Latina and more likely to ask them about and scrutinize their documentation status. Indicating the dynamic nature of the web of inequalities, the outcomes of women's and their network members' experiences of othering from clerks intersected with encounters with police, immigration officials, and caseworkers. For example, the driver's license was critical to not only driving or demonstrating identification, but also asserting documented status in an effort to avoid immigration-related citations, detention, or deportation following encounters with police or immigration officials. Thus, encounters with clerks were critical to gaining access to a resource (i.e. the driver's license) that women and their network members could engage to access other social and material resources and to mitigate the effects of racialization processes.

While some studies have found that residence in an ethnic enclave is salubrious for particular Mexican American subgroups (Kershaw, Albrecht, & Carnethon, 2013; Shaw & Pickett, 2011), according to age and gender, many of these studies are based on data collected

prior to the escalation of this anti-immigrant context. This analysis suggests a complex association between neighborhood ethnic composition and health, suggesting that these contexts may be both health beneficial and have harmful effects. For example, women's residence in their ethnic enclave emerged as a symbol of deportability that officials engaged in racialization processes. The targeting of ethnic enclaves in these processes of racialization may be one way in which surveillance by immigration officials spills over to affect US-born Latinos.

Women's accounts illustrate the institutional aspect of their experiences with immigration policies, and ways in which these institutions may affect their routine encounters and experiences. Agents monitored and restricted access to resources that women sought to obtain or maintain and used symbols of deportability to inform these assessments. These experiences illustrate the complex web of policies, institutions, and social agents who are representatives of these institutions that affect the fundamental determinants of health. Women's perspectives of othering from officials are consistent with what Foucault (1977) describes as an unequal gaze between systems of power and those most marginalized by these systems. Foucault (1977) explains the function of state-level systems of surveillance that enact a continuous gaze onto the most marginalized:

... to induce in the inmate a sense of conscious and permanent visibility that assures the automatic function of power. So to arrange things that the surveillance is permanent in its effects even if it is discontinuous in its action; that the perfection of power should tend to render its actual exercise unnecessary; that this architectural apparatus should be a machine for creating and sustaining a power relation independent of the person who exercises it; in short, that the inmates should be caught up in a power situation of which they are themselves the bearers. (Foucault, 1977, p. 201)

In women's accounts, immigration officials extended an unequal gaze to Latino residents of Southwest Detroit. Women's experiences suggest that immigration officials' gazes, while

attempting to target immigrants who may lack documented status, spilled over to other immigrants, persons in the second generation, and other co-ethnics in Southwest Detroit. Police who ethnically profiled women and their networks, immigration officials who patrolled their neighborhood, caseworkers who restricted access to economic and health resources, and clerks who policed driver's licenses promulgated this gaze. The pervasiveness of such surveillance and this gaze from a variety of sources, including co-ethnics, suggests that immigration-related surveillance has become a "machine" (p. 201) operating in community. This "machine," reinforced through multiple policies, institutions, and social agents, functioned to restrict access to health-promoting resources that women sought to obtain or retain.

Foucault (1977) posits that this unequal gaze engenders the most marginalized to become pervasively conscious of their visibility and surveillance from authorities. Eventually, surveillance from officials functions to minimize the need for authorities to monitor their activities. That is, through this process, the targets of the gaze begin to apply this gaze to themselves, thus reinforcing these power relations. Women's narratives suggest that as they navigated this continual gaze, they also turned the gaze on themselves as they surveilled themselves and others. I describe some aspects of this and related processes below, as "Peer Othering."

Peer Othering

In addition to experiences of othering promulgated by officials or institutional sources, women also described navigating racialization processes in their encounters with peers who were not in official capacities. "Peer othering" includes women's experiences of questioning about their documentation status, threats to or possibilities that non-officials may call police or immigration enforcement officials, and encounters that make them feel like they don't belong. Typologies of peer othering varied according to the social agent and the context in which they

engaged in othering. Social agents included co-workers, neighbors, students, customers, service providers, and family members. These typologies of peer othering varied according to life domain in which the experience occurred, such as in the workplace, in the neighborhood, and in stores or restaurants outside of the neighborhood. Whereas othering from officials was often based on assessments of documentation status, and peer othering blurred the boundaries between Latino identity and documentation status. As described in the sections that follow, the racial and ethnic background of the source of peer othering and the relationship of the perpetrator of peer othering relative to participants mattered for women's experience of othering. Othering from Latino peers emerged as psychosocially distinct from the othering that women recounted from non-Latinos. Below I discuss peer othering from non-Latinos and co-ethnics, respectively.

Peer Othering from Non-Latino Whites in the Neighborhood

The subcategory of "peer othering from non-Latinos" encompasses women's experiences of othering from non-Latino whites and non-Latino blacks, which women discussed as distinct from that enacted by co-ethnics. Women's encounters with peer othering from non-Latino whites often occurred within the context of their neighborhood and centered on questions about documentation status. As Marisol, a 51-year old first generation woman who recently became a legal permanent resident, explained:

Los vecinos, o la gente, sí! Los vecinos, ibas tu y oyes, platicas, "¿oye tu tienes papeles?" Y ni modo decir sí o no, o platicarles tu vida. Entonces, no se si es bueno o malo estar comentando porque muchas veces a la mejor, te vayan a decir a delatar esa misma gente ya la experiencia que pasamos con mi hijo, nos delataron porque no lo se, yo creo los mismos vecinos, eran americanos, güeros de esos en motos.
(You hear the neighbors talking 'hey, do you have your papers?' There's no way I'm going to tell them yes or no, or talk about my life. So I'm not sure if it's good or bad to be talking about it because maybe those same people are going to snitch on you. That's what happened with my son, for some reason they told on us, I think it was our neighbors, they were Americans, whites like the ones with motorcycles.)

Often the symbols of deportability that non-Latino whites in the neighborhood used in othering included women's and their network members' residence in the neighborhood, Latino identity, and language use. As with Marisol, several women in the first and 1.5 generations and some second generation women described experiences in which their non-Latino white neighbors directly inquired about their documentation status or that of their household members. These lines of questioning heightened the sense of difference between the women and their non-Latino white neighbors, making salient their pervasive sense of deportability.

Whereas Marisol explained that the neighbors who questioned her about her and her household members' status were "americanos, güeros" ("American, whites"), women generally did not describe the race or ethnicity of non-Latino whites who engaged in othering until we explicitly inquired about their racial or ethnic background. However, in cases in which women reported othering from non-Latino blacks or Latinos, they mentioned the perpetrator's racial or ethnic background without inquiry. Women often used the term "American" to refer to non-Latino whites who engaged in these actions. In their references to Latinos, women used pan-ethnic terms such as "Latino" or "Hispanic," with the exception of references to Puerto Ricans, who tended to be named explicitly. This suggests that women's experiences with processes of racialization may contribute to their perceptions that Puerto Ricans occupy a higher position in the US ethnoracial hierarchy than other Latino subgroups.

Women's limited reference of the racial and ethnic background of non-Latino whites who engaged in othering and their reference to non-Latino whites as "Americans" illustrates both the invisibility and privilege of whiteness. The unreferenced whiteness of peers in women's accounts of othering from this source elucidates the invisibility of whiteness of these peers and the visibility of women's otherness, as engaged through symbols of deportability (McDermott & Samson, 2005; Omi & Winant, 2015; Saperstein et al., 2013). This suggests that women may

see a strong connection between and may perhaps expect othering from non-Latino whites (McDermott & Samson, 2005; Nagel, 1994; Omi & Winant, 2015).

Women's descriptions of non-Latino whites by their nationality (e.g., American) rather than their racial or ethnic background suggests their sense that non-Latino whites' belonging in the American social hierarchy is obvious and less contested than theirs. In contrast, women's use of the term "American" to refer to non-Latino whites, but not other racial or ethnic groups illuminates women's experience of the visibility of their and their co-ethnics' otherness relative to non-Latino whites. This phenomenon illustrates that racialization processes are relational (Nagel, 1994; Omi & Winant, 2015; Saperstein et al., 2013). That is, interactions with non-Latino white peers, which were often based upon assumptions or assessments of documentation status of Latinos, heightened women's interpretations of the uncontested American nationality of non-Latino whites.

Women across generations described being asked about their documentation status as a common occurrence. For example, Ana, a 24-year old woman in the 1.5 generation, maintains that persons whom she does not know would ask her at random about her status. As she put it:

Well, people here and there, you know, just, random. Well, just when, it comes up to the topic as 'Oh, did you go to Mexico? Have you gone? Do *you* [emphasis] have papers?' You know, but it's just like in a conversation.

As Leticia, a first generation woman explained, peers engaged symbols of deportability such as Spanish language use and Latino ethnicity in this typology of othering:

Pues pienso que, que me lo dijo porque no se hablar bien el inglés también. O luego también porque eres latinos también y pues ellos son Americanos piensan que, piensan que o a lo mejor porque no tenemos las mismas tradiciones también? Ande pensar también de que porque uno es latino vas a, a no se, no se como piensen pero yo no me dejo.

(Well I think that she said it [asked about documentation status] to me because I don't know how to speak English well. Or maybe because you are Latino too and well they are American and they think that, or maybe because we don't have the same traditions? They might also think that because you are Latino that you are going, I don't know, I don't know how they think but I don't let them.)

In Leticia's interpretation of this phenomenon, "Americans" or non-Latino whites' perceived cultural dissonance from Latinos may be central to this common line of inquiry that she encounters from non-Latino whites. After some probing about how she responds to these encounters, she explained:

"Pues esos golpes son los que a mi me hacen salir adelante. Decir me paso esta no me vuelve a pasar para la otra."
("Those blows are the ones that make me get ahead. To say this happened but it won't happen again.")

These "golpes" inspire her to continue to learn English so that she can directly confront her peers when they question her about her status.

Second generation women were not immune to questioning about their documentation status. Mari, a 67-year old second generation woman explained:

Oh a lot of people just come up to me and say 'are y- are you from here?' 'Are you from there?' and um just say 'hey I'm' I just come out and say 'hey I'm just a Michigander' uh I know I ha- my roots probably are from Mexico ... Uh they say 'well what about your papers?' 'Well hey, I don't have any papers I was born here.' I got my birth certificate, uh you know I speak English, I my Spanish is not that good. I mean I could read it but I would not tell you what I'm reading I don't know what what I'm reading. And uh but yeah you know I get asked but then it's like...it's over.

Mari's response suggests a need to continually re-assert her status as non-immigrant. Though Mari and most second-generation women described peer othering in the form of questioning

about their documentation status, the question may have different implications for second generation women relative to immigrant women. For example, through her ability to demonstrate her US birth and thus documented status, Mari, a US-born citizen, could relatively readily quell encounters of peer othering that could escalate to othering from immigration officials. In addition, the threat associated with this line of peer othering may be of less intensity than to someone who lacks documented status. Common across generations is the sense of deportability that these encounters engender, reminding women that these peers see them as different and as not having full membership in society.

As suggested above, peer othering heightens women's risk of official othering. As Sonia, a first generation 44-year old woman who had lived in the US for 20 years, explained:

Pues es que te afecta en todo-itita, en todo te afecta. En cualquier cosa, te afecta hasta en la propia casa porque ya te afecta los hijos viven con temor de todo. Te afecta en el vecindario de si alguien te esta molestando te tienes que aguantar porque muchas personas son bien... saben que no tienes papeles y te amenazan con esas cosas. Te afecta en los trabajos porque, un ejemplo: me esposo esta trabajando, el señor lleva tres semanas que no le paga... lleva tres semanas que no le paga y el se tiene que aguantar porque- ... No simplemente le dice que no tiene dinero que se aguante y el no puede conseguir otro trabajo que no le pidan los papeles. Y nos tenemos que aguantar.

(Well it affects you in every-everything. In anything, it affects you even in your own home because it affects your children they live with fear of everything. ... It affects you in your neighborhood like if someone is bothering you have to put up with it because a lot of people are really... they know you don't have papers and they threaten you with it. It affects you at jobs because, for example, my husband is working, it's been three weeks since the boss has paid him... three weeks he hasn't been paid and he has to put up with it because-... No, he just says that he doesn't have the money and he needs to hold on and he can't get another job that won't ask for his papers. And we have to put up with it.)

Women's accounts illustrate the dynamic nature of processes of racialization. Women discussed great concern that encounters with peers could escalate to encounters with police or immigration officials. The threat that neighbors or employers might contact immigration officials serves to

make salient their sense of deportability. For example, for some, tensions, disputes, or even intolerance could lead to a neighbor calling immigration officials. Women described their concerns that peers may ignore typical dispute resolution strategies to mitigate these tensions, such as discussing the conflict, calling police, or otherwise engaging authorities. Rather, they feared that these individuals might leverage more detrimental options against their Latino neighbors, such as calling immigration officials. Sonia's husband endured economic vulnerability from wage theft in an effort to prevent contact with immigration officials. Thus, peer othering contributes to economic and social vulnerability.

In the case of peer othering from non-Latinos who inquired about documentation status, women employed a range of strategies to avert or mitigate this gaze. These responses encompassed exercising vigilance or self-surveillance to reduce the possibility that peer othering would contribute to official othering and immigration enforcement. One response to surveillance by peers, as Sonia explained, was to “aguantar” (“put up with”) or tolerate the everyday indignities of these encounters and exploitation of their vulnerability in an effort to prevent official enforcement. Additionally, several immigrant women tried to avoid contact with neighbors who inquired about their status, and even other non-Latino white neighbors that they feared would also ask about their documentation status. Regardless of their actual status or generation, a few women who could not avoid this line of questioning explained that they directly responded to such inquiries by indicating that they had documented status as a strategy to avert surveillance and profiling from inquiring peers. In addition, several women described how they socialized their children to respond similarly to questioning about any of their household members' statuses, as well as to avoid contact with persons who might inquire about their documentation status. Women whose husbands were immigrants who currently or previously lacked documented status engaged in similar strategies to avert these questions about documentation status, regardless of their own status. These examples illustrate the network

effects of vulnerability and responses to peer othering. The potential consequences of non-Latino white peers' inquiries would certainly vary depending on documentation status.

While these responses to peer othering may mitigate women's risk of encounters with immigration officials, they may also strain social connections. For example, one form of vigilance in which women engaged involved limiting contact with their neighbors and refusing to answer these lines of questioning. These forms of peer othering may undermine the potential for social connections and social support. A substantial evidence base suggests that social relationships and social support may promote health, while social isolation may undermine health (Umberson & Montez, 2010). To the extent that women's experiences contribute to avoidance of contact with neighbors or other peers, it may contribute to social isolation, limiting access to social resources that may promote well-being.

Women's reporting of peer othering from non-Latino whites in the neighborhood, diverges from Viruell-Fuentes' (2007) finding that Mexican immigrant women in this same community in Detroit reported limited encounters of othering from non-Latino whites in their neighborhood. Viruell-Fuentes attributed this pattern to immigrant generation women's tendency to interact with co-ethnics in their day-to-day lives and their small, relatively homogeneous networks. There may be several reasons for these differences. For example, this study engaged snowball sampling to recruit participants. Thus, this finding may reflect the experiences and social network structure of a certain subset of Latino residents in Southwest Detroit and thus may not be representative of the broader population in the neighborhood. Women's narratives of othering from non-Latino whites in their neighborhood may also be understood in the context of demographic changes in their community, such as an increase in the non-Latino white population since the time period in which Viruell-Fuentes conducted interviews. Additionally, the growth of restrictive immigration policies in recent years may

heighten non-Latino white residents' attention to and engagement of symbols of deportability in their interactions with Latinos.

Peer Othering from Non-Latinos Whites Outside of the Neighborhood

Women also described interactions with non-Latino white peers outside of their neighborhood, such as at stores or restaurants in which service providers questioned documentation status. Symbols of deportability that employees or customers used in these experiences included the driver's license, language use, and physical features. These encounters serve to reinforce women's sense of deportability and difference. For example, Marisol, recounts:

Una vez me toco en, no se si puedo decir la tienda pero fue en Sears, ahí me toco pagar y me dijo, '¿me puedes dar tu numero de teléfono para mandarte cupones por mail?' Le dije 'Sí.' Y luego le, dice, '¿Y tienes tu este, tu documentación?', entonces porque yo le dije, dice [begins to raise her voice] '¡No! ¿Tienes id?' Le dije, 'Sí.' Y dice '¿Y es legal? Es... no... no me dijo legal, ósea es bueno tu id?' Le dije 'Sí. Es bueno mi id.' Y me dice '¿O, tu eres legal aquí?' Y le dije 'Si.' Y todavía no llegaba mi residencia pero le dije '¿Si, porque me esta preguntando eso?' '¡Oh ok!' dice es que esto es para que yo te mande cupones por mail.' Y yo, yo dije, 'Eso no me lo tiene que preguntar', dije pero a la mejor ahora ya es...ya lo pregunta. Y eso me lo preguntaron a mi.
(One time it happened, I don't know if I can say the name of the store but it was Sears, I was paying there and she [cashier] said to me 'Can you give me your phone number so I can send you coupons in the mail?' I said, 'Yes' And then she said 'Do you have your documentation?' So then because I told her she said [begins to raise her voice] 'No! Do you have ID?' I told her 'yes' and she said 'And are you legal?' No, she didn't say legal, she said, 'Is your ID valid?' I said, "Yes, my ID is good" and she said 'And you're here legally?' And I said, 'Yes.' My residency hadn't arrived yet but I told her 'Why are you asking me that?' 'Oh Ok!' she said, 'It's just that this is so I can send you send you coupons by mail.' And I said 'You don't have to ask me that' but maybe now they do ask that... she did ask. She asked me.)

In Marisol's experience, presenting her driver's license, a symbol of deportability, still did not deflect the cashier's questioning of her status. While the answers to these questions did not

matter for this transaction, the cashier's questions served to heighten Marisol's feeling of not belonging in the store. These encounters ranged from non-Latino white service providers treating women poorly relative to how they engage with non-Latinos, to being asked for a driver's license or asked about documentation status. These encounters may be a source of psychosocial stress and may also restrict access to goods and services necessary to promote well-being

Women were also affected by peer othering from non-Latinos beyond insults or questioning about their status. Women across generations described interactions in predominantly non-Latino white spaces in which they did not feel welcome. Alicia, a woman in the 1.5 generation, did not interpret these experiences as happening directly to her, but still felt that she and her family did not belong in some spaces:

It's never been directly to me, but if I'm in a place where very obviously people don't understand the culture, they're like 'Oh, they're Mexican.' Or 'They're Spanish.' It hasn't been directly towards me. It's just been like overall. They're uncomfortable with seeing other ethnicities. I would say that it has happened. Not any more. If I would think it happened maybe 5, 6, 7 years ago – between 5 and 7 years ago. Um, maybe ... in restaurants outside of Detroit. Like if you were to go to Buffalo Wild Wings or if you were to go to Red Lobster. Um, Hispanics were not seen often at those places, so when you have a big family going in there, being loud, people tend to have this face of fear, like 'What's going on? Who are these people? Why are they here? Why are they speaking Spanish?' Um, so it wouldn't be directly to me, but it feels uncomfortable. As a family, you're with your children and your children are noticing that and they're wondering why are we seen different if there's a group of a large table over there and they're all white and they're making noise and they're wondering why they don't look differently.

In Alicia's interpretation, her family's physical features, such as their skin color, and their use of Spanish increased their sense of visibility and difference in this space, thus enhancing their sense of deportability. While Alicia explained that this specific encounter happened several years ago, upon probing, she described these encounters as typical and expected when she and her family

would go to restaurants predominantly frequented by non-Latino whites rather than Latin American restaurants in their community or in neighboring towns. She alludes to trends in demographic patterns that may have contributed to the reduction in her experiences of othering in these restaurants over the past several years. Her framing suggests that peers who may engage in othering in these contexts may have adjusted to the changes in demographic patterns in surrounding communities. Alicia's account suggests a reduction of racialization processes in some communities surrounding Detroit, perhaps since 9/11.

There may be subtle differences in the intent of othering from non-Latino white peers that women encountered in their neighborhood relative to those that they experienced outside of their neighborhood. In their neighborhood, women recounted frequent interactions in which non-Latino whites would question them about their documentation status. In contrast, outside of their neighborhood non-Latino whites questioned them about their documentation status or treated them poorly. Non-Latino whites in their neighborhood engaged Latino ethnicity, Spanish language use, and residence in their neighborhood as symbols of deportability in their assessments of difference and deportability. These perpetrators were acting on immigration and social policies that have racialized Latinos as immigrants who may lack documented status. According to women's interpretations, their non-Latino white neighbors may plan to use information obtained from these assessments to assert their neighbor's deportability if relations turned negative. However, non-Latino peers outside of their neighborhood used symbols other than neighborhood of residence (e.g., language use, physical features) to assert difference and deportability of women and their co-ethnics. These strategies asserted the racial and ethnic boundaries of these predominantly white spaces. These different typologies of peer othering from non-Latino whites, based on the context in which othering occurred, also vary with respect to the severity of the implications. For example, in encounters with non-Latino whites in the neighborhood, women's greatest concern was contact with immigration officials. These

interactions with non-Latino whites outside of the neighborhood contributed to their sense of not belonging in predominantly white commercial spaces and experience of poor treatment or service.

Peer Othering from Non-Latino Blacks

While the majority of women's descriptions of peer othering were from non-Latino whites, whom they called "Americans," some women across generations recounted experiences of othering from non-Latino black peers. For example, Selena, an older woman in the first generation who is a US citizen put it:

Yo había fijado también que cuando vamos a la tiendas o vamos a visitar y a mí me tocó la otra vez este, en Meijers una morenita, ay su puso la cara cuando me vio. De muy mala gana me recibió se el pago, así de pala ... Si era cajera, morenita. A mi hijo también ya le ha pasado también, sí. A [nombre de la hija] ya le ha pasado ves de que no nos soportan de que les da mucho coraje vernos aquí, sí. Por qué? Si estas, piensa que uno viene a quitarles su trabajo, que hay trabajo para todos.
(I've noticed also that when we go to the stores or we go visit- this happened to me the other day at Meijer's, a black woman [who was the cashier], ay she made such a face when she saw me. She was very unpleasant when I went to pay. ... Yes, she was the cashier, black. It has also happened to my son. It has also happened to [daughter's name], they just can't stand us it makes them very angry seeing us here. Why? They think we are here to take their jobs away, but there is work for everyone, if you want to work.)

Women's recounting of peer othering from non-Latino blacks was characterized by their struggle to comprehend these encounters. As Clara, a 41-year old woman in the second generation grappled: "And, I thought because we were people of color we were going through the same struggles." Several women perceived that Latinos and non-Latino blacks confronted similar economic and social barriers and thus struggled to understand why another marginalized group would treat them as inferior.

Peer Othering in the Workplace

Women also recalled instances in which they or their family members were othered by non-Latinos in the workplace. These encounters ranged from being treated with disrespect to exploitation of vulnerabilities such as documentation status. The symbols of deportability that employees or bosses engaged ranged from Latino identity to inability to present a Social Security number, lacking a current driver's license, and speaking Spanish or having a Spanish accent. For instance, Gina, a 28-year old second generation woman shared her husband's, a US citizen, experience of a few employees not respecting his authority as a manager:

He [her husband]...it was always the-the jealousy, why – whatever he would tell them to do and he has [emphasis] a thick accent, so, he tells them to do something and they like, 'I don't have to follow orders from you, I-I'll go to ... the foreman.' It's like, 'But I'm you're supervisor.' He-he faces that every day with, whether it be Mexicans or-or African Americans or Caucasians. Kind of like, they get angry that they have to follow orders from someone ... they think is below them, because, he doesn't master the language, because he's from somewhere else ... I'm not sure why that is?

In Gina's recounting, a subset of employees of non-Latino white, non-Latino black, and Latino backgrounds refused to acknowledge her husband's authority and solicited authority from his non-Latino white boss. She recounted this dynamic as chronic. These factors, combined with the complacency of non-Latino whites in positions of authority to these responses suggest that persons in authority at his workplace supported these processes that undermined his managerial role based on these symbols of deportability. These processes are rooted in some employee's disturbance that someone of a marginalized background can occupy a managerial position. The chronicity of some employees' refusal to accept this incongruence between her husband's social and occupational standings may reflect efforts by a subgroup of employees to reinstate a perceived racial or ethnic hierarchy in the workplace.

Whereas Gina's husband felt that some employees did not respect his managerial position, several immigrant women described how their or their family members' employers

often exploited their vulnerability to contact with immigration officials. Often the symbols of deportability that employers engaged included Latino ethnicity, Spanish language use, or lack of a current driver's license or Social Security number. As Leticia explains:

En los trabajos porque eres latina a veces si te dan puestos mas bajos. Te dan puestos mas bajos y luego también si no hablas bien el inglés también. ... Por ejemplo yo trabajaba este, en un restaurante y tenía experiencia no hablemos de un mes, años de experiencia y a veces entraban nuevos, morenos o güeros y me decían [nombre] este, me ponían hacer trabajos mas pesados. Mas pesados o aun así no les importaba que yo fuera mujer me ponían hacer trabajos mas pesados. ... Pero ya cuando entraron morenos o güeros este, que ni experiencia tenia este, aparte que tenía que enseñarles yo a hacer el trabajo de arriba y no me pagaban mas. Y eso a mi no me beneficiaba en nada porque simplemente por el hecho de que era latina pues si, si este, si me hacían un poco yo sentía como que un poco mas abajo y no les importaba si era mujer o no. Entonces ahí si yo sentía, sentía coraje, impotencia pero pues tienes que trabajar. No te queda otra mas que aguantar.
(At jobs because you are Latina sometimes they give you lower positions. They give you lower positions and also if you don't speak English too... For example I worked um, at a restaurant and I had experience, I'm not talking about a month I'm talking about years of experience and sometimes new people would come black or whites, and they would say [her name] um, they would give me harder jobs to do. Harder or they didn't care that I was a woman and they would have be do harder jobs.... But when blacks or whites came in, without experience and I had to show them how to do the job and they didn't pay me more. And that doesn't benefit me in any way because simply because I was Latina well I felt like a little below and it didn't matter if I was a woman or not. So there I did feel, I felt angry, impotence but well you have to work. You don't have a choice but to put up with it.)

Leticia interpreted her lower occupational status, more difficult tasks, and denial of promotions or a raise, vis-à-vis non-Latino white and non-Latino black counterparts, as attributed to her employers' exploitation of undocumented status. When she would raise these concerns, her employer's reminder that he could ask her for her Social Security number served as his attempt to quell her resistance to his exploitation and the subsequent occupational structure.

While both Gina's husband and Leticia experienced othering in the workplace, these forms of peer othering, and their potential responses to these experiences may have different

effects for their social and economic vulnerability and their health. For example, Gina described her husband's experiences as affecting him psychosocially, whereas Leticia recounted the physical strain of her manual labor, her economic struggle of being denied a higher wage, and the "impotencia" ("impotence") of her social position, with which she contended as she strived to support her family. Though Gina confronted her employer about her experiences, her resistance was constrained by the threat that she could lose her job and/or be reported to immigration enforcement. In contrast, Gina's husband, a US citizen, would not have experienced this threat based on his documentation status. Further, he would have other occupational opportunities if he confronted the agents of othering in the workplace.

Intersection of Typologies of Peer Othering from Non-Latinos

Women's accounts of othering from non-Latino peers often occurred in the context of their neighborhood, in restaurants and stores outside of their neighborhood, and in the workplace. A common theme across these typologies of peer othering was that social agents exercised their agency in othering within the domains in which they encountered women and their network members. In this typology of othering, the content of the "other" group included Latinos. However, non-Latino agents of peer othering often inflated Latino ethnicity, immigrant nativity, and documentation status. The consequences of peer othering ranged from subtle indignities that enhanced women's and their network members' sense of not fully belonging, to implications for employment or income, to contact with police or immigration officials.

The function of peer othering differed from that from authorities. Othering from officials generally served to assess documentation status. That is, authorities exercised their power within the domain in which they had jurisdiction, based on their assessment of women's and their co-ethnics' documentation status. In contrast, peer othering, often in the form of asking about documentation status, served as a strategy that peers engaged to assess and assert differences

between perpetrators and their Latino peers. This attention to symbols of deportability among peers occurred in a context in which the threat of deportation is pervasive, supported by a web of policies and institutions designed to identify those who do not meet defined criteria for residence.

Otherring from non-Latino white peers in the neighborhood was the most frequent context in which women recounted othering from this social agent, perhaps reflecting women's more frequent encounters in their own neighborhood. Often, symbols of deportability that non-Latino whites in Southwest Detroit engaged were residence in the neighborhood, Latino identity, and language use. The consequences of these interactions ranged from enhancing women's sense of deportability and not belonging to heightening risk of immigration enforcement. Women's and their co-ethnics' exposure to and the consequences of this typology of othering varied according to their vulnerabilities and protected statuses.

Otherring from non-Latino whites outside of the neighborhood often occurred in contexts such as stores or restaurants. Symbols of deportability that peers used included language use, physical features, and driver's licenses. Often it was employees who questioned their documentation status or who treated them poorly. In addition, several women reported subtle encounters with non-Latino white customers in which they felt like they were not welcome. While one participant noted that her experiences of othering from non-Latino whites outside of her neighborhood occurred several years ago, other women's accounts implied that these were general experiences when they ventured outside of their neighborhood. These differences in women's reporting of the time period in which they experienced othering from non-Latino whites outside of the neighborhood may reflect different contexts of reception for Latinos in towns surrounding Detroit. For example, as one woman implied, some communities may have adjusted to increased racial and ethnic diversity that was unfolding at the time of her experience of othering. Thus, such communities may now be more welcoming of Latinos. Other

communities may be less receptive to Latinos, thus influencing some women's reporting of othering from non-Latino white peers outside of their neighborhood.

Several women also recounted othering from non-Latino whites in their or their network members' workplace. Symbols of deportability engaged in these experiences include lacking a driver's license or Social Security number, Latino identity, and language use. Othering in the workplace ranged from subtle indignities such as not honoring the position of authority occupied by the Latino employee to exploitation of vulnerable statuses such as undocumented status. The consequences of othering in the workplace ranged from distress over being treated poorly, financial hardship due to wage theft or loss of a job, to threats to contact immigration officials.

As with experiences of othering from police and immigration officials, who were often non-Latino white men, women's references to othering from non-Latino white peers did not include a description of the race or ethnicity of the perpetrator. Upon inquiring about the race and ethnicity of the peer, women often explained that the perpetrator was "American." When we probed further, women clarified that they were referring to non-Latino whites. This phenomenon is significant because it may reflect women's experiences of racial and ethnic hierarchies. That is, the invisibility of whiteness in women's accounts of peer othering from non-Latino whites and their use of the term "American" to describe non-Latino whites, but not other racial or ethnic groups, indicates women's experiences and subsequent understanding of which groups may fully belong and be identified as "American." This phenomenon may reflect internalization of othering, which I discuss in greater detail in Chapter 4.

Reports of othering from non-Latino black peers were less frequent than women's accounts of that from non-Latino whites. In contrast to the invisibility of whiteness in women's recounting of othering from non-Latino whites, the race of the non-Latino black peer was unprompted in women's accounts. Whereas women expected othering from non-Latino white peers, they struggled to understand why non-Latino blacks, another marginalized group, would

also treat them as inferior. This may be understood in the context of Goffman's (1963) theory of managing a stigmatized identity. That is, non-Latino blacks may also confront othering and structured inequalities linked with their race. Thus, they may engage in othering to distance themselves from another marginalized group. This phenomenon resonates with women's analyses of co-ethnic othering, though the psychosocial meaning of othering from non-Latino blacks was less intense than that from co-ethnics.

These typologies of othering suggest that othering from peers was relational and varied across contexts and time period. These processes may be linked with health through stress associated with these encounters, strains on social relationships, as well as the influence of these experiences on social and material resources fundamental to promoting health. In the sections that follow, I discuss othering from co-ethnic peers, a subcategory of peer othering that emerged as psychosocially distinct from that from non-Latinos.

Co-Ethnic Peer Othering

"Co-ethnic peer othering" is a sub-category of peer othering. This category encompassed encounters that made women feel like they don't belong, questions about documentation status, and threats to or possibilities of calling police or immigration officials. Central to this category is that Latino peers engaged these actions. While mentioned less frequently than othering from non-Latino white peers, women distinguished peer othering from co-ethnics and that from non-Latino whites as psychosocially distinct. Symbols of deportability that Latino peers used in these encounters included documentation status and language use. While women described co-ethnic othering as having a different meaning from that which they encountered from non-Latino white peers, there are some ways in which the effects of co-ethnic peer othering were similar to the outcomes of othering from non-Latino white peers. For example, some women in the first generation described acute experiences of co-ethnic othering such as those in which other

Latinos disclosed or threatened to disclose their documentation status. As Rocio, a 36-year old woman in the first generation, described:

Otro, un familiar desafortunadamente llamo al trabajo de mi esposo y le dijo que no tenía papeles. Él tenía ocho años trabajando ahí en esa compañía. Le dijo que no tenía papeles y así de una día para otro sorprendentemente le dijeron ‘lo sentimos mucho pero no puedes seguir trabajando.’
(Another, a family member unfortunately called my husband’s work and told them he didn’t have papers. He had been working there for that company for eight years. He told him that he didn’t have papers and from one day to the next surprisingly they told him, ‘we are very sorry but you can’t work here anymore.’)

As with concerns that non-Latino white neighbors would call immigration officials, women also described how tensions with family members or other co-ethnics lead to or could lead to co-ethnic peers disclosing their documentation status or calling immigration officials. Such experiences contributed economic hardship from job loss as well as deportation. These processes undermined the potential to develop and leverage social support among co-ethnics, which is discussed in greater detail in the following section regarding the grounded theoretical model of health implications of dynamic processes of racialization.

In addition to co-ethnics threatening to or disclosing documentation status, several women in the first and 1.5 generations also described encounters in which other Latinos would ask them about their documentation status. As Leticia put it, these questions from other Latinos are common:

Pues siempre te preguntan no se son cosas son compañeras chiquitas te preguntan pero no, no me perjudica porque en las escuelas ‘¿tienes papeles?’ ‘No.’ ‘Ok esta bien.’
(Well they always ask I don’t know they are little friends ask you but it doesn’t harm me because at the schools [her children’s schools] ‘Do you have papers?’ ‘No.’ ‘Ok that’s fine.’)

As with women’s descriptions of non-Latinos asking them about their documentation status, immigrant women described their co-ethnics’ questioning of their documentation status as routine and thus expected.

It is notable that women's relationship to the agent of co-ethnic peer othering differed from their relationship to non-Latino white peer agents of othering. For example, whereas women across generations described routine encounters in which *unfamiliar* non-Latino whites asked about their documentation status, it was mostly women in the first and 1.5 generations who recounted experiences in which other Latino *acquaintances* asked them about their documentation status. Often, these acquaintances were also immigrants. This line of questioning from Latinos often occurred in community settings, such as in their interactions with other caregivers or teachers at schools, or from female students in their English language classes. These different patterns may be understood in the context of the structures of women's interactions and social networks. For example, women across generations described questioning about their documentation status from non-Latino white neighbors and those outside of their neighborhood. However, immigrant women's reports of co-ethnics questioning of their documentation status were during encounters within their ethnic enclave in contexts such as English language classes where there were generally other immigrants.

Immigrant co-ethnics' use of symbols of deportability in these interactions may reflect strategies to manage their identities and build supportive networks. This line of questioning may illustrate the salience of documentation status for immigrants and an internalization of this pervasive form of othering. Co-ethnic othering may be understood in the context of a heightened post-9/11 race- and ethnicity-conscious society in which immigration policies have targeted racialized groups. Co-ethnics' perpetration of othering may reflect attempts to distance one's self from a stigmatized ethnic identity (Goffman, 1963) in a context in which women feel perpetually surveilled. This typology of othering illustrates how women and their network members are active agents in complex processes of racialization. Women may themselves engage in acts of othering in order to protect themselves from suspicion or vulnerability to

racialization. However, these identity management strategies also come at a social and physical cost to the women on the receiving end of these processes.

Alternatively, the intent of these strategies may be to develop supportive networks with other Latinos. For example, some efforts to inquire about documentation status may serve to form alliances or create a sense of a common bond on the part of Latinos who are undocumented. Thus, inquiries about documentation status from other immigrants may serve the purpose of establishing some commonality. Hence, depending on the intention behind co-ethnics' inquiries about documentation status, this strategy may not encompass othering, but rather may serve as a response to processes of racialization in an effort to build networks of support.

Women employed a range of responses to these questions, some of which differed from their responses to non-Latinos who engaged in this form of peer othering. For example, Leticia, who lacked documented status, disclosed her documentation status to her co-ethnic. In contrast with other experiences in which she told non-Latinos that she did have documented status, her action may be understood as indicating greater trust in her co-ethnic. Other women described employing similar strategies regardless of whether the agent was Latino or non-Latino. These responses included trying to minimize their interactions with the inquirer, as well as reporting that they did have documented status regardless of their status.

As with official othering from co-ethnics, women described peer othering from co-ethnics as psychosocially distinct from that from their non-Latinos. While women's narratives included less frequent accounts of co-ethnic peer othering than that from non-Latino whites, women described their experiences from co-ethnic peers as increasing their suffering and more bothersome than their encounters with non-Latino whites. For example, these experiences from co-ethnic peers make Alice, a second-generation 50-year old woman, "more angry:"

I don't know why and I think that that's one of my, the things that makes me more angry, is when Hispanic people like me, like Mexican Americans I guess we're called, treat Mexicans or Hispanics in a bad way just because they feel that they were not born here but they are so they're... Why do you treat people that way when you know – you will get treated like that too, like I get treated like that when I go somewhere you know, you know the feeling why would you do that to people? You should help your people not make them feel bad... Yeah, it bothers me more.'... It bothers me more because I don't think, I, you should know what it feels like to have that negativeness [sic] from other people because I am sure they have just because you know they might, you know like I said, dark skin with the black hair. So they shouldn't treat people like that, they should help instead of treat people, downgrade you know, kinda down grade you and stuff like that.

Alice's experiences of othering from Mexican Americans and other Latinos who were born in the US illustrate how these processes reproduce hierarchies within the Latino population.

Thus, co-ethnic peer othering emerged as salient in women's accounts of navigating the dynamic web of social agents and institutions that promulgated racialization processes and subsequent inequalities that affect health. The content of the "other" group in these processes shifted according to the social statuses of those involved in the interactions, illustrating the dynamic and relational nature of racialization processes. For example, in these interactions, the "other" included lacking a driver's license or documented status, having documented status, speaking Spanish, speaking English, being born outside of the US, and being born in the US. Central to the content of the "other" group in these interactions was differences in social statuses between co-ethnics.

Women's distinctions between peer othering from non-Latino whites versus from Latinos may matter for several reasons. Women may expect and be prepared for peer othering from non-Latinos. Thus, they may have already developed strategies to remain vigilant so as to prevent or prepare for these encounters. In contrast, co-ethnic othering, particularly in the forms of unfair treatment or disclosing their documentation status, may be less expected, felt as more personal, and necessitate another layer of interpretation, and therefore be more insidious. For example,

several of women's descriptions of peer othering from non-Latinos were from agents that they did not know or did not know well. In the cases of co-ethnic othering, women often described knowing the person in some capacity. Women may have needed to engage psychosocial resources to determine if their encounter was othering or served another purpose, the agenda that underlies questioning about documentation status, or the degree of trust involved in determining responses. These interpretations and decisions regarding how to respond also have implications for the development of social networks. This psychosocial effort adds to the challenges of navigating dynamic racialization processes. As I describe in greater detail in Chapter 4, women's and their network members' vigilance to peer othering may contribute to health inequities through physiologic pathways linked to stress (Hicken, Lee, Ailshire, Burgard, & Williams, 2013; Hicken, Lee, Morenoff, House, & Williams, 2014).

Peer Othering & Ethnic Identity

As with peer othering, othering in the form of general stereotypes that women overheard, but were not directed at them, were based on blurring the boundaries between documentation status and Latino identity. Several women, particularly in the 1.5 and second generations, were affected by peer othering though their ethnic identity. Many women explained that they often overheard negative comments about Latinos at school, at work, in stores, at restaurants, on the streets, and on the news. Often, these comments disparaged Latino immigrants, notably Mexican immigrants. As Ana, a 24-year old woman in the 1.5 generation explained:

But, i-it's depressing, you know, it's sad that, that they have that stereotype about us... everywhere, you know. But here and there, or people come at work and, you know, you hear people make statements like that or, or out in the street or just, you know, wherever, wherever you are... [I get] a little upset, because, I guess we're all included in that group.

While often not said directly to them, such comments, which women implied were often from non-Latino whites, felt pervasive. Because they identified with the targets of these stereotypes –

Latino immigrants lacking documented status – this form of peer othering also affected them deeply. As Crystal, an 18-year old second generation woman, explained:

En realidad, yo no entiendo. I mean, todos somos iguales. Solo tu status y ya. Pero pos, yo creo que como se sienten potentes sobre ellos porque ellos no tienen papeles y yo sí. Y hacen lo que quieran con ellos.... Pos si [me afecta] porque, um, este, aunque nacido aquí este, todos modos soy Mexicana y lo que le diga la gente a los mexicanos también es lo mismo pa mí. ... Porque pos, la única diferencia es que ellos no tienen papeles y yo sí. (Really, I don't understand. I mean, we're all the same. Only your status and that's it. But then, I believe that they [non-Latino whites] feel very powerful over them [undocumented immigrants] because they don't have papers and I do [have papers]. And they [non-Latino whites] do whatever they want with them [persons who don't have documented status]. ... The comments that people say well yes [it affects me] because, um, it's that, although I was born here it's that, despite everything I am Mexican and what people say to Mexicans is also the same for me ... Because, the only difference is that they don't have papers and I do.)

Thus, the anti-immigrant statements that Crystal and other women heard were from non-Latino whites and against Mexicans. Often, these comments revealed assumptions of immigrants lacking documented status. Crystal emphasized that the only difference between her and immigrants who lacked documented status was that she, a second generation Mexican American woman, has papers. Several second generation women related as the subject of anti-immigrant sentiments through their identity as children of immigrants. As discussed in the sections above, some women responded by distancing themselves from the stigmatized category. In contrast, others like Crystal responded to the expression of anti-immigrant sentiment by affirming their identity and reinforcing their connection with the marginalized group. This strategy is one example of resisting the boundaries that are engaged in processes of structuring inequalities.

Gendered Nature of Peer Othering

Whereas gender emerged as salient in women's encounters with official othering from caseworkers and immigration officials (particularly through women's identities and roles as

caregivers and through their family structure), women's experiences of peer othering were also gendered, though in more subtle ways. Some of these intersected with their caregiving status. For example, women described feeling unwelcome or treated differently in stores or restaurants when they were with their families. Some women across generations also described having to talk with their children about how to address questions about the documentation status of their household members in an effort to prevent escalations to contact with immigration officials. In addition, women's accounts of being questioned about their documentation status from Latinos often occurred in their caregiving capacity, such as in their interactions with other caregivers or authorities at their children's schools. Their othering encounters with women students in their English language classes, may be attributed to the high representation of women during daytime classes.

Grounded Theoretical Model: Dynamic Intergenerational Racialization Processes

Insights developed from women's narratives of processes of racialization are presented in the grounded theoretical model shown in **Error! Reference source not found.** Women's accounts illustrate the dynamic and instrumental nature of their experiences with processes of racialization. Women and their co-ethnics navigated a complex web of social agents who were acting on and reinforcing policies that had already constructed and devalued the "other" group. These processes occurred in multiple venues and the content of the "other" group was contingent upon the context and typology of othering. Authorities classified the "other" as those who lacked documented status. However, authorities engaged a range of symbols of deportability in their assessments of who is in the "other" group. They justified the structuring of inequalities based on these assessments. In contrast, peers blurred the boundaries between Latino ethnicity, immigrant nativity, and documentation status. Peers actions, based on these assessments served to assert difference and deportability. Social agents acted on the basis of their conception of these

already devalued identities. In the case of othering from officials, these social agents were at the front line of granting access (or not) to resources on the basis of symbols used to identify whether one has legitimate access to that resource or not. Women across multiple social positions described experiences with or concern about the possibility of othering from officials and peers, and the interplay of these forms and sources of othering.

The typologies of women's experiences with processes of racialization described here were shaped by factors such as immigrant generation, documentation status, language use, physical features, having a valid driver's license, ethnic identity, caregiving identity, household structure, and the statuses and resources of members of their networks. Likewise, the effects of these processes on their social, economic, and health vulnerability were also contingent upon these statuses and the status(es) of members of their networks.

These processes of racialization also had implications for health. For instance, othering from officials, through authorities' engagement of a range of symbols of deportability, often affected women's and their network members' access to social and economic resources, including, for example, the ability to remain in the US with their family, social support, occupational opportunities, driver's licenses, and social welfare assistance. In addition, actual or anticipated encounters with questioning about documentation status and poor treatment from peers may influence health through heightened vigilance, stress, and associated physiological changes, as well as effects on social networks and social support, identity management, and economic resources. In addition, due to synergies between othering from peers and officials, the effects of encounters with peers on health may operate through interactions with authorities such as police and immigration officials. The strategic actions that women take in the face of these encounters are the subject of Chapter 4.

DISCUSSION

Processes of Racialization

Women's accounts illustrate the dynamic and negotiated nature of processes of racialization. These narratives drew on their experiences before 9/11, in the years following 9/11, and in particular after the implementation of Michigan's policy to deny driver's licenses to persons who lacked documented status. Women negotiated a complex web of social actors who promulgated processes of racialization in the contexts in which they were embedded. The encounters that women navigated emerged into typologies based on their interactions with different social agents in different domains, which I discuss in the sections that follow. These actors engaged a range of symbols of deportability in these interactions. A central symbol of deportability in these interactions was lack of a valid driver's license. The definition of this "other" was shaped by the source of othering (e.g., authority or peer) and the context in which this encounter occurred.

Official Othering

The main components of the complex web of processes of inequality that women navigated emerged into two categories, based on the social agents with whom they encountered in these processes. Central to women's accounts was othering from officials who exercised power within their jurisdiction based on their assessments of women's and their network members' documentation status. These authorities justified the allocation of accesses to resources such as the opportunity to remain in the US without documented status, employment, driver's licenses, and economic and nutritional assistance, based on these assessments. The unequal gaze (Foucault, 1977) between these agents who are gatekeepers of these resources was critical to the reinforcement of inequalities structured through policies that have constructed undocumented immigrants as a racialized group restricted from access to such resources. Officials who are embedded in various institutions that enact policies that racialize Latinos, are

components of the post-9/11 web of the immigration enforcement that was developing in the years prior to 9/11, which has become codified into policies, laws, and practices.

Peer Othering

The other main category involved othering from peers within and outside of women's neighborhood and often involved a conflation of Latino identity and documentation status. These social agents were acting upon policies that had already constructed and devalued the "other" group. For example, the number of workplace raids has declined since 2009 due to a federal policy that shifts penalization of employing undocumented immigrants from employees to employers (Forman, 2009). This policy has shifted the points of negotiation to interpersonal interactions between employers and employees. Thus, as women described, employers engaged in practices such as increasing their surveillance of employees around documentation status, or alternatively they increasingly did not ask about documentation status or made documentation status salient when undocumented employees challenged workplace practices. These practices, which affect access to employment and income as well as risk of immigration enforcement, may be because employers are held increasingly liable for employing those who cannot prove documentation status.

Additionally, policies that restrict access to resources based on documentation status, and the development of residence in Southwest Detroit for Latinos as a symbol of deportability may make Latino residents increasingly vulnerable to neighbors and others who may "inform" on them, tipping off agents to the potential presence of someone in the home who may lack documentation status. Thus, peers represent another component of the complex web of agents and institutions that are part of processes that construct and reinforce inequalities.

Intersections of Official and Peer Othering

Othering from officials and peers were also dynamic. For example, women feared that peer othering would escalate to contact with police or immigration officials. Likewise, immigration policies that have targeted racialized groups, as well as the heavy prevalence of official othering reinforced peer othering. While women described similar levels of risk of initial encounters, the effect of their exposure and responses to racialization processes varied by the resources on which they could draw, which I discuss in detail in Chapter 4. In addition to the experiences that women directly encountered, network members' experiences, and women's proximity to someone of a more vulnerable social position who was at greater risk inequalities through racialization processes influenced their own exposure to these processes or risk thereof.

The sociopolitical context that has unfolded in this northern border community shaped the dynamic and contingent nature of racialization processes that women navigated. Michigan's policy to deny driver's licenses to persons who cannot prove or do not have documented status has contributed to the significance of the driver's license as a symbol of deportability that is engaged in post-9/11 racialization processes. Women also cited close collaborations between local law enforcement and immigration enforcement as pervasive threats that they negotiated in the complex web of social actors, institutions, and policies involved in racialization processes. Collectively, these policies, experiences of and responses to racialization processes intersect to foster a multi-layered sense of deportability against which women and their co-ethnics constructed and managed their identities and well-being.

Driving and Driver's Licenses

Many of women's experiences with racialization processes centered around having a driver's license and needing to drive in the Motor City. In this northern border ethnic enclave community, women's accounts indicate that experiences with police quickly escalated to contact

with immigration officials. These findings contrast slightly with those by Dreby (2013), where Mexican immigrants in a predominantly-Latino community in New Jersey encountered immigration officials via alleged criminal offenses. In Ohio, where public transit is not easily accessible relative to the more walkable and public-transit friendly NJ community, Dreby (2013) found that women in Ohio worried that they would be caught for driving without a license. In this community in Ohio in which the Latino population was smaller and less visible, women were indeed ticketed for driving without a license, while this was a less salient concern and experience for women in New Jersey. As evidence of these differences across communities, in Ohio, children experienced fear of interaction with police when driving, who they conflated with ICE. Similar to experiences in the small town in Ohio, in Southwest Detroit, often considered an ethnic enclave in a post-industrial Midwestern city, women's encounters with the threat of deportability began with minor interactions with law enforcement, which many women attributed to ethnic profiling. These differences in experiences that lead to encounters with immigration officials by community context may be due to Southwest Detroit's location along the US-Canada border. The heightened presence of immigration officials and collaboration between police and immigration officials in this northern border ethnic enclave relative to the small and less visible Latino community in Ohio and ethnic enclave community in New Jersey suggest, as Dreby (Dreby, 2013) argues, that how immigration policies unfold is localized.

There has been limited attention to the influence of driver's license policies on racialization processes for Latinos and implications of these processes for health inequities. Instead, much of the extant qualitative literature about this post-9/11 anti-immigrant sociopolitical context focuses on particular county- (C. Cleaveland & Ihara, 2012) or state-level multiple-measure anti-immigrant policies (Hardy et al., 2012; White, Yeager, et al., 2014) or state-level employer sanction policies (Ayon et al., 2011) and emerges from the Eastern or Southwestern regions of the US. Policies that deny driver's licenses to persons to lack or cannot

prove their documented status, or to give undocumented immigrants alternative licenses that indicate their documentation status, have unfolded across the country. Thus, these findings, may be generalizable to other northern border communities and communities in which immigrants may have an expired driver's license or no license at all. In the sections that follow, I discuss some contextual factors with which these findings should be understood.

Executive Actions and Local Level Immigration Enforcement Practices: Implications for Findings

Below, I discuss a few elements of the sociopolitical context of this study and implications for considering these study findings. This study began in July 2013, one year after President Obama issued the Deferred Action for Childhood Arrivals (DACA) program. DACA provides relief from deportation for persons aged 31 or younger who came to the US before age 16 (U.S. Department of Homeland Security, 2012). This executive action, which nearly all women referred to as the DREAM Act, was announced on June 15, 2012. Several women in this study or members of their network(s) experienced temporary relief from deportation and employment authorization through this program.

There has long been heterogeneity with respect to the experiences of immigrants in the US. Sources of this variation include, but are not limited to, factors related to immigrants' country of origin, contexts of migration, contexts of reception in the US, and sociopolitical factors and histories in the communities in which immigrants and immigrant populations settle within the US (Miranda et al., 2011; Portes & Zhou, 1993). DACA introduces another level of heterogeneity for persons classified as members of the first or 1.5 generations. For example, not everyone in the 1.5 generation may qualify for DACA, either because of their age at the time that this executive action was issued, or other circumstances that prevent them from meeting the strict DACA eligibility requirements. Similarly, some women in the first generation, who migrated to the US before age 17 and met other DACA eligibility requirements benefited from this program.

Who may or may not benefit from this program reflects differences in immigration policies over the life course, as well as public sentiments regarding what immigrant subgroup(s) may be deserving of relief from deportation and employment authorization. The influence of this executive action on variations in experiences with processes of racialization by immigrant generation, and for immigrants, age of migration to the US and documentation status, illustrates the dynamic terrain of immigration and social policies and social agents who reinforce these policies, which women navigated.

The DACA program also has implications for some of the theories that inform this research design. Drawing on scholarship pointing to a need to differentiate persons who migrated to the US when young from those who migrated when older (Rumbaut, 1994, 2004), this study examined patterns among women in the first, 1.5, and second generations, and across other social statuses (e.g., age, socioeconomic position). DACA applied to some persons in the first and 1.5 generations in this sample. However, given that this policy only applies to persons age 31 or younger (U.S. Department of Homeland Security, 2012), only a subset of younger women in this study who meet other DACA eligibility requirements. Thus, while it is important to consider differences according to age of migration, this policy benefits a certain segment of the 1.5 generation in this sample, while leaving out another portion of immigrant women. Hence, there is great heterogeneity within the first and 1.5 generations – due to DACA, current frames engaged with respect to segments of the undocumented immigrant population who are deserving of relief from the threat of deportation or pathway(s) to citizenship, and contexts of reception of immigrants when they migrated to the US, depending on period of entry.

The last interview was completed on October 31, 2014, just three weeks before President Obama's announcement of executive action on November 20, 2014 to extend deportation relief and employment authorization to a wider population of undocumented immigrants ("Five Things To Know About How President Obama's Executive Action Impacts Undocumented Immigrants,"

2014). This executive action extends DACA by giving relief from deportation and employment authorization to persons who have been present in the US for at least five years and meet other strict eligibility requirements. Though this executive action is temporarily on hold, it is anticipated that immigrants who lack documented status may begin applying for this relief by mid-2015. Thus, while many participants in this study expressed hope that President Obama and Congress would implement humane immigration reform, this announcement occurred after the data collection period for this study. A number of women in this study, their family, and/or networks may benefit from this executive action.⁵

Differences in Access to Health Resources across Immigrant Generations

Differences in sociodemographic characteristics observed across immigrant generations in this sample may be linked with differential patterns of access to health resources. For example, a larger proportion of women in the second generation (83.33%) had health insurance, whereas only 33.33% of first and 22.22% of 1.5 generation women had health insurance. These health insurance patterns across immigrant generations may reflect broader variations in sociodemographic factors for participants in this sample. For example, differences in occupational status and/or health insurance restrictions under the Patient Protection and Affordable Care Act (ACA) for women across generations may influence these health insurance patterns. Relative to women in the first generation (7.41%), a greater proportion of women in the second generation (33.33%) were working for pay at the time of the interview, which may be one source of health insurance coverage. While the majority of women in the 1.5 generation (66.67%) were working for pay, their employer may not provide health insurance coverage. For example, some women in the 1.5 generation did not have documented status. Because of this vulnerability, their employer may not have provided benefits such as health insurance coverage.

⁵ In recent developments, a federal judge has halted the implementation of this recent executive action on immigration.

Other women may have worked part-time and thus not be eligible for health insurance coverage through their employer. In addition, immigrants who lack documented status are not eligible for health insurance coverage through Medicaid expansions or health insurance marketplaces under the Affordable Care Act (ACA), which was unfolding at the time of this study. The ACA also has strict eligibility requirements for immigrants who are not US citizens. Thus, it is possible that many women in the first and 1.5 generations may not be eligible for health insurance coverage due to their occupational status, employment quality, and/or provisions of the ACA. While this study set out to understand how immigration policies and sentiments shape health for Latinas, future research is warranted regarding how policies such as the ACA and other policies such as higher education shape access to health-promoting resources for Latinos across several immigrant generations.

Limitations

This study is characterized by several limitations. First, these findings are based on the narratives of a sample of Mexican and Central American women in a largely low-income neighborhood along the US-Canada border and in a city that has experienced substantial economic disinvestment (Kneebone, Nadeau, & Berube, 2011; Schulz, Williams, Israel, & Lempert, 2002; Sugrue, 1996) and during a period of changing immigration policies (e.g., DACA, DAPA, driver's license). The immigration and social policy landscape is a continuously changing terrain. These findings should be understood within the time period of this inquiry, this community, and the sociopolitical context.

Second, the racialization processes discussed in this study are relational and dynamic and, as women described, intersect with gender, socioeconomic position, and immigrant generation, and other social locations. This study discusses the gendered nature of these experiences through the perspectives of women, while not including an analysis based on men's descriptions. How

these social statuses intersect to affect the experiences and health of men is an area of needed research. This would enhance understanding of the gendered nature of these experiences, how gender intersects with other social statuses, and implications for variations in health among Latinos.

Third, this sample included a small number of Central American participants. The majority of women in this sample identified as Mexican or Mexican American, while one woman was from Honduras and another was from Nicaragua. This may be attributed to the snowball sampling approach to recruit participants for this study. Any generalizations based on this sample of two women from Central American countries may be premature. However, the accounts of these two Central American women offered important initial insights into the structural differences in Mexican and Central American immigrant women's experiences with processes of racialization. Future research is necessary to examine these experiences with greater depth with a larger sample of Central American women.

Strengths

Despite limitations, this analysis has several strengths. First, this qualitative inquiry considers how processes of racialization intersect with immigration policies to shape the experiences of Latinos in a northern border ethnic enclave community in the years prior to and following 9/11, an area that has been understudied. Most qualitative research regarding the influence of post-9/11 policies on the social determinants of health of Latinos has focused on northeastern (R. H. Adler, 2006; Dreby, 2013; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011), southeastern (Bauer, 2009; C. Cleaveland & Ihara, 2012; White, Yeager, et al., 2014), and southwestern (Ayon et al., 2011; Hardy et al., 2012) regions of the US. Scholars posit that it is important to consider the local context in which immigration policies and sentiments unfold to understand factors that may contribute to variations in health

patterns among Latinos (Acevedo-Garcia & Almeida, 2012; Dreby, 2013). Post-9/11 immigration policies targeting the interior region of the US and the US border intersect in northern border communities such as Detroit. Thus, these policies may be particularly insidious for the health and well-being of Latinos in Detroit. This study may enhance understanding of how national and state-level sociopolitical factors may intersect to shape the experiences and health of Latinos in northern border communities.

Second, this study examines the influence of a state-level policy to deny driver's licenses to persons who cannot prove their documented status on the fundamental determinants of health of Latinos. The majority of qualitative studies regarding the health implications of immigration policies have focused on the influence of federal immigration policies (R. H. Adler, 2006; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011), multiple-measure state-level policies (Hardy et al., 2012; White, Yeager, et al., 2014), or multiple-measure county-level policies (C. Cleaveland & Ihara, 2012) on the experiences of Latinos. Few have considered how single-measure state-level policies intersect with these contexts to shape the experiences of Latinos (Ayon et al., 2011). This study illuminates the influence of a single-measure state-level policy to deny licenses to persons who cannot prove their documented status on processes of racialization and implications for access to social and economic resources necessary to promote health and well-being. Findings from this study may be informative of the implications of similar driver's license policies for the health of Latino immigrants and their co-ethnics in states that have enacted similar policies.

Third, this is the first qualitative study of which I am aware that considers the implications of these processes, as they have unfolded since 9/11, for the fundamental determinants of health of adult Latinos who are immigrants and those born in the US. National estimates indicate that Latino immigrants comprise 37% of the Latino population, and 63% of Latinos were born in the US (Motel & Patten, 2013). The findings presented here suggest that

racialization processes following 9/11 adversely affect the fundamental determinants of health for US-born and immigrant Latinos in Detroit. While the effects of and responses to racialization varied according to the vulnerabilities and protections that women could engage in these processes, these findings suggest that it is important to consider the implications of immigration policies for both immigrants and US-born Latinos who may be the targets of these processes and may also be affected by the experiences of their co-ethnics.

Fourth, a central theme in the findings presented here was the dynamic, negotiated, and instrumental nature of racialization processes and the interconnections of women's experiences with those of their network members. Thus, this study highlights the complexities of processes of racialization since 9/11 and the need to consider the influence of the networks in which women are embedded on these processes. These findings may inform future quantitative inquiries that test mechanisms by which racialization affects health, and variation in these associations by social locations.

Health Implications of Racialization Processes

The analysis presented here demonstrates mechanisms by which racialization processes contribute to women's and their network members' social dislocation. These social and economic disruptions may affect their vulnerability for adverse health outcomes (N. E. Adler & Rehkopf, 2008; N. E. Adler & Stewart, 2010; Gee & Ford, 2011; Viruell-Fuentes et al., 2012; Williams & Mohammed, 2013). Othering is one aspect of the process of racialization (Omi & Winant, 2015; Schwalbe et al., 2000). Women's accounts illustrated that agents of othering were implementing or reinforcing institutions and policies that already established the "other" category. Women's experiences of othering from police, immigration officials, caseworkers, and clerks may be conceptualized in the racialization literature as acute stressors (Williams, 1997; Williams et al., 1997). That is, these processes are generally conceptualized as acute unfair

treatment because these stressors may occur at a particular point in time but have life altering effects. However, women described the chronicity of these acute encounters and the other stressors that these encounters catalyzed, such as fragile access to social welfare programs, workplace exploitation, the denial of loans or other forms of economic opportunity and security in a community with limited economic opportunities, family separation, deportation, or the threats thereof. Women's accounts suggest that official othering may affect health through the restriction of access to social and material resources, which were chronic stressors with which they contended. Thus, these typologies of official othering may be particularly insidious through both the social and economic dislocation that these encounters may catalyze, but also the chronicity of this web of stressors enacted through several policies, institutions, and social agents who are representatives of these institutions.

In contrast to encounters with officials being conceptualized as acute stressors, some forms of peer othering may fit into the domain of everyday unfair treatment, which has been demonstrated to adversely affect health (Williams & Mohammed, 2013). For example, women's accounts of being treated as if they do not belong in particular spaces resonates with the everyday unfair treatment scale items such as being treated with less courtesy or respect than others, receiving poorer service, or being treated as if they are not as smart as others (Williams et al., 1997). However, women also expressed concern that othering from peers could affect their encounters with officials and risk of immigration enforcement. This suggests that some experiences of othering from peers may also cut across several domains of stressors through the possibility that these encounters could catalyze acute stressors such as contact with immigration officials.

Peer othering may also affect health through restrictions on social networks and social support that women described. Receipt of social support is demonstrated to promote health (Uchino, 2009; Umberson & Montez, 2010). Thus, strains on social support may be another

mechanism by which racialization processes adversely affect health. Chapter 4 includes a more nuanced discussion of the complexities of social support as it intersects with processes of racialization and may affect health.

Further, this study found that members of women's social networks experiences with processes of racialization also affected the women in this study. Thus, these findings suggest that while social networks and relationships may be leveraged to offset the health consequences of stressors related to processes of racialization, the health effects of racialization may also spill over to affect other members of this population that has been racialized. This finding that women's experiences were interconnected with those of others suggests that analyses considering only individual experiences with processes of racialization may underestimate the implications of these processes for the fundamental determinants of health.

Together, these findings suggest that women and their network members are chronically exposed to a web of stressors enacted by various policies, institutions, and social agents that reinforce their construction as a racialized group. This web of agents and stressors contribute to the restriction of access to social and material resources. Understanding the mechanisms by which processes of racialization following 9/11 may affect the health of Latino subgroups is an area of needed research.

Conclusions

This study suggests that immigration policies, anti-immigrant sentiments, and social and economic policies and opportunities intersect in Detroit, a northern border community, to affect Latinos' experiences with dynamic processes of racialization. The processes described above are likely to contribute to mental and physical health challenges over the life course, through multiple pathways, such as access to social and economic resources, mobility, and psychosocial stress (Gee & Ford, 2011; Viruell-Fuentes et al., 2012). Specifically, there is substantial

evidence that the types of day-to-day and acute stressors and economic disruptions described the participants in this study are associated with health outcomes (N. E. Adler & Rehkopf, 2008; N. E. Adler & Stewart, 2010; Williams et al., 2010). Compounded over the life course, exposure to stress and social and economic dislocation associated with these processes are likely to exacerbate health inequities among Latinos and other racial and ethnic groups. Based on existing literature, these effects may contribute to an acceleration of declines in health for Latino immigrants with increasing length of residence in the US (Acevedo-Garcia et al., 2010; Alegria et al., 2007; Daviglus et al., 2012; Kaestner et al., 2009), and by immigrant generation (Acevedo-Garcia et al., 2010; Acevedo-Garcia et al., 2005; Crimmins et al., 2007; Kaestner et al., 2009; Peek et al., 2010). These processes may also exacerbate health inequities for Latinos with other marginalized social statuses including those without documented status or low socioeconomic position (Fortmann et al., 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Hardy et al., 2012; Viruell-Fuentes, 2007; White, Yeager, et al., 2014). The implications of these racialization processes for the social determinants of health for Latinas/os across immigrant generations have only begun to be examined. They are particularly revealing of the multi-layered consequences of immigration and social policies and Michigan's policy to deny driver's licenses to person who cannot prove their documentation status. Each of these policies profoundly influence women's and their co-ethnics' everyday lives and the fundamental determinants of health. As the largest and fastest growing racialized population in the US (Passel & Cohn, 2008; Passel et al., 2011), understanding and addressing the implications of these policies for Latino health will have important public health and economic implications.

Chapter 4 “I HAVE BEEN THROUGH A LOT OF THINGS ... BUT WE ARE STILL HERE GOING FORWARD”: WOMEN’S RESPONSES TO RACIALIZATION PROCESSES AND IMPLICATIONS FOR HEALTH

INTRODUCTION

In the years following 9/11, there has been an increase in restrictive immigration policies and practices and anti-immigrant sentiments, which have negatively affected immigrants of color and their co-ethnics (DeGenova, 2004, 2007; Golash-Boza, 2012; Magana-Salgado, 2014). These restrictive immigration policies and anti-immigrant sentiments are daily realities and salient threats for Latino immigrants and their co-ethnics (Dreby, 2013; Golash-Boza, 2012). Anti-immigrant policies, practices, and sentiments are dynamic processes that heighten inequalities through processes of racialization that construct and reinforce boundaries between racial and ethnic groups (Chavez, 2013; Omi & Winant, 2015; Schwalbe et al., 2000). These processes restrict access to resources for groups that are constructed as inferior (Omi & Winant, 2015; Schwalbe et al., 2000). In the previous chapter, I examined women’s experiences of othering as one component of processes that create and perpetuate inequalities (Omi & Winant, 2015; Schwalbe et al., 2000) that are linked to inequities in health (Gee & Ford, 2011; Viruell-Fuentes et al., 2012). Results reported in Chapter 3, consistent with those reported elsewhere, suggest that these processes are relational, dynamic, contested, and negotiated. They engage multiple dimensions beyond race and ethnicity, including, for example, gender, socioeconomic position, age, nativity, and documentation status (Almaguer, 2009; Collins, 1990; Connell, 2012; Crenshaw, 1989; Hankivsky, 2012; Mullings & Schulz, 2006; Omi & Winant, 2015; Viruell-Fuentes et al., 2012). The aim of this chapter is to examine responses to racialization processes and their implications for health. Specifically, the analysis considers how these interactions are

shaped by multiple intersecting identities, based on interviews with women in a northern border community.

Limited work (see Dreby, 2013 for an exception) considers how Latinos contend with and navigate their social statuses and identities in the context of restrictive immigration enforcement and anti-immigrant sentiments. Dreby (2013) found that in a mid-sized city in New Jersey, which has an established Latino immigrant community, Latino children experienced discrimination based on nativity. In response, Mexican and Mexican American children de-emphasized their place of birth or that of their family members in their encounters with other children, most of whom were Latino. In contrast, for children in a small Ohio town with a small and relatively invisible Latino population, children experienced race- and ethnicity-based discrimination. In response to this form of discrimination, children de-emphasized their Mexican and Spanish-speaking backgrounds more generally, regardless of their nativity. These findings suggest that processes of racialization and identity management strategies enacted in response may be shaped by the social context in which they unfold. Thus, policy and demographic variations in the communities of interest may shape the types of discrimination experienced, and the strategies that are used to contend with, deflect, or resist those experiences.

As discussed in Chapter 3, Mexican and Central American women in the *Our Story, Our Health* study negotiated dynamic and relational processes of racialization in their northern border community. Women navigated a complex web of social agents, institutions in which the agents are embedded, and policies that were interconnected components of processes of racialization, which affected access to social and economic resources. Two major themes emerged from women's narratives as they described the institutionalized basis of their experiences with racializing processes in the years before and following 9/11. The term "official othering" encompassed authorities' engagement in othering to assess documentation status and the exercise of authority within their jurisdiction based on these assessments. "Peer othering" included

everyday interactions between women and non-officials who they encountered in various domains in life, such as their neighbors, co-workers, and salespeople, who also engaged symbols of deportability in their day-to-day interactions. Limited work (Viruell-Fuentes, 2007, 2011) has considered the health implications of responses to processes of racialization, and how these responses and health implications may vary by social statuses. The aim of this chapter is to examine how Latinas in Detroit and their co-ethnics negotiate experiences with processes of racialization that were discussed in Chapter 3, and implications for health.

Research Questions

Smith (1987) suggests that understanding people's experiences helps us to understand the ways that these experiences are structured by social institutions. Thus, interviews with women are useful for understanding how their lives are structured by immigration policies and practices. In addition, Smith's (1987) institutional ethnography recognizes the agency of institutional actors and those affected by institutional practices, both in the implementation of policies and in responses to them. Thus, understanding women's responses to immigration policies and practices and sentiments towards immigrants may enhance understanding of variations in how these processes unfold to affect women's everyday lives and the implications for health. This chapter explores in greater depth women's and their network members' responses to processes of racialization. Specifically, I examine the health implications of these negotiated processes.

To address this research question, I analyzed women's narratives, developing typologies of responses to experiences of racialization. I then examine the gendered nature of these responses and how the use of typological responses varies across social statuses (e.g., immigrant generation, documentation status). Finally, I examine the implications of various typologies of responses to racialization for health, with a particular focus on their effects across a broad range of social determinants of health.

METHODS

Sample

Qualitative research methods are effective for examining the experiences of highly marginalized populations (Reinharz, 1992). For this reason, qualitative methods were selected to explore Latinas' experiences with processes of racialization. This study, the *Our Story, Our Health/Nuestra Cuenta, Nuestra Bien Estar Study*, draws on 50 in-depth individual interviews conducted between July, 2013 and October, 2014. Participants were women who were at least 18 years of age, lived in Southwest Detroit, were of Mexican or Central American origin or descent, and in the first, 1.5, or second-immigrant generation. The term *immigrant generation* refers to the nativity of Latina immigrants or the parental nativity for US-born descendants of Latin American immigrants. Generational status was assessed by two measures: country of birth and number of parents who were born in the US. The definition of immigrant generation accords with that used by Rumbaut (1994) and is described in

Table 4.1:

Table 4.1. Definition of Immigrant Generations for Persons of Latin American Origin or Descent

Immigrant Generation	Definition
First Generation	Born in Latin America, immigrated to US at age 12 or over
1.5 Generation	Born in Latin America, immigrated to US at <12 years of age
Second Generation	Born in US, descendent of at least 1 Latin American immigrant parent

I engaged the assistance of a research assistant who is a resident of Southwest Detroit, community-based organizations (CBOs), and other participants to recruit participants. The research assistant and I used snowball sampling (Patton, 1990), asking participants to mention the study to others in their network who might be eligible to participate. Several CBOs in

Southwest Detroit shared information about the study with their clients and networks (e.g., by posting flyers in their office, on Facebook, and inviting us to introduce the study to students in English language classes) and assisted us in reaching women of particular immigrant generations to meet the needs of the study.

Preparing the Interview Guide

I began by drafting open-ended interview questions to derive detailed information about women's experiences with immigration policies and sentiments towards immigrants over the past 12 to 15 years. The research assistant and I then conducted four pilot interviews to refine the interview guide and to solicit feedback on the questions and interview process. In addition to input from members of the doctoral dissertation committee, and feedback from pilot interviews, several staff members from one CBO based in Southwest Detroit provided guidance on the study protocol, interview guide, and recruitment strategies. Based on this feedback, the interview guide was designed to foster a conversation around the following themes: (1) participants' experiences of being treated unfairly or poorly; (2) perceptions of what others think about Latinos; (3) experiences of being questioned about their documentation status; (4) experiences with immigration enforcement practices; (5) experiences as a result of Michigan's driver's license policy; (6) responses to these experiences; (7) opinions of immigration policies and practices; (8) reflections on 9/11 and what, if any changes, they have experienced or observed since 9/11 as it relates to these topics; and (9) participants' health. Interview materials were translated from English to Spanish, then back-translated to English. (See Appendix A for an example interview guide.)

The University of Michigan Institutional Review Board approved this study on July 10, 2013. The research assistant and I obtained verbal consent from participants, who were asked to

provide a pseudonym to keep track of study records. All names mentioned in this chapter are pseudonyms.

Interviews

The research assistant and I conducted the interviews at community-based and faith-based organizations, or in participants' homes, based on their preferences. Interviews were conducted in English or in Spanish, again based on the participants' preferences. Interviews ranged from 45 to 180 minutes (mean=113 minutes). The research assistant, who is fluent in Spanish, took the lead in asking questions during the interviews that were conducted in Spanish. During those interviews, I took notes and asked or clarified questions as appropriate, also in Spanish. I lead interviews that were conducted in English and the research assistant took notes and raised questions when relevant. The typical interview lasted 2 hours. All but one interview were audio recorded. Interviews were transcribed verbatim. Quotes that exemplify the themes from this study that are drawn from interviews conducted in Spanish are presented in both Spanish and English.

We did not ask participants to disclose their documentation status or that of others that they mentioned during the interview and explicitly stated that they did not need to reveal anyone's documentation status. However, because of the salience of these statuses in women's lives, women often mentioned and spoke freely about their status or that of their family, friends, or other network members. For example, some women who recently experienced temporary relief from deportation under the DACA program described the profound impact of this program on their everyday lives. Thus, in these discussions, they disclosed that they both lacked documented status and had temporary relief from deportation due to DACA. In addition, several women discussed the effects of Michigan's policy to deny driver's licenses to persons who could

not prove or lacked documented status. In these interviews, these statuses and the burden of proving or avoiding disclosure of one's documentation status were often discussed.

Following completion of the interview, we invited participants to complete a brief survey asking about their health, experiences of unfair treatment, and demographic information.

Participants received a \$20 cash incentive and information about individual and immigrant rights as partial compensation for their time. When appropriate, we connected participants with relevant services to address needs that emerged during the interview.

Analysis

Trained research assistants or I transcribed each recorded interview. I checked every transcript against the recording. I then analyzed the transcribed interviews and field notes using a grounded theory approach (Charmaz, 2001, 2012; Corbin & Strauss, 2008; Glaser & Strauss, 1967; Strauss & Corbin, 1990) using NVivo 10 qualitative data analysis software. Towards this end, this grounded theory approach facilitated the development of an inductive theory that was grounded in the analysis of women's narratives. The insights gained from initial interviews informed subsequent interviews with other participants and the analysis. The analysis involved iteratively reducing the data into manageable units or codes. I began this process with a careful reading of each interview to gain a sense of the range of experiences that each participant shared. I then engaged in a line-by-line analysis, labeling each concept for the first set of interviews (3 interviews with first generation women; 2 interviews with 1.5 generation women; and 2 interviews with second generation women). Following this process, I grouped concepts that emerged from these initial analyses of the interviews into categories that represented similar themes (Charmaz, 2001, 2012; Glaser & Strauss, 1967). I labeled these categories, developed dimensions of the categories, and integrated the categories and subcategories, following procedures outlined by Strauss and Corbin (2008; 1990) for grounded theory analysis. In-vivo

codes and their associated content served as the analytical constructs that informed the recurrent themes. Using axial coding, I made connections between categories and subcategories (Charmaz, 2001, 2012; Glaser & Strauss, 1967). To inform the development of the codes, I also looked for negative cases that helped to refine the categories, or that might challenge their construction. Data from each interview were studied within the context of each individual and in comparison with other participants to discern common themes that could be found within the larger narratives (Glaser & Strauss, 1967).

I also looked for negative cases to support the development of the grounded theory. For example, some participants challenged my expectations that they contended with heightened immigration enforcement in the years following 9/11. These findings facilitated the identification of how social statuses of women and their social network members intersect with the life course to shape women's narratives of experiences with immigration enforcement.

I explicitly made comparisons across immigrant generations and other social statuses such as household structure and age in order to identify similarities and differences in experiences. I also examined the gendered nature of women's experiences by understanding how their gender identities and responsibilities intersected with their experiences of and responses to racialization processes. By examining the processes by which boundaries are created and maintained, I examined how institutional inequalities are reflected in women's experiences.

For example, one of the themes that emerged from this process is that some women engaged in strategies to "limit their visibility" in an effort to prevent encounters with authorities who reinforce policies that racialize Latinos and restrict access to social and economic resources based on assessments of documentation status. The category of "limiting visibility" includes strategies to minimize attention to their or their co-ethnics' presence by minimizing the likelihood that interactions could escalate to encounters with officials or peers that could

constrain their access to social and economic resources. This category also encompassed limiting visibility in public spaces in an attempt to prevent encounters with police or immigration officials. A subcategory of “limiting visibility” was “limiting mobility,” which involved efforts to restrict driving or walking to prevent encounters of with authorities. Another category that emerged was the engagement of “instrumental support” to prevent and resist the consequences of racialization processes. This category encompassed women’s giving or receipt of tangible forms of assistance or support to or from family members or network members. Assistance with driving-related concerns (e.g., offering a ride, registering cars) was the most common form of instrumental support that women reported receiving or offering. The availability of social resources on which women could draw contributed to variations in use of the strategy of limiting mobility. For example, the availability of a friend or family member who could give women a ride influenced their ability to limit instances in which they drove. Throughout the analytic process, I discussed the codes and themes with the research assistant, staff at the CBO with whom we worked closely, and advisors on this project who are experts in qualitative research.

Though the research assistant and I sampled women across immigrant generations, I examined variations in experiences with racialization processes by a number of social statuses. Immigrant generation did not always emerge as the most salient social status that shaped women’s experiences with racialization processes. Thus, the findings presented in the sections that follow present variations in these experiences according to the social statuses that emerged.

Notes on Language

In the sections that follow, I discuss the findings from this inquiry. Before proceeding, it is important to provide a brief guide to some linguistic and framework decisions that inform the presentation of the findings. First, I did not ask women about their sexual orientation. A strong heteronormative framework was evident in the interviews, with women primarily describing

relationships with male partners. While this analysis may include women of other sexualities, these were not evident in their narratives.

Second, many women also referred to the 2012 Deferred Action for Childhood Arrivals (DACA) program as the DREAM Act (e.g., “[The Secretary of State’s Office] is full [of applicants for driver’s licenses] now because of the program for the students, the DREAM Act” (Dania, first generation participant)). Though the majority of women used the term DREAM Act to refer to DACA, in an effort to link women’s experiences with specific institutions and policies, I use the term DACA to refer to relief received from deportation and employment authorization through the DACA program that some women and/or their network members hope to or have gained. In quotes where women mention the DREAM Act or DACA, I present women’s own words, accompanied by a footnote to clarify instances in which I believed that women meant DACA when they said DREAM Act.

Third, several women in the first and 1.5 generations had multiple current immigration statuses (e.g., currently lacking documented status and have temporary relief from deportation through DACA) or had had more than one status over their life course (e.g., previously lacking documented status, now legal permanent resident or US citizen; previously had a visa, which is now expired). When possible, I refer to both of their current status(es) and to their previous status(es), as often more than one current or previous status over women’s life course influenced the experiences and reflections that they discussed.

RESULTS

Sociodemographic and Health Characteristics of Participants

As shown in Table 4.2, the majority of women (n=48) in this sample identified as Mexican or Mexican American, and 1 woman was from Honduras and 1 from Nicaragua. Two-thirds (n=33; 66%) of interviews were conducted in Spanish. The mean age of participants was

41.57 years (SD=14.63). Women in the first generation (mean=45.04 years; SD=11.28) had a marginally significantly ($p=0.09$) higher mean age than women in the 1.5 generation (mean=32.78 years; SD=14.49). There was no significant difference in the mean age of women in the second generation (mean=40.67 years, SD=19.00) relative to women in the first and 1.5 generations, though this difference may still be meaningful given the small sample size and age patterns across immigrant generations. Approximately half (55.56%) of first generation women had less than a high school education, 18.52% had a high school education, and 25.93% had some college education or more. Among women in the 1.5 generation, 11.11% had less than a high school education, one-third (33.33%) had a high school education, and 55.56% had some college education or more. One quarter (25.00%) of women in the second generation had less than a high school education, 25.00% had a high school education, and half (50.00%) had some college education or more. The majority of first generation (85.19%) women identified as raising children full-time and not working outside the home for pay, whereas 66.67% of 1.5 generation women were currently working for pay, and one-third (33.00%) and one-quarter (25.00%) of second generation women identified as currently working for pay or looking for work, respectively. A greater proportion of participants who were in the first (88.89%) generation were married, relative to those in the 1.5 (55.56%) or second (41.67%) generations. Across immigrant generations, the majority (83.33%) of women had one or more children less than 18 years of age who lived in their household. The mean everyday unfair treatment score was 1.87 (SD=0.64), the mean acute unfair treatment in the past year score was 0.58 (SD=0.92), and the mean lifetime acute discrimination score was 1.40 (SD=1.57). Generally, trends suggest that women in the 1.5 generation reported higher levels of unfair treatment than women in the first- or second generations. Women in the second generation reported the highest level of everyday unfair treatment. These sociodemographic and reported unfair treatment patterns are based on unadjusted estimates. Given differences in sociodemographic factors across immigrant

generations, it is possible that these patterns may not reach statistical significance after adjusting for other sociodemographic factors.

At the time of the interview, 39.58% of women described their health as being fair or poor, whereas only 12.50% of women described their health 15 years ago as fair or poor. Relative to 1.5 generation women (22.22%), patterns suggest that a larger proportion of women in the first (40.74%) and second (50.00%) generations reported their health at the time of the interview as fair or poor. For the full sample, 31.25% and 25.00% of women were diagnosed with high blood pressure or high cholesterol, respectively. Nearly forty-percent (39.58%) of women reported that they were diagnosed with depression, one-third (33.33%) had been diagnosed with anxiety, and 14.58% had been diagnosed with post-traumatic stress disorder. The mean depressive symptoms score, based on the CES-D was 2.78 (SD=0.47). Several of these self-reported health patterns may be correlated with age, as the mean age of women in the first generation was higher than that of women in the 1.5 and second generations. A larger proportion of women in the second generation (83.33%) had health insurance, whereas only 33.33% of first and 22.22% of 1.5 generation women had health insurance. The majority (81.25%) of women across immigrant generations had seen a doctor in the past year, with fewer women in the 1.5 generation (66.67%) reporting that they saw a doctor in the past year compared to first (81.48%) and second (91.67%) generation women. Reports of better health among 1.5 generation women may be associated with the substantially younger age in this group.

Table 4.2. Sociodemographic & Health Characteristics, Our Story, Our Health Study (n=50), by Immigrant Generation, 2013-2014

	Total Sample (n=50) ^a		1st Generation (n=27)		1.5 Generation (n=10) ^b	
	% (n)	Mean (SD)	% (n)	Mean (SD)	% (n)	Mean (SD)
Sociodemographic Characteristics						
Age (mean, SD) ^d		41.57 (14.63)		45.04 (11.28)		32.78 (14.49)
Interviewed in Spanish (% , n)	66.00% (33)		96.30% (26)		40.00% (4)	
Mexican or Mexican American (% , n)	96.00% (48)		92.59% (25)		100.00% (10)	
Central American (% , n)	4.00% (2)		7.41% (2)		0% (0)	
Educational attainment						
Educational attainment (mean, SD)		1.98 (0.89)		1.7 (0.87)		2.44 (0.73)
Less than a high school education (% , n)	39.58% (19)		55.56% (15)		11.11% (1)	
High school education (% , n)	22.92% (11)		18.52% (5)		33.33% (3)	
More than high school education (% , n)	37.50% (18)		25.93% (7)		55.56% (5)	
Employment status ^c						
Currently working for pay (% , n)	25.00% (12)		7.41% (2)		66.67% (6)	
Currently looking for work (% , n)	10.42% (5)		7.41% (2)		0% (0)	
Retired (% , n)	4.17% (2)		3.70% (1)		0% (0)	
Homemaker or raising children full-time & not working for pay outside of house (% , n)	54.17% (26)		85.19% (23)		22.22% (2)	
Student (% , n)	12.50% (6)		3.70% (1)		22.22% (2)	
Permanently disabled (% , n)	4.17% (2)		3.70% (1)		0% (0)	
Married or living with partner (% , n)	70.83% (34)		88.89% (24)		55.56% (5)	
Have one or more children living in household (% , n)	83.33% (40)		85.19% (23)		77.78% (7)	
Everyday unfair treatment (mean, SD)		1.87 (0.64)		1.77 (0.66)		1.85 (0.50)
Acute unfair treatment in past year (mean, SD)		0.58 (0.92)		0.56 (1.01)		0.78 (0.67)
Lifetime acute unfair treatment (mean, SD)		1.40 (1.57)		1.33 (1.62)		1.78 (1.39)
Self-rated fair or poor health						
At time of interview (n, %)	39.58% (19)		40.74% (11)		22.22% (2)	
15 years ago (n, %)	12.50% (6)		14.81% (4)		0% (0)	
Diagnosed chronic disease						
High blood pressure (n, %)	31.25% (15)		33.33% (9)		0% (0)	
High cholesterol (n, %)	25.00% (12)		33.33% (9)		22.22% (2)	
Diabetes (n, %)	10.42% (5)		11.11% (3)		11.11% (1)	
Asthma (n, %)	14.58% (7)		11.11% (3)		11.11% (1)	
Diagnosed mental health condition						
Depression (n, %)	39.58% (19)		51.85% (14)		11.11% (1)	
Anxiety (n, %)	33.33% (16)		37.04% (10)		11.11% (1)	
Post-Traumatic Stress Disorder (n, %)	14.58% (7)		14.81% (4)		11.11% (1)	
Depressive Symptoms (mean, SD)		2.78 (0.47)		2.73 (0.46)		2.64 (0.33)
Have health insurance (n, %)	43.75% (21)		33.33% (9)		22.22% (2)	
Saw a doctor in the past year (n, %)	81.25% (39)		81.48% (22)		66.67% (6)	

Note: ^a There was a total of 50 participants who participated in interviews, 48 of whom participated in the post-interview survey. Language of interview and country of origin or descent are based on information from the 50 participants; other sociodemographic information is based on surveys completed by 48 participants. ^b Language of interview and country of origin are based on all 10 1.5 generation women who participated in the interview; other sociodemographic information is based on the 9 participants in the 1.5 generation with survey data. ^c Language of interview and country of descent are based on 13 second generation women who completed the interview; other sociodemographic information is based on the 12 second generation participants who completed the survey. ^d The mean age of women in the first generation was marginally significantly higher than that for women in the 1.5 generation. ^e Some women identified with engaging in more than one type of work, thus percentages sum to greater than 100%.

Grounded Theoretical Model of Dynamic Intergenerational Racialization Processes

As depicted in Table 4.3, women's accounts illustrated that their experiences of and responses to processes of racialization were dynamic and contingent. Women's and their co-ethnics' responses to these processes were influenced by their experiences and the resources on which they could draw to prevent, mitigate, or resist the adverse effects of processes of racialization. Women's accounts illustrated that they negotiated multiple identities, which provided a set of malleable resources on which to draw in the process of responding to both opportunities and challenges associated with racialization (Ortner, 1984). For example, women manipulated symbols of deportability (e.g., immigrant generation, nativity, documentation status, driver's license, and the structures and characteristics of women's social networks) just as the agents of racialization manipulated them, towards their own ends.

Table 4.3. Typologies of Responses to Dynamic Processes of Racialization

Typologies of Responses to Dynamic Racialization Processes	Definition	Subcategories
Preventing circumscribed access to resources	Attempting to gain access to resources that are restricted as a result of racialization processes	
Mitigating strategies	Efforts reduce the adverse effects of processes of racialization	<ul style="list-style-type: none"> • Limiting activities • Limiting contact with peers who may engage in othering • Leveraging social support
Resistance to the symbolic construction of an “other”	Strategies to subvert processes that contribute to the construction of racialized groups	<ul style="list-style-type: none"> • Hiding an undocumented identity • Engaging in immigration advocacy • Resisting stigmatizing labels
Engaging in co-ethnic othering	The use of symbols of deportability against members of one’s own group or to distance oneself from (and therefore protect oneself of) a stigmatized group	
Internalizing othering	Conscious or unconscious acceptance of racial and ethnic hierarchies constructed through processes of racialization	

Women described a range of responses to the complex web of social agents, institutions, and policies that created and reinforced processes of racialization. These responses which emerged into the typologies of preventing circumscribed access to resources, vigilant efforts to mitigate the adverse effects of processes of racialization, resisting the symbolic construction of an “other,” engaging in co-ethnic othering, and internalizing othering. These responses had implications for its effects for women and their network members. In the sections that follow, I present the analysis of variations in responses that women and their network members engaged. This section concludes with a discussion of how these responses inform the grounded theoretical

model of processes of racialization and a consideration of implications of these responses for health.

Preventing Circumscribed Access to Resources

The category of “preventing circumscribed access to resources” encompassed strategies that women and their network members engaged to prevent the restricted access to resources that resulted from policies and practices that were grounded in, and that simultaneously reinforced, the construction of a devalued identity. As described in Chapter 3, social agents engaged the driver’s license and other symbols of deportability in racialization processes, based on the construction of immigrants lacking documented status as devalued groups. Through these processes, women contended with restricted access to resources such as remaining in the US, family cohesion, employment opportunities, mobility, identification, and material goods. Thus, they engaged in efforts to gain access to these restricted resources, which also could facilitate their efforts to prevent encounters with social agents in dynamic processes of racialization.

The main form of the strategy of preventing circumscribed access to resources pertained to women’s efforts to renew or obtain a driver’s license, a critical resource that has been restricted as a result of processes of racialization. Women and their network members who lacked documented status engaged in this strategy. As Susana, a 46-year old woman who had lived in the US for 14 years explained:

Eh, anduvimos [ella y su esposo] por todas partes, por toda la secretaria [Secretary of State] de que, y no. Fuimos al centro, fuimos a, a Carn, a Jackson, a, a muchas partes que nos decían donde, donde estaban dando la licencia todavía, pero no acansa bien. Ya cuando, ya cuando fuimos ya, ya no. No no, no le la dieron. Íbamos y, y nos decían ‘Sí sí se les vamos a dar’ pero, les hace falta esto, les hace, les hace fal-uhn, tréguame su pasaporte.’ Bueno, pos allí vamos a sacar el pasaporte. Que ‘Tréguame un papel que, que no traíllas’ o algo, ‘¿No traíllas este papel?’ ‘No,’ pos ‘Vaya a tregar este papel y luego viene.’ Y íbamos y no. No, no más nos estaban, que otra papel y que otra papel y – ‘No es que las falta este pápele es que les falta este pápele.’ No mas no estaba poniendo por ...

(Eh we [she and her husband] went all over the place, to all the secretaries [Secretary of State’s Office] to see [if they could renew their driver’s license] and no. We went downtown, we went to Carn- to Jackson all over and they said that they were still giving [driver’s] licenses, but we didn’t make it. By the time we went they weren’t [issuing driver’s licenses to undocumented residents]. They didn’t give us one. We went and they would say, ‘Yes, yes we will give it to you, but you are missing this, you are missing uhn- bring me your passport.’ Ok, well there we are going to get our passport. ‘Bring me a paper that you don’t have’ or, ‘You don’t have this paper?’ ‘No’ ‘Well go to get this paper and then come back.’ And we would go and no. No, they would just give us another paper, another paper and- ‘No, it’s just that you are missing this paper, you are missing this paper.’ They were just running us through the ...)

Like Susana, several women in the first and 1.5 generations whose driver’s licenses expired recounted going to Secretary of State’s offices to renew their licenses. Often, women described going to offices outside of Southwest Detroit because they anticipated that clerks at their local office, including Latina clerks, would use their residence in Southwest Detroit as a symbol of deportability in racialization processes. Women and their network members engaged in this strategy because the driver’s license was an important resource that facilitated work and other activities of daily life. In addition, this effort served to subvert symbols of identification that are engaged in these processes. Thus, this strategy both served to resist processes of deportation that

may be set in motion with its absence, and it was a critical personal as well as community resource.

Women reported a variety of results of this strategy. Some, like Susana, were unable to renew their driver's license despite repeated efforts. As Angela, a 29-year old woman in the 1.5 generation recalled her mother's success in obtaining a license:

And, before she [her mother] didn't have one [a driver's license], and she went, um, when they [Secretary of State's office] were barely had, like, stopped giving them [licenses to undocumented residents], she went and, she got it, in Taylor, because – right here [in Southwest Detroit] they're more, racist like, they know you're Hispanic so, they, right away ask you for your social [Social Security number] and stuff. So when she went over there and they didn't ask her for it, she got it [driver's license] you know, we were like, 'Oh, you know, I'm gonna go try it, whatever.' But then after that, I went to go try and I guess, like, they let 'em know now that you have to have a social [Social security number], so they didn't give it to me.

Though she did not have a driver's license prior to 2008, Angela's mother's effort to get a driver's license for the first time *after* the implementation of this law highlights the increasing importance of the driver's license in Michigan following its passage. Upon learning of her mother's success, Angela tried the same strategy, though with no success. Women's frequenting of more than one Secretary of State's office across the state highlights the critical role of the driver's license in their day-to-day experiences and their efforts to subvert this policy to prevent the consequences of racialization processes.

It is also noteworthy that some women in the first generation who had expired driver's licenses did not recount this strategy. These women did not explain their rationale for not trying to get or renew a driver's license. Based on other women's accounts of being denied a driver's license, it is possible that they did not try to renew their license due to concern that they would indeed be prevented from renewing their license.

Second generation women did not recount this strategy to renew their own licenses. For example, Alice, a 50-year old woman in the second generation whose husband lacked documented status, recalled her daughter's experience about being asked about her ethnicity by clerks at the local Secretary of State's office:

Like um the Secretary of State that was ... here [in Southwest Detroit] that was real bad too they [clerks] just rolled their eyes just like, Uhh. You know just they did – like they didn't want to associate themselves with, you know, I'm Mexican or whatever. Like one instance my daughter they went up to her and they said, 'Are you Mexican'?

While Alice described how Latina clerks at their local Secretary of State's office made salient her daughter's ethnicity, her daughter, who was also in the second generation, was able to renew her license. Thus, second generation women's more limited discussion about difficulty obtaining the license may be understood by their legal ability to access resources that are denied to others. Such resources enabled them to prevent and mitigate processes of racialization. One implication of these different experiences by documentation status is that access to resources to demonstrate documented status may serve to further divide the Latino community, with some having access to a valid driver's license, while others do not. Another possible implication of these processes is the creation or enhancement of solidarity, as suggested by women's accounts of providing rides to others who do not have a driver's license.

Mitigation Strategies

The category of "mitigation strategies" encompassed efforts to reduce the adverse effects of processes of racialization. Specifically, women described being attentive to vulnerability to immigration enforcement and official or peer othering and subsequently engaging in strategies to alleviate their adverse effects. There were several subcategories of "mitigation strategies,"

which included vigilance, limiting activities, limiting contact with peers who engage in othering, and leveraging social support, which are described in the sections that follow.

Vigilance

The category of “vigilance” includes women’s anticipation of experiences that reinforce racialization processes. The degree of vigilance varied with social statuses. As Consuelo, a 39-year old woman in the first generation who lacked documented status, explained:

Siempre manejo con cuidado. Para evitar que me paren. Por ejemplo, por lo regular siempre cuando te [la policía] llaman inmigración es porque tu am, no hablas ingles y estas manejando, o estas de alto velocidad o tal vez estuviste un accidente o no te paraste en un stop. So yo trato siempre de manejar al limites y siempre de ir con las leyes que están para no tener ningún tipo de contacto con la policía.

(I always drive with care. To avoid them [police] stopping me. For example, usually every time they [police] call immigration it’s because you am, don’t speak English and you are driving, or you’re speeding or maybe in an accident or you didn’t stop at a stop. So I try to always drive at the speed limit and always follow the laws that are there so you don’t have any contact with the police.)

Consuelo’s accounting of always driving with great care illustrates her vigilance or attention to surveillance from police. Central to Consuelo’s and many other women’s vigilance when driving is concern that ethnic profiling from police and/or minor traffic violations could lead to contact with immigration officials. Consuelo identified her limited use of English and, in further conversation, her currently expired driver’s license, as symbols of deportability that heightened her vulnerability in encounters with officials.

Many women described driving as imperative to fulfilling their roles as caregivers. Ana, a 24-year old woman in the 1.5 generation who recently received DACA, described her vigilance in the context of driving:

Right here you *need* [emphasis] to drive, because, you know, things aren't that, close and, you know with the weather and, now that I have two kids, you know, I can't ride a bike so [laughs], it's, it's bad, it's, to me it was, it was hard because, you know you drive, scared, like, 'Oh my goodness,' you know you have to make every stop and then you can't speed up a little bit and, you know, it's not just so much about, r-driving right, it's just that you're, you're paranoid, because you see the police and you're, even if you're driving, you know, the way you're supposed to, you think, 'Oh my god, what if they stop me?' So, but yes, it, it was, it was not pretty [chuckles].

As Ana put it, she had to drive to provide for and care for her children, but was “paranoid” to the attention of police when driving without a driver’s license. Ana and other women often described continuing to drive after their licenses expired in the context of fulfilling caregiving and employment responsibilities. They took these actions understanding the risks, including police surveillance, potentially leading to contact with immigration officials. Limited transportation options in Detroit and surrounding communities and the imperative of driving to fulfill caregiving responsibilities contributed to vulnerability.

The magnitude and frequency of the vigilance women described were shaped by vulnerabilities to and protections from risk of racialization. Intense and chronic vigilance when driving was most common among women in the first and 1.5 generations, and was particularly acute among women who lacked documented status. However, some second generation and immigrant women who had more protected social status(es) (e.g., have driver’s license, DACA, resident, citizen) also recounted high levels of vigilance. This was particularly apparent when they were driving with family members or friends who lacked documented status. Additionally, women who had family members who lacked documented status, but still needed to drive, expressed their vigilance over their family member’s vulnerability to inequalities that unfold from processes of racialization. These concerns illustrate that this vulnerability derives from

immigration laws that specifically target those who have been racialized. For example, Clara, a 41-year old second generation woman whose husband recently became a permanent resident shared her concern about her husband's driving experiences:

It's just, even though my husband's okay, but you still fear. Like he's gonna be picked up or spotted real easy, like is a cop gonna stop him just for racial profile and just take away his papers? Because I've known people do that, you know, get legalized and because racial profile, they'll say something – 'he was carrying – tra - trafficking people, or drug trafficking.' And it's not true. They put stuff there. And they could be innocent. They could be innocent. And, that's where the real scary part is. That's why I tell my husband, 'Be careful, you know, who you're with. Just make sure you don't bring people in the truck, because you don't know. You don't know. Because you are a target.' You are a target. And um, a couple of times when he's driving, we'll have cops behind us. It's my truck. Has my plates. It says my name on it too. And, it's like, wait a minute. But, when I drive, nobody bothers me. It's – it's because of who's driving.

Clara's vigilance centered on her husband's vulnerability to immigration enforcement and surveillance from police when driving, whether or not she was in the car with him. She was attentive to the possibility that police would "target" her husband, resulting in an encounter with immigration officials, whether or not the traffic stop occurred as a result of a traffic violation. Apparent in Clara's account is her high level of mistrust in officials even though her husband has a documented status with ostensibly nothing to fear surveillance from authorities in the complex web of inequalities. Her mistrust of officials is highlighted by her concern that officials might plant illegal materials in order to jeopardize her husband's status.

Thus, the extent to which women were vigilant depended upon their vulnerability(ies) and those of others in their network. For women in the first and 1.5 generations, the absence of documented status or a close relationship with someone with a more vulnerable social status, contributed to added vigilance. Among women in the second generation, having family

members who lacked documented status contributed to greater intensity and chronicity of their vigilance.

Driving was the most common, but not the only, context in which women described being vigilant. As with driving, the intensity, frequency, and the central meaning of women's vigilance in other contexts varied with social status(es) – their own, and that of members of their social networks. Lily, a 41-year old first generation woman who has lived in the US for 28 years explained:

Y esa es una de las formas que mas te afecta porque tienes que pensar en que puede pasarte afuera.... La casa estaba rodeada por inmigración. Esta casa vigilándome, vigilándome. Pero como te digo como no tienen la orden contra mí cuando me han agarrado pero si yo salgo cuando ellos estén afuera me van a agarrar. Y si, es así, todo lo que te estoy diciendo porque así ha pasado me entiendes.

(And that is one of the ways it [not having documented status] has affected us the most because you have to think about what can happen outside ... The house is surrounded by immigration. This house they are watching me, watching me. But as I was telling you since they don't have the order against me when they have grabbed me but if I go out when they are outside they are going to grab me. And yes, that's how it is, everything I am telling you because that is how it happened you understand.)

Lily and her husband lived in fear of encounters with immigration enforcement outside of her house, which leaves her with a feeling that “vigilándome” (“they [immigration officials] are watching [her]”) at home and outside of her residence. Lily and her husband both lacked documented status. Her own anticipation of contact with immigration officials was linked with these vulnerabilities. Although she had had previous encounters with immigration officials without being detained, she fears that one day she will be picked up by immigration officials. Thus, she has decided not to work, and limits activities outside of her house. Women's attention to the possibility that experiences outside of their home could lead to contact with immigration

officials resulted in vigilance regarding encounters in their neighborhood, at stores or restaurants, or at work. Despite these adverse effects of her experiences of racialization linked with the vulnerability of her documentation status, Lily asserted:

He pasado muchas, muchas, muchas cosas. Muchas.
Exageradamente discriminación también pero como quiera aquí
estamos seguimos para adelante.
(I have been through a lot of things, many, many things. Extreme
discrimination also but we are still here going forward.)

Lily's account illustrates some of the ways that experiences with processes of racialization are contested and negotiated. Women find ways to "[seguir] para adelante" (be "still here going forward"). Lily's use of the plural form, "seguimos" ("we are ... going") suggests that some responses to processes of racialization may involve and/or affect the social relationships on which women can draw and/or a collective identification with a larger group. Lily's limitation of work or activities due to her vigilance in mitigating the adverse effects of racialization processes is related to another subcategory of mitigating strategies: "limiting activities," which I describe in the section that follows.

Limiting Activities

Women described efforts to "limit activities" with the central intention of preventing immigration enforcement. The category of "limiting activities" includes strategies to minimize visibility, activities, and mobility in public spaces and/or to cease working in an effort to minimize peer or official othering and immigration enforcement. Women and their network members who lacked a valid driver's license or lacked documented status engaged in this strategy. For example, as Sonia, a 44-year old first generation woman who lacked documented status explained:

Ellos [sus hijos] no quieren hacer reclamación a nada porque ellos aunque son nacidos aquí ellos les da miedo por decir que si me dan un cambio mal en la tienda, yo les diga que esta mal por miedo que no me echen a inmigración. ... Y ellos todo el tiempo están preocupados. Te afecta en el vecindario de si alguien te esta molestando te tienes que aguantar ... saben que no tienes papeles y te amenazan con esas cosas.

(They [her children] don't want to complain about anything because even though they are born here they are afraid to say anything if they give me the wrong change at the store, or to say it's wrong for fear that they'll get immigration on me. ... And they are worried all the time. It affects you in your neighborhood like if someone is bothering you have to put up with it ... they know you don't have papers and they threaten you with it.)

Sonia's account illustrates the efforts she and her family made to limit their visibility, reducing the likelihood of her deportation and separation from her family. She and her second generation children tried to limit attention drawn to them in everyday encounters at stores and with their neighborhoods. In addition, they endured or "aguantar" ("put up with") peer othering to limit further attention and an escalation of these interactions to contact with immigration officials.

"Put[ting] up with" these experiences in order to avoid unwanted attention or threat of reporting documentation status suggests that responses to processes of racialization are contingent upon resources available. Sonia and her husband lack documented status, and there is an order for her deportation. These vulnerabilities contribute to their decisions regarding responses to othering.

Women also described limiting their mobility. The subcategory of "limiting mobility" ranged from limiting the reason, frequency, distance, or boundaries in which women and their network members were active. In this context, limiting mobility often involved restricting driving or ceasing to drive. This strategy was used by those who lacked a valid driver's license, and some who lacked documented status ceased driving altogether. Ava, a 31-year old woman

in the 1.5 generation, described how she stopped driving after her license expired and her sister was deported after a traffic stop:

Si, por eso no, yo deje de manejar porque donde vi que la pararon a ella [hermana] y no trae licencia y la llevaron a inmigración pues yo dije entonces yo también no voy a manejar porque pues si me paran no solamente es que me van a dar ticket o y que lo que sea con la policía ahora me van a mandar a inmigración y pues si como te digo como no tenía un plan de nada que va pasar con los hijos donde los vamos a dejar y mis papas no están aquí están en California y ellos también pues no, tienen mas niños y no creo que se pudieran hacer cargo de otros hijos ajenos. Entonces si como que dice uno estoy como sola aquí que va pasar no puede andar uno así aprovechándose y andando manejando como si nada si no tienes licencia también.

(Yes, that is why I stopped driving because when I saw that they stopped her [sister] and she didn't have a license and they took her to immigration well I said, then I won't drive because well if they stop me they aren't just going to give me a ticket or whatever with the police now they are going to send me to immigration and well yes like I told you since I didn't have any sort of plan what would happen with the children where would we leave them and my parents aren't here they are in California and they, well no, they have more children and I don't think they could take care of more children. So yes you could say I am here alone and I can't be taking advantage and driving like it's nothing if you don't have a license too.)

Ava chose to stop driving, limiting visibility to police or immigration officials and mitigating the threat of immigration enforcement. Whereas some women described having to drive to fulfill their caregiving roles, Ava saw not driving as central to protecting and fulfilling her status as a caregiver. Specifically, she weighed her more limited mobility against the lack of extended family in the area to care for her children if she were detained or deported.

The dynamic nature of these decisions, and women's active negotiation of the processes were evident in the interviews. For example, Dalilia, a 28-year old woman in the 1.5 generation described:

Me dijeron que no manejara y dure un tiempo, un tiempo bien asustada y no manejaba. Como dure, lo mas que pude durar creo que fueron como uno of dos meses y ya no pude porque es muy dificil no manejar. Tu sabes aquí como madre tienes que llevar tus niños al doctor, tienes que- estuve trabajando y, y tienes que transportarte no puedes, no puedes estarle pidiendo ayuda a la gente cada rato porque la gente no te va ayudar. So yo tuve que- yo esa orden si la tuve que desobedecer y tuve que manejar. Hasta el día de hoy sigo manejando no mas que ya manejo con precaución. Y ahora si cada vez que veo un policia en la calle me asusto. Lo que antes no pasaba ahora si me pongo nerviosa y... es dificil.

(They told me not to drive and I lasted a while, a while really scared and I didn't drive. I lasted like, as long as I could I think it was like one or two months and I couldn't do it anymore because it's really difficult not driving. You know here how it is for a mother you have to take your kids to the doctor, you have to-I was working and, and you need transportation you can't, you can't be asking people for help all the time because people aren't going to help you. So I had to – that order I did have to disobey and I had to drive. Up until today I am still driving I just drive with care. And now every time I see a police in the street I get scared. This didn't use to happen; now I do get nervous and... it's difficult....)

In contrast to some women who described ceasing driving altogether or limiting their mobility, Dalilia has engaged both strategies at different points, depending on the social resources that she could engage and her caregiving and employment responsibilities. She links her ability to stop driving to the ability to rely on network members for rides. Her experience suggests the social costs that may be involved in limiting driving and women's balancing of the potential strain on those relationships. Her resumption of driving may help to ease the strain on her social relationships, while simultaneously increasing her risk of immigration enforcement.

As women's accounts illustrate, limiting mobility was often central to limiting activities in an effort to prevent immigration enforcement. Women actively negotiated these decisions, which were contingent upon, for example, documentation status, caregiving responsibilities, and resources available through their social networks, and which varied across participants and

within participants over time. For example, the availability of a friend or family member who could provide a ride or family members who could look after children influenced the responses to racialization processes with which women could engage. Women negotiated the costs and benefits associated with drawing on resources involved with various strategies, balancing the demands on their social networks versus the risks with driving oneself.

Limiting Contact with Peers Who May Engage in Othering

The subcategory of “limiting contact with peers who may engage in othering” includes restricting contact with peers who have or may ask about their or other’s documentation status or speak negatively about their others’ ethnicity or nativity. Women across social statuses engaged this strategy. However, those who lacked documented status or who had a family member who was undocumented tended to use this strategy on a more intense level. For example, Marisol, a 51-year old woman in the first generation who recently became a resident, described her efforts to avoid contact with her neighbors:

Los vecinos, ibas tu y oyes, platicas, ‘Oye, ¿tu tienes papeles?’ Y ni modo decir sí o no, o platicarles tu vida. Entonces, no se si es bueno o malo estar comentando porque muchas veces a la mejor, te vayan a decir a delatar Esa misma gente. Ya la experiencia que pasamos con mi hijo, nos delataron porque no lo se, yo creo los mismos vecinos, eran americanos, güeros de esos en motos. Ah, sí muy malos, porque si eran malos las personas nosotros hemos sido siempre gente amigable, buena, eh, educada, pero esos personas no. Entonces a la mejor ellos fueron que nos delataron, y se llevaron a mi hijo. Pero ...yo pienso que eso fue no por otra cosa a la mejor no por miedo pero no me gusta, no me gusta estar comentando a la gente o que se quiere interesar de ... entonces así nada mas, ‘Buenos días, buenos días,’ y hasta ahí.
(You hear the neighbors talking, ‘Hey, do you have your papers?’ There’s no way I’m going to tell them yes or no, or talk about my life. So I’m not sure if it’s good or bad to be talking about it because maybe those same people are going to snitch on you. That’s what happened with my son, for some reason they told on us, I think it was our neighbors, they were American’s, whites like the ones with motorcycles. Yes, they were really bad, we’ve

always been really friendly, well, polite, but those people weren't. So maybe they were the ones that turned us in, and they took my son. But... I think that was not because of fear or something else, I don't like talking to people that are interested in... so I just say 'Good day, good day' and that's it.)

Marisol's previous experiences of neighbors' inquiries about her and her household members' documentation status, as well as a previous immigration raid on their home, in which immigration officials apprehended her son, inform her vigilant practice of maintaining distance from her neighbors. Her effort to limit contact with her neighbors is not only a strategy to prevent questioning of her documentation status, but also to prevent the possibility that her neighbors might call immigration officials. Limiting contact with peers for this reason was most common among women in the first generation who lacked documented status.

First generation women also described limiting contact with other Latinos to reduce the likelihood of co-ethnic othering based on nativity or documentation status. Sonia, a first generation woman explained her strategy to avoid persons, including Latinos, who spoke negatively about those who lacked documented status:

Porque se que son unas personas que yo no dependo de ellas, se que no dependo de ellas y no las estoy haciendo mal a ellas. Y te acostumbras a esas negatividades y tratar de no hacer caso y no juntarte mucho con ellas o no acercarte mucho ahí porque desgraciadamente esta hasta en nuestra misma raza. Cuando no tenemos papeles nuestra misma raza es la que nos tira y la que nos hace sentir menos. ... Pero no hago caso, no tengo que hacer caso. Pero si me alejo porque una no les hago caso.

(I know those people [who speak negatively of undocumented immigrants] and I don't depend on them, I know I don't depend on those women and I'm not doing those women any harm. You get used to that negativity and you try not to pay any attention to it and not get together with them very often and not go over there very often because unfortunately there are even in our own race. When we don't have papers our own race is the one that pulls us down and makes us feel inferior. ... But I ignore it, I have no reason to pay attention. But I do distance myself because I don't pay any attention.)

She attempted to limit these encounters with co-ethnic peers by restricting contact. Sonia's reference to Latinas as a source of peer othering may be understood in the context of her interactions, largely embedded within Southwest Detroit, and in her role as a mother. Through her active participation in her children's predominantly Latino neighborhood schools and other community events, Sonia may have had more frequent encounters with other Latinas, which may be the primary source of othering for which she is vigilant.

Leveraging Social Support

The subcategory of "leveraging social support" includes social support that women engaged to reduce the effects of processes of racialization with which they or their network members contended and served as a resource for identity support. This subcategory was engaged by those who lacked documented status, did not have a valid driver's license, contended with family separation through deportation, managed caregiving and/or employment responsibilities, and/or experienced economic hardship. In addition, women whose network members were acutely vulnerable to racialization processes also engaged this strategy. This subcategory emerged into two subcategories that involved the use or provision of emotional or instrumental social support.

Emotional Social Support

The subcategory of "emotional social support" involved talking with or listening to family or friends as they discussed stressors linked with social statuses. Women who lacked documented status or who had family members who were undocumented used this strategy to alleviate the consequences of racialization. Some women discussed these stressors with trusted others. For example, Alicia, a 1.5 generation woman whose husband was undocumented, shared:

I have about two people in my life that I like to vent with and they can advise me very very wisely. And then, again, venting, and just telling it to people, what you're going through. I think it takes a load off your shoulders because you're not stuck with that in you.

For Alicia, talking with these two trusted women provided an opportunity to discuss stressors related to her husband's documentation status, and her concerns about family separation if he were to be deported. This strategy is conceptualized as identity support to construct and preserve an affirming sense of identity and belonging in the context of racialization processes (House, 1981; Viruell-Fuentes & Schulz, 2009). Women described the emotional social support derived from discussing efforts to protect family and manage identities with family members or female friends.

Alicia's metaphor that talking with others took "a load off of [her] shoulders" suggests the physical relief of being able to share her experiences and concerns with trusted others. Thus, receiving emotional support may be health enhancing as she and her family contend with processes of racialization and their implications.

Women's experiences of drawing support from co-ethnics suggest the nuances of responses to processes of racialization within women's own lives and across women in this sample. For example, some women in the first generation who lacked documented status described avoiding peers to prevent othering from co-ethnics and non-Latino whites. Though several women limited their contact with peers to prevent othering and immigration enforcement, those who had network members with whom they could discuss their experiences with processes of racialization may experience affirmation and a reprieve from these processes of inequality, which may be health enhancing.

Accounts of drawing on or providing emotional support were less common than descriptions of providing or receiving instrumental support (defined and discussed in the

following section). The limited discussion of emotional support may reflect several factors. For example, emotional support may be less visible, although embedded in women's experiences with some instrumental forms of support. It is also possible that other strategies to mitigate the adverse effects of processes of racialization, such as limiting mobility and contact with peers, may contribute to more restricted contact with others from whom they may draw or provide social support.

Instrumental Social Support

The category of "instrumental support" includes women's giving or receipt of tangible forms of assistance or support to or from family members or network members. Examples include giving rides to persons who may lack a driver's license, receiving rides from someone with a driver's license, registering cars in the name of a person with a more protected status, translating or assisting others with navigating confusing immigration policies and systems, and providing or receiving housing. Assistance with driving-related concerns (e.g., offering a ride, registering cars) was the most common form of instrumental social support that women reported receiving or offering. For example, Bella, a 21-year old woman in the 1.5 generation, explained that before she received DACA she relied on her mother and other network members to fulfill her employment responsibilities:

Well it was hard you know it was very hard. Well ... my mom didn't work at that time so she'd be able to take me here and somebody would have to pick me up or I'd get a ride home from somebody so I was more home than I was out because I didn't have a driver's license and now it's different now it's like you don't see me at home I'm always working and so I'm out. But you know that's how I was. Before that [getting a driver's license through DACA] I never drove or nothing because I was like paranoid and it goes from the cops getting you to asking for your license and it just goes bad from there. So I'm I didn't want to risk it so I was just like I'll just stick to getting rides you know - cus I worked around the area.

These forms of assistance, as Bella implied, helped to reduce her concern that she might encounter police or immigration officials when driving to or from work. Her mother's and other network members' provision of rides illustrate her family's and friend's efforts to extend the benefits of their more protected social statuses (e.g., having a driver's license) on those who are more vulnerable to official othering from police or immigration officials. As Bella and many women recounted, these strategies often centered around driving in and around the Motor City because many women in this sample and their co-ethnics lacked a driver's license. Thus, instrumental social support may promote health by helping women and their network members to earn a living and fulfill other responsibilities.

Support in the form of rides also enabled women who limited their mobility because they lacked a driver's license to engage in social settings. For example, as Susana put it:

Mm, mm, por ejemplo como cuando, cuando ando con al-con alguna persona que, que sí está bien, que está legal, que tenga su papeles, como que allí si me siento segura, como te digo, 'Bueno ando, con ella me van a hacer nada no me van a decir nada.'
[laughs] Y es la misma pues ni modo que nos van a decir nada [laughs]. [laughing] ¡No que no van a hacer nada! Pero sí me siento segura. Eh, así me siento segura. Como por ejemplo ayer nos invitaron a una comida allí a la Telegraph [road]. Eh, ella dijo la 'Mujita,' dijo 'Yo paso por ti,' porque yo decía '¿Pues ay pues quien va a pasar por mi' y ella dice 'Yo paso por ti' 'onde ya me dice 'Yo paso por ti' haz de que cuenta como ay si voy [laughs]. Como que sientes siento segura, eh y ya dije '¡Pues si sí voy!' (Mm, mm for example like when, when I am with someone that is good, that is legal, that has their papers, it's like then I do feel safe, as I say, 'Well, I am with her, they won't do anything to me, they won't say anything to me.' [laughs] And it's the same though either way they [police or immigration officials] won't say anything to us. [laughs] No they won't do anything! But yes I do feel safe. Eh, then I feel safe. Like for example yesterday they invited us to a dinner over there on Telegraph [road]. Eh, she said, the [woman] said, 'I'll come by for you,' because I said, ay well who is going to pick me up? And she said, 'I'll come by for you' and when she said, 'I'll come by for you' you realize how then I

did want to go [laughs] It's like you feel- Uh huh, like you feel safe, eh and so 'Well yes I will go!')

Susana's friend's provision of a ride enhanced her mobility and facilitated her interaction with friends. By enabling Susana to participate in this gathering, this form of instrumental support may provide a gateway to sources of emotional support. This instrumental support enabled Susana to get out and to avoid the isolation that otherwise would have come with the decision not to drive without a license. Instrumental support may enhance health by providing opportunities for women to engage with others, particularly when other responses to processes of racialization may limit their social connections. Thus, instrumental support may buffer the potential health consequences of other responses to racialization, such as limiting mobility and/or restricting contact with peers. Hence, the health implications of these responses, and the conditions under which women can engage these responses, may be complex.

Several women across generations who had driver's licenses recounted driving their partners, children, and other family members, friends, or neighbors where they needed to go. Women's accounts indicate that they and their co-ethnics engaged strategies that serve to buffer the consequences of processes that stigmatize women's identities and limit mobility.

These strategies also may limit the vulnerability of network members to surveillance from local law enforcement and immigration officials, factors that reinforce a sense of deportability and heighten their risk of immigration enforcement. As Bella and Susana implied, traveling with someone who had documented status and a driver's license helped them to feel less vulnerable to immigration enforcement. These accounts illustrate the network effects of responses to racialization processes. That is, the more protected status of a network member helped them to feel less risk of encounters with police or immigration officials and thus immigration enforcement.

Forms of instrumental social support extended beyond providing or receiving rides.

Women with protected statuses (e.g., having a driver's license, DACA or another documented status) described registering cars in their name and ensuring that car insurance payments are up to date on vehicles that those without a license may use. Alicia, a 29-year old US citizen in the 1.5 generation explained her strategy to protect her husband who lacked documented status:

But it happens so quick ... Um, I always make sure the taillights work on my car. I always make sure that things are so perfect. I have insurance. Um, [car] insurance is very expensive in Detroit. And there are times I wanna give up on that \$400 payment for all three vehicles. But the fact that I know that that *might* [emphasis] reduce the risk of *him* [emphasis] getting in trouble is worth those \$400 a month.

Thus, one of Alicia's vigilant efforts to reduce her husband's risk of exposure to official enforcement involved providing instrumental support by ensuring that all details of their cars were in order. Several women recounted efforts to provide this form of support for their family members. While intended to prevent experiences of official enforcement, these actions also posed an economic hardship. The potential benefits to health of reducing stress associated with the possibility of immigration enforcement may be partially offset by the stress of significant and continual expenses.

Some in the first and second generations recounted extending their home to family or friends after they experienced a deportation and/or a financial hardship related to documentation status. For example, Margarita, a woman in the first generation who recently took in a friend's daughters after her friend was deported, explained:

Yo me había quedado con las dos, la mas chiquita y ella son las mas chicas. ... Porque yo desde el momento dijo donde comemos uno comemos dos. Donde comemos tres, comemos cuatro. (I kept both [of her friend's youngest daughters], the littlest and her are the youngest. ... Because from the moment [they asked if they could stay with her] I said where one eats two can eat. Where three eat four can eat.).

Despite their own economic struggles, women explained that their action served to protect and support members of their social network who were dealing with deportation and/or financial vulnerability. They adopted economic and family responsibilities once born by those who were deported or who struggled to make ends meet.

Women in the first and 1.5 generations, in particular, expressed concerns that asking for emotional or instrumental support would burden their network members. As Ava, a 31-year old woman in the 1.5 generation put it, she tried not to bother anyone:

Si hace, como en el dos mil diez se venció y si desde que se me venció yo ya no manejaba casi porque si me daba pendiente y a veces si necesitaba manejar como para llevar el niño al doctor o cosas así que necesitaba salir a comprar cosas al Walmart o eso y ves que la Walmart esta fuera y me tenía que esperar hasta que alguien me llevara porque yo no me animaba y ya cuando- hasta que llegara mi marido o hasta que alguien me llevaba y me sentía mal porque pues a mí no me gusta molestar a nadie y ahí pues tenía que andar pues molestando la gente. ... Y también batallaba en que para placear los carros necesitaba licencia y pues como no tenía licencia no podía placear mi carro y um. El año pasado dure como casi mas de medio año así sin carro porque no tenía para placear mi carro y pues tampoco- muchas veces no quería preguntar a nadie porque pues me daba pena molestar la gente o a veces que te dicen que no y a mí me siento mal cuando me dicen que no. So a veces para evitar que me dijeran que no mejor no le preguntaba a nadie y pues si ...

(Yes it's been, like two thousand ten it [her driver's license] expired and yes since it expired I hardly ever drove because it was hanging over me and sometimes I needed to drive like the child to the doctor or things like that where I needed to leave to buy things from Walmart or something and you know that Walmart is outside and I had to wait for someone to take me because I couldn't get motivated and- until my husband came or someone to take me and

I felt bad because well I don't like bothering anyone and well I had to keep bothering people. ... And I also struggled in getting plates for the cars I needed a license and since I didn't have a license I couldn't get a plate for my car and um. Last year it was like a year I was without a car because I couldn't plate [get registration for] my car and well I couldn't- many times I didn't want to ask anyone because I felt bad bothering people or sometimes they tell you no and I feel bad when they say no to me. So sometimes to avoid them telling me no I wouldn't ask anyone and well ...)

Women also feared their peer's rejection of this request of support. Women who lacked documented status, had family members who were undocumented, and/or had limited social networks were most likely to express this concern. This may be because they are least able to reciprocate or are in a position in which they may need to make more requests for assistance and thus are particularly sensitive to not overburdening their networks.

These worries suggest that the forms of social support that some women reported may depend on the number and strength of the social ties between those giving and receiving support. For instance, some women in the 1.5 and second generations who had a valid driver's license described registering their family member's cars in their name and insuring their cars so as to reduce risk of immigration enforcement. However, none reported registering cars for persons who were not family members. Ava's experience of not being able to find someone to register her car may reflect the structure of her local social network. For example, earlier in the interview Ava explained that her decision to not drive after her driver's license expired was motivated by her concern that she did not have extended family in Michigan to help care for her children if she were to be detained or deported. Thus, due to the nature of this form of instrumental support, one that may be expensive and risks the registrant's personal record, women whose family members are local and have licenses may be better able to draw on this form of support. Relatedly, women described giving or receiving rides to family members,

friends, and persons with whom they had who they had weaker, though trusted relationships (e.g., neighbors). It may also be easier for women to ask for or provide this form of instrumental support among network members with whom they may have social ties of various depths (e.g., family members or acquaintances).

Women's accounts suggest that the mechanisms by which leveraging social support may affect health are complex and shaped by their social networks and other resources on which they can draw to give or receive support (e.g., driver's license). Further, women's and their network members' ability to draw on social support to mitigate the effects of racialization may be contingent upon the other responses that they engage, which are also shaped by their vulnerabilities and protections. Subsequently, the effect of these forms of social support on their health may be influenced by their vulnerabilities, protections, and other responses that they and their network members engage.

First and 1.5 generation women who lacked documented status or had a family member who was undocumented generally described leveraging emotional and instrumental social support. However, women across generations who had a driver's license tended to report providing emotional and instrumental social support discussed above. These patterns may need to be understood in the context of the topics of discussion during the interviews. For instance, while the themes of the interview focused on women's experiences of unfair treatment, which we inquired about broadly, a particular focus was women's experiences with immigration policies, immigration enforcement, and anti-immigrant sentiments. Women who have documented status and/or have fewer network members that lack documented status may encounter and respond to other components of racialization processes for which they respond, but for which they did not

discuss during the interview. Thus, women and their co-ethnics may leverage other forms of social support beyond those that emerged from women's narratives and are presented here.

Health Implications of Strategies to Mitigate Processes of Racialization

The categories discussed above reflect strategies that women engaged to mitigate the adverse effects of racialization. The strategies that they engaged varied according to the resources on which they could draw to alleviate the consequences of these processes.

Vulnerabilities and protections and other responses to these processes that they engaged shaped the health implications of these strategies. There is a small but growing body of evidence that vigilance tied to racialization processes is associated with adverse health outcomes (Hicken et al., 2013; Hicken et al., 2014; Williams & Mohammed, 2009). Thus, vigilance to the sources and effects of processes of racialization may be one mechanism by which experiences with immigration policies and practices affect health.

However, the strategies that women and their network members engaged to mitigate the effects of processes of racialization may have complex associations with health, with for example, health enhancing implications for the short term, but perhaps health risks for later in the life course. For example, limiting activities and limiting contact with peers as a strategy to prevent the adverse consequences of racialization processes may simultaneously undermine the development of and investment in social networks. A larger literature suggests that the receipt of social support is protective of health (Uchino, 2009; Umberson & Montez, 2010). Thus, while strategies such as limiting activities and restricting contact with peers to prevent the implications of racialization may protect access to social and material resources, these strategies may also undermine the development and maintenance of social relationships that could be leveraged in other responses to racialization. In addition, the strategies that they engage to mitigate the

effects of racialization may be contingent upon other responses to processes of racialization, which I discuss in the sections that follow.

Resistance to the Symbolic Construction of an “Other”

The category of resistance to the symbolic construction of an “other” encompasses strategies to subvert processes that contribute to the construction of racialized groups. This category is characterized by three subcategories: hiding an undocumented identity, engaging in immigration advocacy, and resisting stigmatizing labels.

Hiding an Undocumented Identity

This subcategory of resistance includes engaging in strategies to distance themselves from or hide an undocumented identity. Strategies include, for example, hiding symbols of deportability, embracing an ascribed documented status, and constructing a documented identity. Women and/or their network members who lacked documented status often engaged in this strategy in efforts to alleviate the consequences of racialization. Women’s and their co-ethnics’ relative success in hiding an undocumented identity often varied by, for example, access to resources such as a valid driver’s license, language use, and physical characteristics.

Hiding Symbols of Deportability

The subcategory of “hiding symbols of deportability” includes strategies used to actively hide symbols of deportability from official or peer agents of dynamic processes of racialization. These included misleading and/or concealing relevant symbols to reduce the risk of immigration enforcement and othering. For example, women described misleading officials about why they could not present a valid driver’s license. As Angela, a woman in the 1.5 generation, explained:

It's scary [laughs]. I've been pulled over once and, by a s-a state police, but he was actually nice, and, well I lied to him, I told him that, that I was staying in Chicago for a couple of months so, when I – I barely had came back and I couldn't renew my license, and he just gave me a ticket for that and he told me, 'As soon as you go renew it, you won't have to pay nothin' so just go renew it and' - and back then you cou – you would be able to just pay the ticket off, but now, they're making you go to court for it.

Angela and other women who had expired driver's licenses described how they sometimes mislead or planned to mislead officials about why they did not have a valid driver's license. This strategy may be understood in the context of the level of importance of the resources for which some officials were gatekeepers (e.g., social welfare assistance, driver's license), as well as the severe consequences of the risk of disclosing their undocumented status to police or immigration officials (e.g., detention, deportation). As the driver's license is the most common symbol of deportability that women described in their encounters of othering from officials, Angela's account suggests that misleading the police officer about why she lacked a driver's license was crucial for preventing the official from assessing her as deportable. Angela's strategy of misleading the officer about why she had an expired driver's license resonates with Goffman's (1963) analysis of strategies that persons who may be ascribed to stigmatized identities may engage to prevent them from being discredited. Angela's and other women's strategies to hide their undocumented status served to mitigate policies that racialize groups by attempting to prevent encounters in which women believed the police officer would treat them as deportable, such as threatening to or contacting immigration officials.

The outcome of this strategy depended upon other resources on which women could draw. For example, Angela, who is fluent in both English and Spanish, may have greater resources to resist the driver's license policy and thus avoid its adverse implications. In contrast,

others who may both lack a valid driver's license and speak primarily Spanish may have less success in misleading officials about their driver's license and thus mitigating adverse effects.

Other women described hiding symbols of their deportability in an effort to prevent peer othering and to manage their identity. Dalilia, a 1.5 generation single mother who had to wear an ankle monitor upon being released from immigration detention explained:

Cuando te tienen como encerrada, encarcelada o algo así. Me sentía siempre bien prisonada. Si me salía a la calle tenía que correrle cuando la cosa empezaba pitar y venir a mi casa a cargarlo. Si me metí a bañar tenía que tenerlo conmigo. El brazalete esta bien pegado a mi pie. Llego al grado de que me empezó a caer bien feo. Se me empezó a poner ahí un morado. Se me empezó a poner ahí casi, casi como al grado como si quiso como salir sangre y todo eso. Me dolía, y lastimaba cuando me ponía ropa, los pantalones y eso. Y fue algo bien difícil. Y lo trate de ocultar por un rato pero cuando ya vi que no lo pude ocultar que pues. ¿Imagínate si tienes que estar usado ropa floja y voy andar a comprar ropa? Um, me salía así a la calle con el y era, para la gente como. Wow! La novedad como, '¿Esta que hizo? ¿Por que trae un brazalete en el pie?' Y era bien vergonzoso para mi porque toda la gente se me quedaba viendo hasta que después dije ok voy a decidir ignorarlos. ... Duro un tiempo que me fui a trabajar con el pero ahí si lo tuve que esconder. Porque como soy indocumentada estaba trabajando con papeles falsas. Um si se dan cuenta- tu sabes que esa cosas no es cuando una persona tiene un brazalete tu, ¿lo primero que piensas que es? Que este hizo algo. Que mato, robo, o algo, lo tienen así. ¿Y pues que iba pensar el patrón? ¿De mí? Ósea no quería llamar la atención para ellos y, y lo traía, tenía cosa puros pants flojos que me quedaban mangos [laughter] y este, ande esconderlo.

(And all that time was torture because I felt like a... like a prisoner. Like a, like as if I had killed someone. Like as if I had a done a crime something that I hadn't. It was painful; it hurt when I put clothes on, pants and things. And it was something really difficult. And I tried to hide it for a while but when I saw that I couldn't hide it, well. Imagine if you have to be using loose clothing and I'm walking to get my clothes? Um, I would go out like that with it and it was, for people it was like- Wow! The novelty like, 'What did this lady do? Why does she have a band on her foot?' And it was really embarrassing for me because everyone would stop and look. And it was really embarrassing for me because everyone would stop and look until later I said, ok I

am going to decide to ignore them. ... There was a while when I went to work with it but there I did have to hide it. Because since I am undocumented I was working with fake papers. Um if they realize- you know that when you see someone with one of those bands you, what is the first thing you think? That this guy did something. They killed, stole, or something they have it that way. And well what was the owner going to think? Of me? I mean I didn't want to attract attention for them and, and I had it, I had like all lose pants that were ugly on me [laughter] and um, I hid it.)

Dalilia sought to conceal the ankle monitor to prevent attention from the general public, her co-workers, and employer. For Dalilia, hiding the ankle monitor was crucial to hiding her documentation status from onlookers. This strategy was also imperative for her ability to maintain her job, which she obtained by misleading employers about her documentation status. Her attempt to hide this symbol of deportability also served as an effort to momentarily forget about this stigmatizing agent and her feeling of being criminalized for lacking documented status.

Dalilia's efforts to hide her stigmatized undocumented identity highlight not only her interest in preventing others from discrediting her as deportable (and possibly losing her source of income), but also her struggle to manage her identity. Her vigilant struggle to hide this symbol of deportability illustrates her struggle to reconcile her identity against the criminalizing message of the ankle monitor and her concern that others would other her based on this symbol. As she recalls, she also reached a point where she "dije ok voy a decidir ignorarlos" ("said ok I'm going to decide to ignore") what others thought about the ankle monitor. This decision was undertaken in contexts in which her identity felt safer than perhaps had she revealed the monitor in a workplace or other context. That is, women weighed the costs and benefits of hiding an undocumented identity across contexts and situations.

Embracing An Ascribed Documented Status

Vigilant about symbols of deportability that are engaged in processes of racialization, some women described strategies that “embrace an ascribed documented status.” This strategy includes efforts to embrace documented statuses ascribed by officials or peers in an effort to prevent immigration enforcement and othering. Alicia, a 29-year old US citizen in the 1.5 generation whose husband lacked documented status until recently, explained:

Um, my husband is very dark skinned. He’s very Mexican. Oh! [laughs] I don’t know if that’s good or bad, but he’s very Mexican. And he does a lot of work out in the suburbs and he does a lot of work sometimes in - on city property in the suburbs, like if a business wants him to do some form of landscaping. And, he’s even worked at a border patrol agent’s home and did landscaping work. So I don’t know is it because of how his features are. His skin color is very dark. Doesn’t look very Mexican. They didn’t question it. And his name is [name], which is Arabic. Um, so when he introduced himself as [first and last name], he just says [Husband’s first name, name of company her husband works for]. So, when I’ve talked to other people who are lighter skinned or who have resembled more Mexican features or on their trucks have the [Mexican] flag, or something, the stories that they tell me and the things that they share is that they have been more racially profiled. Is ... they looked at me, they pulled me over intentionally. My brother-in-law um works in Livonia. Um, again, looks very Hispanic, cowboy. He was like pulled over 3 different times on the same [emphasis] road, by the same [emphasis] cop. So, I don’t know if that. I think about those things. I’m like, I wonder if that has to do with how they are r-racially profiling people.

Alicia’s account illustrates how peers invoke skin color and occupation as symbols of deportability. However, these socially constructed symbols also intersect with their residence near a community with a large Arab American population. Generally, women in this study perceived Arab Americans as subject to less surveillance from immigration officials. In response to these perceptions, a few women described protections incurred by passing as Arab American, through symbols such as the ethnic background ascribed to their name or ambiguous physical

features. It is noteworthy that generally women identified looking Arabic as protective for men, but not for women. In the discussion section I address the gendered nature of women's accounts about the protective function of ascribed Arab identities for men, in a context in which Arab Americans have experienced high levels of anti-Arabic sentiments (Lauderdale, 2006).

In addition to physical features, social agents engage driver's licenses in ascribing documented status. Rebecca, a 41-year old first generation woman had a valid driver's license, which she explained lends peers such as her English class instructor to assume that she is eligible to vote. As she explained, she does not contest the assumption that she can vote based on the driver's license:

Pues, cuando le muestro el id piensan que tengo yo papeles y preguntan, '¿Vas a votar para...? Que si voy a votar para ...le digo no, y se quedan... pero no me preguntan por que verdad, na mas' piensan que yo tengo derecho a voto. Le digo, 'No, no quiero votar,' y ya... Y en casi todo los lugares, que, que piden Id, preguntan si voy a votar, le digo que no. ... Pero no me preguntan por que no mas le digo que no, y le digo porque ven que el id esta bien piensan que tengo derecho al voto. Y les digo que no.
(Well, when the teacher sees my ID they think I have papers and they ask 'are you going to vote?' If I'm going to vote for... I tell them no ... but they don't ask me why, they just think that I have the right to vote. I tell them, 'No, no I don't want to vote,' and that's it... Almost everywhere they ask for ID they ask if I'm going to vote, I tell them no. ...But they don't ask me why I just tell them no, and I think it's because they see the ID is good and so they think I have the right to vote. And I tell them no.)

Rebecca's possession of a driver's license leads teachers to assume that she is a US citizen.

Later in the interview Rebecca identified this pattern in her encounters with social welfare caseworkers, and staff at a local community health center, where she similarly does not contest an ascribed documented identity in an effort to curtail immigration enforcement and the adverse effects of othering. This strategy of embracing an assumed documented identity based on possession of a valid driver's license intersects with the strategy of hiding symbols of

deportability. Rebecca's experience also demonstrates how despite the intentions of this organizing strategy to enhance the voice and political power of Latinos, efforts to "get out the vote" in this ethnic enclave community may make salient for women their sense of deportability, which they must manage to prevent othering.

Constructing a Documented Identity

The subcategory of "constructing a documented identity" encompasses efforts to conceal one's undocumented status by telling others or inferring that they had documented status.

Women who lacked documented status or whose family members lacked documented status described constructing a documented identity as one strategy to avert the gaze (Foucault, 1977) of peers who would inquire about their documentation status. For example, Susana, a 46-year old woman in the first generation shared:

Oh, aquí vivía un, un señor, aquí adelantito, uh, un American, que también era bien, bien racista. Entonces, um, nosotros siempre le decíamos que teníamos papeles, porque el, hecho inmigración a unos vecinos, que porque no tenían sus papeles.... Eh, porque no le caen bien. No le caen bien esas personas y, y les y les hecho inmigración, se tuvieron que ir, los señores de allí porque, porque les hablo a inmigración y se los llevó. 'Tonces, mm, le preguntaba a mi niño, '¿Uh, ustedes tienen papeles?' 'Sí, mi papi tiene papeles,' y ya le está reglando me mami, dice 'Si, el, el viene de Los Ángeles y ya trae sus papeles y todo.' Y ya dice, 'Y tu, la señora que vive allá en frente también?' 'Sí, ella también es Americana.' Dice, '¿Por qué no, no, por qué no habla inglés?' que en todo se fijaba al señor, dice 'Y por qué no habla inglés,' dice, 'Porqué se casó con un Mexicano y el Mexicano le enseñó a hablar en español y le gusto el español [laugh]... Y así nos decía 'Mami! ¿Si el señor les pregunta que, que si tienes papeles le dices que sí eh?' Dice, 'Dice que sí porque ya me está preguntando que si [vecino] también tiene que sí, y yo les dije que, 'Sí, que todos tenemos, que también los de aquí y todos, todos, dice' [laughs]. (Oh, there lived a man here in front, uh an American that was also quite racist. So um, we always told him we had papers because he got immigration on the neighbors, because they didn't have papers.... Eh, because he didn't like them. He didn't like them and, and he got immigration on them, they had to go, the people

there because, because he called immigration and they took them. So, mm, he would ask my son, “Uh do you all have papers?” “Yes, my father has papers and he is fixing it for my mother” he said, “Yes, he is from Los Angeles and he has his papers and everything.” And he said, “And the woman that lives in front too?” “Yes she is also American.” He said, “Why doesn’t, why doesn’t she speak English?” He noticed everything that man. He said, “and why doesn’t she speak English?” He said, “because she married a Mexican man and the Mexican taught her to speak Spanish and she likes Spanish [laugh] ... and he would say to us, “mama! If the man asks you if you have your papers tell him yes, right?” He said, “tell him yes because he is asking me if [neighbor] also has her papers and I told him ‘yes, we all have them, also those over there and all, all, everyone’” he said [laughs].)

Susana’s narrative illustrates her family’s strategy to tell others who inquired about their documentation status that they indeed had documented status. This strategy was intended to quell questioning from peers about their documentation status. Susana’s vigilance extended to her US-born son. His perception that he also has to contribute to this construction of a protected identity by engaging the same narrative illustrates that women engaged social support from their network, in the form of supporting this constructed identity, to resist the implications of racialization.

The strategy also sometimes takes the form of misleading peers by constructing an alternative deviant identity. Angela, a woman in the 1.5 generation, described her husband’s active construction of an alternative narrative that blamed him for not having a driver’s license:

You know if you don’t have a license, you don’t get paid, how you’re supposed to, you know? Like, he [her husband] told his boss he doesn’t have a license ‘cause he has a DUI, which he doesn’t [laughs], but, he had to lie. He said, he doesn’t have a license because he has a DUI and they didn’t let him renew it, so, his boss tells him like, he’s not able to drive the trucks or nothin’, so he doesn’t get paid, as well as he should be, you know, because of the license. And, he stresses over, like, I think it was, the day before yesterday. He came back and he said his, his boss was like, in a bad mood, because he said, I guess he has five Mexicans

working for him, and, all the white guys that work there, were at another place, so he didn't have nobody to drive the truck to, the site, they had to go, and he said, "I have five Mexicans, and none of these, have a license, you know. How fucked up is that?" So he was like, in a bad mood. And my husband's like, he, came home and he, he was stressed out.

This narrative provides an alternative, plausible explanation for not having a driver's license, one that avoided disclosure that he lacked documented status. He thus avoided adverse implications for his employment opportunity and income and retained the ability to provide for his family.

These strategies that women and their network members engaged to hide their or others' stigmatized undocumented identity illustrate efforts to prevent disclosure of their undocumented status and thus to mitigate the consequences of racialization. These efforts to hide a stigmatized undocumented identity were shaped by statuses such as immigrant generation, documentation status, and the statuses of family members. Specifically, women in the first and 1.5 generations who lacked documented status and did not have DACA generally described engaging in these strategies. Immigrant women who had some form of documented status (e.g., citizen, resident, DACA) and those in the second generation who had family members who lacked documented status also recalled family members engaging in these strategies, as well as their efforts to support these identity construction and management efforts.

These efforts to resist the symbolic construction of an "other," were strategies that women and their network members continually engaged to resist immigration policies that constructed their statuses and identities as an inferior "other." In addition, these strategies served to deflect encounters with individuals who they anticipated would also construct them as different and consequently reinforce these processes of inequality. Women described these strategies as ones that they chronically *anticipated* having to engage. These responses and anticipation of these responses, which were intended to resist racialization, may prevent

immigration enforcement or othering. Chronic anticipation of having to engage in a strategy to hide an undocumented identity is related to the subcategory of vigilance. That is, women were attentive to or vigilant against the possibilities of othering and the potentially adverse consequences of these encounters. They thus prepared to use strategies such as hiding a stigmatized identity to alleviate the consequences of racialization.

There may be several health implications of these strategies to hide an undocumented identity. For example, hiding an undocumented identity involved efforts to construct a social identity that was different from one's actual identity (Goffman, 1963). This identity management process may enhance access to social and material resources that are restricted from persons who lack documented status. Thus, in the short term strategies to hide an undocumented identity may enhance health through improved access to social and economic resources conferred by the documented identity such as employment and prevention of immigration enforcement. However, chronic and effortful construction of an alternative identity may be health threatening over the longer term. That is, those who engage in or participate in this strategy may exert significant psychosocial resources to do so, which may come at a physical cost that may not manifest until later in the life course. For example, James (1994) conceptualized the John Henryism hypothesis as a way of understanding the influence of high-effort coping styles and socioeconomic position on variations in cardiovascular risk among non-Latino blacks. James (1994) hypothesized that those with lower socioeconomic position who engaged in active efforts to respond to and cope with adverse social and economic conditions would have worse health than others. Though results from tests of this hypothesis are mixed (James & Thomas, 2000), and vary according to social context and subgroups (LeBrón, Schulz, Mentz, & White-Perkins, 2015; McKetney & Ragland, 1996; Subramanyam et al., 2013), this

hypothesis is useful for theorizing about the health implications of effortful strategies to cope with and/or overcome social and economic dislocation. The John Henryism hypothesis suggests that the exertion of significant psychosocial resources to manage devalued identities in the context of social and economic disadvantage may contribute to physiologic dysregulation.

There may be several implications of these strategies of hiding an undocumented identity for other responses to processes of racialization and for health. For example, hiding an undocumented identity may offer protection from immigration. However, the psychosocial resources exerted in this process may have adverse health implications. Having trusted others to confide in may partially offset longer-term health consequences of hiding an undocumented identity.

Engaging in Immigration Advocacy

The category of “engaging in immigration advocacy” includes participating in immigration policy advocacy or deportation deferral marches or protests, or signing petitions regarding immigration policy or the release of someone who has been detained by immigration officials. Several women described engaging in immigration advocacy to support their network members and broader community. For example, Aurora, a 66-year old woman who moved to the US when she was an infant and is now a permanent resident, explains:

Well sometimes uh in the neighborhood they have um like um marches or what have you and I try to get involved or if there's um petitions and um I'm um I I [sic] wanna be the first one there to sign them. So you know anything I can do to help the immigrants you know I'll be there and I'll help them.

As Aurora described earlier in the interview, few of her own network members lacked documented status. However, she described immigration advocacy as important for supporting her broader Latino community in Southwest Detroit. Generally, women in the 1.5 and second

generations, particularly those who were US citizens, residents, had DACA, or were DACA-eligible, were those who mentioned engaging in immigration advocacy to support their co-ethnics. A subset of those who engaged in this strategy knew someone who had been deported or was vulnerable to deportation reported engaging in this strategy. A couple of women had a documented status and whose network members were not vulnerable to immigration enforcement reported engaging in this strategy to advocate for their community with whom they identified.

While Aurora participated in immigration advocacy efforts to support co-ethnics, other women engaged in targeted advocacy events when they knew or knew of an individual who faced possible deportation. Alicia is a 29-year old woman who is a US citizen and has lived in the US since she was an infant and whose husband was undocumented. She explained her response to witnessing a parent's arrest by immigration officials outside of her child's school:

Um, in the past few months a parent was followed to my child's middle school. I didn't know the parent, but just seeing all of that happen, I was emotional. So it made my son emotional. So he's like, 'I don't know why I'm crying.' I'm like, 'I don't know why I'm crying too. But it's just emotional. That's somebody's dad. That's somebody's husband. That could have been your dad.' So it's just really emotional. And it affected me in the entire day at work even though um I tend to leave home at home when I'm at work, but because that happened right in the transition of coming to work, I was kind of like, just ... just distraught from the situation. Um, I don't know who the man was, but when they went to go advocate for him downtown – um at the immigration, I went. I asked for the day off to go and try to advocate for him to let them release this man. And again, I didn't even know him. I didn't know who his wife is, who his children is. Just the fact that that happened so close to home kind of hit home. Like it's emotional to see something like that.

Thus, while Alicia explained that she did not know the person who was arrested and later detained by immigration officials, she resonated with the experience of this family through her

witnessing of this arrest and her husband's own undocumented status. Her emotional ties to her co-ethnics' experience of official enforcement contributed to her decision to participate in advocacy efforts to petition the release of the student's father. Thus, Alicia may have sought not only the release of this parent, but also emotional support and action through collective efforts to advocate for this parent and for the family.

While fewer immigrant women who lacked documented status described engaging in immigration advocacy, some did. For example, Rocio, a 36-year old woman in the first generation who is undocumented, explained:

Fíjate que fuimos a Washington cuando, cuando fue eso de la, de la. Bueno hace como dos años fuimos alla sobre las marchas también de inmigración todo eso. Que el Presidente ni salió ahí no mas nos mandó un video ahí.
(Would you believe we went to Washington when, when was that, that. Well it was like two years ago we went there for the marches also for immigration and all that. The President didn't come out he just sent a video there.)

It is noteworthy that Rocio described participating in an immigration advocacy event outside of Michigan, particularly when she also described limiting her mobility by restricting her driving. Rocio's participation in this national march hundreds of miles from Michigan, may be understood in the context of her documentation status. She may hope that she and her husband, who is also undocumented, and other family and community members would benefit from policy decisions related to these advocacy efforts. However, this strategy may also enhance her visibility and thus vulnerability to immigration enforcement.

As women's accounts suggest, engaging in immigration advocacy may offer a way for women to connect to their community or identity in a manner that is healing in comparison to strategies in which they try to hide their identity. This strategy may also offer a concrete way in which they can try to support and advocate for themselves and/or co-ethnics who have been

affected by restrictive immigration policies or practices. Thus, this strategy may reaffirm individual and collective identities vis-à-vis immigration policies that racialize them and their co-ethnics and provide an opportunity to disrupt these policies and processes.

Resisting Stigmatizing Labels

The subcategory of “resisting stigmatized labels” includes efforts to resist labels and their associated content that construct women and their network members as racialized and/or to resist labels developed by those who promulgate processes of racialization. For example, several women who identified as having Mexican origins or backgrounds, distanced themselves from the label of “Mexican American,” emphasizing that they are “Mexican” and not “American.” As Isabella, a woman in the second generation explained:

I mean isn't there like laws that say racism is illegal? ... It's for any race, like whether you are Mexican, whether you're from Europe, whether you're from Asia. You have the human rights just because you are a human you have your rights. Whether you're born or not born in the United States everybody has their own rights, I mean the country of the free, *The Star Spangled Banner* says that it's a free country. You are supposed to be free – okay where are the freedom only to your citizens? I mean what, I was born in Chicago, I was born here but I'm not American. Both of my parents are Mexican. There is no American blood in me. I am Mexican. I mean just because they say I was born here, I am Mexican American? Just because I was born here, okay I get it I was born here. What about it? None of their blood is in me, none of their cultures are in me. What my cultures – the way I celebrate Christmas, the way I celebrate it's not how Americans celebrate. I celebrate how Mexicans celebrate it. All my culture all of that it's more Mexican than anything. I'm proud to be Mexican. It's a beautiful country it's a beautiful place, if you go to visit Mexico its gorgeous and I am not ashamed of it.

This reference to non-Latino whites as “Americans” may indicate women’s resistance to classifying themselves with this national identity in a country that they feel largely excludes them. In contrast, women may embrace other identities such as their ethnic identity and/or

national origin or descent. Women's description of their non-American ethnic identity also illustrated how they work to construct and maintain an affirming identity in response to a context that stigmatizes their ethnicity. As with Isabella, several women in the 1.5 and second generations emphasized that there is no "American blood" in them. These statements were less common among first generation women. This strategy may be understood as a way of asserting a self that resists labels attached to Mexican American identity. Emphatic distancing from terms that may suggest superficial assimilation in the US, such as "Mexican American," may reflect women's responses to experiences that racialize them as not belonging in the US or as Americans. The health implications of this strategy of resistance may vary according to the typologies of racialization that have contributed to this response. For example, Isabella was contending with her mother's deportation, the separation of her family, and the imprisonment of her brothers as consequences of these processes of racialization. Her vulnerabilities to these processes may contribute to her construction of an identity that resists labels ascribed by institutions and individuals that construct and reinforce the construction of racialized groups. This strategy may also reflect responses to first generation co-ethnics who construct 1.5 and second generation women as not connected enough to their Mexican heritage, as discussed above.

Women also engaged in direct acts of resistance in terms of confronting racialized stereotypes, while simultaneously asserting a valued identity as Mexican. For example, Alice explained the tensions between engaging in strategies that affirm her ethnic identity as she navigates experiences of othering:

My hair color, the way I dress you know I'm not um, I feel like I'm not Americanized (laughs). Um, one time I was stopped by the police ... and um the police as they are walking up on me, one police, it was a lady police officer and I've noticed that the ladies are meaner than the men, in anything. The lady tells the police officer, 'Uh it's another one of those that doesn't know how to speak English.' (laughs) And I'm like – and then when she got to the door I said, 'Yes I do know how to speak English, I speak English.' Yea so ... And I think it's all because of the way I look. I think, I don't know. The way I dress, the way I carry myself but – I speak Spanish when I can, you know, with my kids and stuff, when ... I listen to Mexican music so people probably just assume that I don't know English.

Alice's account demonstrates women's strategies of resisting the stigmatized labels and content associated with that identity as part of the process of racialization, and claiming a positive identity. As Alice implied, her efforts to assert and affirm her identity in her everyday life – such as speaking Spanish to her children, listening to Mexican music – amidst continual questioning of her documentation status also heighten her risk of official othering. Women's common practice of referencing non-Latino whites as “American” highlights the complex, dynamic, and relational nature of racialization processes, with which women navigate as they construct an affirming identity while resisting othering. Her account also illustrates how this active form of resistance is contingent upon resources. Alice, who was born in the US and is bilingual, would be able to demonstrate her documentation status should she be ethnically profiled by police or immigration officials when visibly asserting her identity.

Engaging in Co-Ethnic Othering

The category of “co-ethnic peer othering” involves the use of symbols of deportability against members of one's own group or to distance oneself from (and therefore protect oneself of) a stigmatized group. Examples of co-ethnic peer othering, based on women's accounts who were on the receiving end of these processes, includes co-ethnics' questioning about others'

documentation status, threats to contact or actually contacting police or immigration enforcement officials, discrimination based on language use, and encounters that make others feel like they don't belong. While several women recalled experiences of co-ethnic othering from co-workers, neighbors, students, or other family members, few recounted actually perpetrating co-ethnic othering. One woman who called police after an encounter with a co-ethnic who lacked documented status and a driver's license offers some insight into co-ethnic othering. Her response to this interaction was to punish the others involved because she was angry at being insulted, and thus engaged the police in the process. Dania, a 31-year old woman in the first generation who had a driver's license but lacked documented status, explained that she called the police after a heated encounter related to a car accident for which she was at fault:

Dije, 'No sabes que, yo le hablar a la policía' yo la volví a decir y yo le dije a él. Dije, o dije '¿O es que tú no tienes licencia?' A mí. [Dije] 'Si.' Y volti y dije, 'Si tengo licencia, si tengo seguridad, y registración.' Dije, 'déjame hablar la policía' porque ellos estaban muy insistentes [no hablar a la policía]... pero la señora pues le dieron su ticket y yo me sentí muy mal la verdad si sentí mal porque fue mi culpa pero lo sentí por ella hasta el alma porque le dieron hasta corte pero yo si le dije a ella le dije '...yo te hable bien.' Dije, 'Yo te hable bien y tu luego trajiste a mucha gente le dije trajiste a tu esposo y tu esposo me empezó a insultar.' ... Dije, 'Fue tu culpa porque ustedes empezaron primero yo te hable muy bien le dije. Te dije nos arreglamos yo te pago, ósea yo te pago porque yo había tenido la culpa.' Porque luego luego el empezó que no, le dije yo si tengo, le dije yo si traigo y ya cuando vio que saque los papeles se me quedo. Si a mí me dieron la licencia en dos mil ocho gracias a dios.

(And I said, 'No you know what I am going to call the police' I told her again and I said to him. I said, or he said, 'Oh you don't have a license?' To me. [I said] 'Yes.' And I turned around and said, 'Yes I have my license, insurance, and registration.' I said, 'let me call the police' because they were very insistent [that she not call the police]... but the woman got a ticket and I felt very bad, honestly very bad because it [the car accident] was my fault. I felt bad for her because they gave her a court date [for immigration proceedings] but I told her '...I was polite to you.' I said, 'I was polite and then you brought other people, you brought your

husband and your husband started to insult me.’ ... I said, ‘It was your fault because you started it. First I spoke politely to you. I said to you we can fix this I’ll pay you I mean I’ll pay you because it was my fault.’ Because right away he started saying no, I said, I have, and when he saw that I took out my papers he was quiet. Yes I got my license in two thousand eight thank God.)

As Dania shared, everyone involved in the accident knew that calling the police would heighten the risk of contact with immigration officials for the driver who did not have a driver’s license. Having several family members who have been deported and experiencing an immigration raid on her own home, which Dania shared earlier in the interview, she regretted the deportation proceedings that were likely initiated because she called the police. However, she implied that her actions were taken in order to protect herself and/or to punish the other driver, and engaged the police in the process. This example highlights how the same symbols of deportability ended up being tools that were used against the other party in the altercation. Such encounters of co-ethnic othering may have life-altering effects, such as job loss, deportation, and/or family separation for those who are on the receiving end of these processes.

This analysis of engaging in co-ethnic othering as a strategy to resist the symbolic construction of an “other” only drew on one case. However, Dania’s experience suggests that this response may be contingent upon vulnerabilities to processes of racialization, identity, and context. For example, Dania’s case illustrates the challenges that arise in tense situations with peers, as there is always a concern that if tensions escalate, one party will call in the police or immigration. The only difference between co-ethnic othering of this form and that from non-Latino peers is that in this case, the reaction was taken by one of the participants in this study. Dania’s account provides an explanation and some insight into how this form of co-ethnic interaction may unfold and the rationale or justification that may be given by the person who calls in authorities. This is an important case, as no other participants acknowledged that they

may play a role in these types of interactions, other than to be on the receiving end of these processes or to discuss how co-ethnic othering contributes to fear of its implications. However, it is evident from other narratives that Dania is not the only Latina who engages in these strategies. In this case, Dania's possession of resources that protected her against immigration enforcement enabled her to call into play forces that ultimately disadvantaged the other woman who did not have access to those resources. This dynamic may be understood in the context of women's vulnerabilities to immigration enforcement, the resources that women have to respond to tense interactions, and how they may engage symbols of deportability (created through racialization processes) against those with whom they may have an altercation, which could have adverse implications.

Co-ethnic othering can be understood as women's and their co-ethnics' sense of their own agency or complexity as human actors in dynamic processes of racialization. It may operate as the Latino perpetrator's strategy to distance themselves from stigmatized undocumented identities (Goffman, 1963). Thus, this strategy may limit exposures to racialization processes. As Dania implied, in the short-term, this response may have been health enhancing, as she was able to exert agency in resisting her peers' insults and focus on her documentation status. In the longer-term, this strategy may have health risks as indicated by Dania's implied regret about the immigration proceedings that her action catalyzed.

Internalizing Othering

"Internalizing othering," or accepting racial and ethnic hierarchies constructed through processes of racialization, emerged as another response to racialization processes. As discussed briefly in Chapter 3, many women used the term "American" to refer to non-Latino whites when describing the race and ethnicity of the social agent who engaged in othering. For example, Ava,

a 30-year old woman in the first generation, used the term “American” to describe non-Latino white service providers treated her as if she was inferior or an “other”:

Hay puro güero, puro americano y te ven se te quedan viendo desde arriba abajo y te ven como si fueras nada así como que hasta las cajeras de las tiendas todo te agarran tu dinero y lo agarran así como que si tu dinero tuviera algo, estuviera sucio y te quedan viendo feo.

(It’s all white people, all Americans and they see you and they look you up and down and they look at you like you are nothing, even the cashiers in the stores they grab your money and they grab it like as if the money had something, as if it were dirty and they look at you nasty.)

Whereas Ava explained that she was referring to non-Latino whites when she used the term “American,” the majority of women across generations who used this term did not readily offer a definition when describing their encounters. However, after probing women explained that they used the term “American” to refer to non-Latino whites. This practice may reflect internalized othering, or women’s conscious or unconscious acceptance of the racial and ethnic hierarches they navigate and contest (Jones, 2000; Williams & Mohammed, 2009). This strategy simultaneously distances women from American identities.

Second, this strategy may illustrate women’s sense of deportability based on experiences with processes of racialization that reinforce their lower social position relative to non-Latino whites. For example, when I asked Alice, a 50-year old second generation woman, why she and her children were constantly questioned about their documentation status, she explained:

Because when you go out, you know, you get that prejudice feeling. Um, especially the, like, I am darker so people look at me right away, you know, I’m not American.

Thus, attribution of an American nationality to non-Latino whites may be understood as serving to heighten women’s identity as non-American, perhaps reflecting their encounters that contribute to their sense of not feeling “American,” their resistance to claim national membership

in a society that so clearly stratifies them, and/or their embracing of alternative, affirming identities.

DISCUSSION

Grounded Theoretical Model: Dynamic Responses to Intergenerational Processes of Racialization

Women's and their network members' responses to processes of racialization illustrate the dynamic and contingent nature of their struggles as they continually negotiate multiple intersecting identities and statuses (Ortner, 1984). These identities and statuses provided a diverse set of malleable resources on which women and their network members could draw in the responding to racialization (Ortner, 1984). Women's accounts illustrate the dynamic nature of socially structured opportunities and challenges and demonstrate their agency involved in these processes. However, their narratives also suggest that agency itself is shaped by the social structures in which actors are embedded (Ortner, 1984). What emerged from women's accounts was that women and members of their networks who lacked documented status had access to a limited range of resources on which they could draw in response to processes of racialization. Subsequently, they generally reported greater effects of racialization on their lives than those with more privileged social statuses.

These dynamic responses to racialization processes may have several implications for women's and their network members' health. The mechanisms by which these strategies intersect with processes of racialization to affect health may be complex. For example, some responses to processes of racialization have both health enhancing and health threatening potentials. How these unfold may depend on contextual factors and individual and network resources. The paragraphs that follow discuss mechanisms by which these processes may affect health.

Preventing Circumscribed Access to Resources

Women's efforts to obtain a driver's license served as an attempt to gain access to resources that were restricted as a result of processes of racialization. Based on women's accounts, the driver's license was a critical determinant of health, which provided access to employment opportunities, identification, mobility, and opportunities to remain in the US. As such, lack of a valid driver's license enhanced social and economic vulnerabilities. The driver's license was also a symbol of deportability engaged in processes of racialization. Therefore, success in obtaining a driver's license may moderate the association of lacking documented status with health risks by improving access to social and economic resources. However, effortful and unsuccessful attempts to obtain a driver's license and women's contention with encounters of othering from clerks could exacerbate the health vulnerabilities associated with lacking documented status and a valid driver's license. For example, James (1994) posits that active and effortful coping in the context of social and economic disadvantage may contribute to cardiovascular risk among non-Latino blacks of a lower socioeconomic position relative to their counterparts of a higher socioeconomic position. As an extension of this theory, active and effortful strategies to prevent circumscribed access to resources may likewise adversely affect health for those who lack documented status and engage in strategies to overcome racializing policies by, for example, actively trying to obtain a license as a gateway to other resources.

Mitigating Adverse Effects of Processes of Racialization

Evidence suggests that chronic vigilance may adversely affect health. Vigilance is associated with poor sleep quality and risk of high blood pressure for racialized groups (Hicken et al., 2013; Hicken et al., 2014). As a fundamental determinant of health, racialization processes enhance health inequities (Gee & Ford, 2011; Viruell-Fuentes et al., 2012). Vigilance

to components of racialization processes may adversely affect health through chronic activation of the stress-response system in response to protracted and frequent anticipation of racialized encounters. Thus, chronic vigilance may contribute to the dysregulation of multiple physiological systems (McEwen, 1998, 2008; McEwen & Gianaros, 2010; McEwen & Seeman, 1999; Seeman, Epel, Gruenewald, Karlamangla, & McEwen, 2010). In this study, women who had more limited resources on which to draw to resist racialization processes often recounted more intense and chronic vigilance against these processes. Thus, the effects of such vigilance, while it may prevent immigration enforcement or othering, may also adversely affect the health of those most vulnerable to processes of racialization. While these findings were not empirically tested in this analysis, this may be tested empirically in future studies.

Thus, vigilance to the sources and effects of processes of racialization may be one mechanism by which experiences with immigration policies and practices may affect health. However, the vigilant strategies that women and their network members engaged to mitigate the effects of processes of racialization may have complex associations with health. For example, limiting activities and restricting contact with peers who might engage in othering were strategies used by women with more limited resources and greater vulnerability to immigration enforcement. While these strategies may prevent official enforcement, they may also undermine processes that foster the development of social networks.

The nature and strength of women's social relationships shaped their responses to racialization processes, such as limiting activities and leveraging social support. Social relationships and networks that may provide social support are generally conceptualized along three dimensions: social network structure, interactional characteristics between the person and network and function of network members. Members may provide or utilize support such as

emotional, appraisal, informational, instrumental support, network growth, and affirming and/or preserving social identity (House, 1981; Israel, 1985). The strength of social ties (e.g., time invested, intensity, and intimacy) are also important social network characteristics (Granovetter, 1973). Stronger ties, such as those between some family members and friends, may be critical for emotional support and certain forms of instrumental support. Granovetter (1973) posits that weak ties are critical for network growth and informational support.

The analysis presented here suggests that social support was shaped by social statuses. For instance, women who lacked documented status and were able to have a family member register their car in the name of a documented family member were better able to prevent immigration enforcement. This form of social support was often exchanged within families. Registration of a car for a family member enabled the undocumented family member to be more mobile, independent, and fulfill caregiving and employment responsibilities. Thus, women who lacked documented status and had few family members in Michigan were less able to draw on this form of support. Other forms of instrumental support were exchanged between family members, and other members of women's social networks, such as their friends, neighbors, or acquaintances. For example, an instrumental form of social support, such as offering a ride to someone who lacked documented status was, was often exchanged between women with strong and weak social connections. Thus, women who lacked documented status and had few or no family members on whom they could draw support in strategies such as registering their car, were able to engage the support of weaker relationships for strategies such as limiting driving by getting a ride from someone who has a driver's license. However, this form of instrumental support was one for which women would need to draw on a regular basis and that might strain social ties if engaged too frequently. Thus, given the chronicity with which women needed to

engage weak ties in responses such as limiting driving, women may need to leverage the resources of multiple relationships with which they have weak ties so as not to stretch these relationships too thin. Otherwise, relying on a few weak ties in strategies such as limiting mobility may strain this source of social support.

While social support influenced some of the responses to processes of racialization, women's responses to these processes may have also influenced their social networks and relationships. For example, women's restriction of their interactions with peers in an attempt to limit exposure to immigration enforcement may affect the structure of women's networks (e.g., strong and weak ties) and the social resources in which they can draw to resist racialization processes by engaging emotional or instrumental support. Some women recalled giving or receiving rides to or from weaker ties such as neighbors or acquaintances. The limitation of social interactions to mitigate the effects of racialization may limit women's ability to engage other responses such as leveraging support from others to conduct employment and caregiving responsibilities, a regular need that women cited. Thus, as these examples suggest, several responses to racialization processes intersect with the social relationships available to women and in which they have invested or are able to invest.

A sizable literature suggests that social support is protective of health (Uchino, 2009; Umberson & Montez, 2010). These findings suggest that social support is multi-dimensional and that the mechanisms by which social support intersects with responses to racialization to affect health may vary according to the forms, sources, and availability of social support. One way in which social support may be associated with health is through stress buffering effects. In this case, social support may buffer the health implications of processes of racialization.

However, women with more limited social networks and sources of social support may not be able to realize these benefits of social support to respond to these processes.

A substantial body of evidence suggests that *receiving* social support can be health enhancing (Uchino, 2006, 2009; Umberson & Montez, 2010). While limited evidence has considered the health implications of giving social support, giving social support may be both health enhancing and health threatening (Piferi & Lawler, 2006; Warner, Schuz, Wurm, Ziegelmann, & Tesch-Romer, 2010). Women in this study described being able to support others as health promoting. For example, providing emotional or instrumental support to others may be an externalizing response to processes of racialization to support network members and the broader community. Other evidence indicates that social support is complex and depends on the context and resources on which women and their networks can draw (Viruell-Fuentes & Schulz, 2009). For example, in this study, some women were concerned about bothering others and therefore were highly selective of when they asked for support. Other women who took in family members affected by immigration policies also adopted caregiving and financial responsibilities that may be sources of economic vulnerability and stress.

Resistance to the Symbolic Construction of an “Other”

The health implications of strategies to resist processes that construct an “other” racialized group may be complex and contingent upon experiences with processes of racialization, the resources on which women and their network members can draw, as well as other responses to racialization.

One strategy to resist the symbolic construction of an “other” included efforts to construct a social identity that was not stigmatized or devalued (Goffman, 1963). Goffman (1963) describes management of a stigmatized identity:

“the stigmatized individual is likely to feel that [s]he is ‘on’, having to be self-conscious and calculating about the impression [s]he is making, to a degree and in areas of conduct which [s]he assumes others are not” (Goffman, 1963, p. 14).

Thus, strategies to manage discreditable identities may be consequences of occupying a vulnerable place in a social hierarchy. This identity management process may enhance access to social and material resources that are restricted from persons who lack documented status. Thus, strategies to hide an undocumented identity may enhance health through improved access to social and economic resources conferred by the documented identity. However, the active and effortful construction of that identity may be a chronic and active response that has longer-term health risks.

Co-ethnic othering may be both health enhancing and health threatening. Co-ethnic othering may reflect women’s efforts to distance themselves from negative stereotypes about Latinos as they seek to prevent their own encounters of othering (Viruell-Fuentes, 2011). This strategy may protect the perpetrator of othering from vulnerabilities associated with the construction of an “other.” However, this process may also adversely affect health over time as they struggle to navigate their identity in the context of policies and practices that target racialized groups and officials and peers who promulgate racialization processes. Further, this strategy may contribute to isolation from co-ethnic communities from which they may be able to draw support as they construct and manage their identities as they navigate their own encounters with processes of racialization.

Engaging in immigration advocacy to resist processes of racialization may reduce stress due to vigilance and enhance social networks that could be sources of emotional social support. In addition, this form of resistance may help to affirm women’s identities in a context in which they are stigmatized. Further, engaging in immigration advocacy may be another strategy that

women engage to resist these racialization processes and to find communities of support in a context in which they may often actively work to hide stigmatized identities. However, this strategy may simultaneously expose women and/or their network members to different types of stress that derive from increased visibility and may enhance their risk for immigration enforcement.

Resisting labels and content associated with identity may also have complex implications for health. For example, women described efforts to construct and validate an affirming ethnic identity vis-à-vis the “American” identities to which they recognize they are largely excluded from claiming. These non-American identities that they embrace may reflect women’s acceptance of social hierarchies that are being contested through immigration policies and anti-immigrant sentiments. It is also possible that in a heightened context of nativism and xenophobia, this strategy may offer a form of resistance to these anti-immigrant racialization processes. As Omi and Winant (2015) explain:

This identification as a white nation remains visible in the associations with whiteness that are visible across extensive historical time in such concepts as ‘the American people’ and in US nationalism more generally. The concept of peoplehood, however, did not operate only among the ruling whites. It was present from the start among the racialized ‘others’ as well... For them, the concept was born out of resistance. Many were drawn toward insurgent nationalisms, as the possibilities of inclusion and full citizenship were consistently denied them. (Omi & Winant, 2015, p. 12)

Thus, women’s sense of belonging or not belonging and use of the term “American” to refer to non-Latino whites may reflect their experiences of and resistance to racialization processes in this northern border community. However, the extent to which women and their networks can engage in strategies to resist these labels and affirm their identities may vary according to the resources on which they can draw. Further, several women perceived strategies to exercise and

affirm their identity, such as listening to Spanish language music in the car as enhancing their risk for othering from police or immigration officials. Thus, the health implications of this strategy may depend on the resources that women can utilize to prevent or resist racialization processes. Further, the contexts in which women's strategy of resisting these labels unfolds may have implications for the health effects of this response to racialization. For example, if women and their network members who have been most acutely affected by processes of racialization (e.g., through deportation or family separation) may be likely to engage in this strategy, it may operate to alleviate the significant adverse health consequences of racialization.

Women's accounts suggest that the health implications of processes of and responses to racialization may be complex and vary according to contexts in which these processes unfold and resources available to individuals and their social networks. As these examples indicate, the health implications of responses to processes of racialization may also intersect with other responses to affect health in the short- and long-term.

The findings presented here illuminate several areas for future research to understand the health implications of processes of racialization. First, results indicate that women's experiences with and responses to racialization were contingent upon their vulnerabilities to and protections from these processes. Studies examining variations in experiences of and responses to racialization across and within Latino subgroups may facilitate understanding of variations in health outcomes and the intersections of multiple statuses and identities with these processes.

Second, research considering the influence of social support on mechanisms by which racialization may affect health may illuminate complex associations between social networks, social support, racialization, and health. For example, social networks influenced the responses that women could engage to prevent, mitigate, and resist racialization processes. Women who

had more limited social networks described a more limited range of responses that they could utilize. Others were concerned that too much reliance on these networks in their responses to racialization risked weakening these sources of support. Thus, this qualitative inquiry has identified several possible mechanisms by which social networks and social support may affect health in the context of racialization processes. Empiric research testing these mechanisms is warranted.

Third, studies regarding variations in the association of vigilance with health by social status are needed. In this study, women who had more limited resources on which to draw to mitigate or resist racialization often recounted more intense and chronic vigilance against the possibility of immigration enforcement. Thus, while vigilance may prevent the implications of racialization processes, it may also adversely affect the health of those most vulnerable to processes of racialization. Thus, methods that consider multiple pathways through which inequality may influence health outcomes and variations in these processes and responses by multiple social statuses and identities are warranted.

Fourth, several women in this sample perceived that Arab Americans in the Detroit area were less vulnerable to racialization processes than Latinos. These perceptions were also gendered. That is, women perceived that some of their male co-ethnics were racialized as Arab American, and thus were able to avert interactions with immigration officials. However, women did not recount perceptions of women being racialized as Arab American or a protective function of being racialized as an Arab American woman. Women's accounts about the protective function of Arab identities that others may attribute to their male co-ethnics may be understood in the context of expectations that Arab American and Latina women may be more distinguishable through different forms of dress (e.g., hijab). In contrast, other indicators of

Arab or Latino ethnicity engaged in racialization processes for men may be more subtle and only apparent to the general public after a closer interaction (e.g., a conversation), relative to more distant and crude assessments that others can make about ethnicity based on clothing or other physical features. However, research indicates high levels of racial profiling and anti-Arabic sentiments against the Arab American community, particularly since 9/11 (Padela & Heisler, 2010). Further, research suggests that these experiences are associated with adverse health outcomes for Arab Americans (Lauderdale, 2006; Padela & Heisler, 2010). Thus, women's perceptions that Arab Americans occupied a more protected social position than Latinos may be contested. This finding, based on women's perceptions, may inform future research to empirically test hypotheses about the experiences of and dynamics between multiple racial and ethnic groups with post-9/11 policies, sentiments, and practices, and implications for health.

Limitations

This study is characterized by several limitations. First, these findings are based on the narratives of a sample of Mexican and Central American women in a largely low-income neighborhood along the US-Canada border and in a city that has experienced substantial economic disinvestment (Schulz et al., 2002; Sugrue, 1996) and during a period of changing immigration policies (e.g., DACA, DAPA, driver's license). The immigration and social policy landscape is a continuously changing terrain. These findings should be understood within the time period of this inquiry, this community, and the sociopolitical context.

Second, the racialization processes discussed in this study are relational and dynamic and, as women described, intersect with gender, socioeconomic position, and immigrant generation, and other social locations. This study discusses the gendered nature of these experiences through the perspectives of women, while not including an analysis based on men's descriptions. How

these social statuses intersect to affect the experiences and health of men is an area of needed research.

Third, this sample included a small number of Central American participants. The majority of women in this sample identified as Mexican or Mexican American, while one woman was from Honduras and another was from Nicaragua. This may be attributed to the snowball sampling approach to recruit participants for this study. Any generalizations based on this sample of two women from Central American countries may be premature. However, the accounts of these two Central American women offered important initial insights into the structural differences in Mexican and Central American immigrant women's experiences with processes of racialization. Future research is necessary to examine these experiences with greater depth with a larger sample of Central American women.

Conclusions

Despite the limitations noted above, the analyses presented here are among the first to examine Mexican and Central American women's responses to dynamic processes of racialization and pathways by which these experiences may affect health and well-being. These responses are also influenced by women's and their co-ethnics' vulnerabilities to and resources with which they can draw as they negotiate processes of racialization. There was also an interplay between several responses to racialization (e.g., limiting activities, engaging social support) which may further affect the resources available to women to prevent or mitigate the social, economic, and health vulnerabilities of racialization. Central to women's responses were active efforts to prevent, mitigate, and resist complex processes of racialization while negotiating their multiple and intersecting identities. The health implications of these responses may be

compounded by other responses to processes of racialization and the malleable resources on which women and their network members can draw.

This research demonstrates the importance of social, political, and geographic contexts on forces with which populations that experience health inequities are contending. Women's narratives illustrate that context and behaviors are dynamic, negotiated, and contingent upon the resources on which women and their network members could draw. Public health interventions intending to reduce health inequities in communities affected by restrictive immigration policies and anti-immigrant sentiments would benefit from contextualizing Latinos' experiences of and responses to othering as complex, dynamic, and agentic.

These findings suggest several points of intervention to promote health. Results indicate a need for pathways to citizenship and other policies (e.g., driver's license, employment, welfare policies) that promote the full integration of Latino immigrants and their co-ethnics into society, as such policies affect the creation and reinforcement of racialized groups and restriction of resources based on processes of inequality. Nationally, the current sociopolitical context does not seem favorable for the passage and implementation of humane immigration reform that offers a pathway to citizenship. However, findings presented here indicate opportunities for a focus on state- and community-level policies to promote health. For example, reinstating access to the driver's license for Michigan residents who lack documented status have the potential to disrupt processes of racialization and enhance access to numerous social and economic resources. Results also suggest several opportunities for interventions responsive to racialization processes that intersect with current restrictive federal and state-level immigration policies. For example, multilevel interventions attuned to the role of contested access to social and economic resources that are involved in responses to racialization processes may help to prevent or

mitigate the health consequences of racialization processes. Policy and programmatic interventions that take into account the health implications of these racialization processes are urgently needed to promote the health of immigrant and US-born Latinos adversely affected by immigration enforcement and other policies.

**Chapter 5 DISCRIMINATION AGAINST LATINOS FOLLOWING
SEPTEMBER 11TH AND CARDIOVASCULAR HEALTH IMPLICATIONS
– FINDINGS FROM A MULTI-ETHNIC SAMPLE IN DETROIT, MI**

Pues que discriminan porque no tenemos papeles en primer lugar porque si no tienes este lugar no puedes hacer esto. Si no tienes esto, si no tienes una licencia no hay esto no tienes crédito, no tienes nada. No puedes comprar nada a menos de que pagues cash y este, no puedes abrir un crédito porque pues te cierran las puertas porque como no tienes papales no existes. No existimos aquí para, para el gobierno solamente cuando cobran los taxes es si es bien puntual.

(Well they discriminate because we don't have papers in the first place because if you have this then you can't do that. If you don't have this, if you don't have a license there isn't this, you don't have credit, you don't have anything. You can't buy anything unless you pay cash and um, you can't open a credit because well, they close the doors because since you don't have papers you don't exist. We don't exist here for, for the government just when they want taxes, that is really punctual...)

Lily, 1st Generation Mexican American
Resident of Southwest Detroit, MI

Te sientes como que es racismo. Como que no te quieren por ser hispano. Que te ven diferente. Que te ven diferente que los americanos.

(You feel like it is racism. Like they don't want you because you are Hispanic. They see you as different. They see you as different from the Americans.)

Dalilia, 1.5 Generation Mexican American Woman
Resident of Southwest Detroit, MI

Because when you go out, you know, you get that prejudice feeling. Um, especially the, like, I am darker so people look at me right away, you know, I'm not American. And anywhere I go people look at me like, um, what are you Mexican? Do you speak Mexican? And you know you get those kind of things. And it does feel kind of funny but then you walk away and you are like, 'Uh why do people look at people this way? Why can't we just all look at each other like we are humans and we're all out here trying to survive? Instead of looking at us like we are less than them just because we are not American.' You know white skin and blue eyes, blond hair. So yea.

Alice, 2nd Generation Mexican American Woman
Resident of Southwest Detroit, MI

INTRODUCTION

The September 11, 2001 terrorist attacks initiated a period of social, economic, and political changes in the United States. These changes may contribute to the production and exacerbation of inequalities for Latinos (Gee & Ford, 2011; Viruell-Fuentes et al., 2012), and may be implicated in accelerated health inequities. Specifically, the September 11, 2001 terrorist attacks (henceforth, *9/11*) on the United States (US) and demographic shifts to a minority-majority society have contributed to a heightened anti-immigrant sociopolitical context and greater racialization of immigrants of color and their co-ethnics, including Latinos (Chavez, 2013; DeGenova, 2004, 2007; Golash-Boza, 2012; Hines, 2002; Miller, 2014; Saenz et al., 2007; Viruell-Fuentes et al., 2012). To date, there has been limited consideration of the public health consequences of broad restrictive immigration policies and the growth of anti-immigrant sentiments since 9/11 on the experiences of Latinos. No studies of which I am aware to date have empirically demonstrated the health implications of heightened racialization of Latinos in this post-9/11 context.

Building on evidence suggesting an escalation of racialization and scrutiny of Latinos since 9/11 (R. H. Adler, 2006; Bauer, 2009; C. Cleaveland & Ihara, 2012; Garcia & Keyes, 2012; Golash-Boza, 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Hardy et al., 2012; Menjivar & Abrego, 2012), in this Chapter I examine whether the association between race and ethnicity and self-reported discrimination has changed over the six-year period, between 2002 and 2008. In particular, I ask whether there have been differential rates of change for Latinos compared to NLBs and NLWs. I then test whether there are adverse effects on cardiovascular health that derive from hypothesized increases in discrimination for Latinos over this period. These analyses draw upon data from a multi-ethnic sample of adults in Detroit, Michigan.

In the sections that follow, I discuss the literature regarding pathways linking discrimination with health outcomes. This literature informs the hypotheses tested here, specifically that changes in discrimination over time may be associated with health outcomes, with implications for health inequities among Latinos. Specifically, I examine the evidence base regarding: (1) cardiovascular health of Latinos relative to other racial and ethnic groups, and health patterns within the Latino population; (2) possible mechanisms by which racialization processes may affect cardiovascular health; (3) the association of changes in sociopolitical contexts with changes in health for racialized groups; (4) the patterning of reported discrimination or experiences of racialization within the heterogeneous Latino population; (5) the association of discrimination with blood pressure for samples that include Latinos; and (6) the longitudinal association of discrimination with health. Finally, I present the research questions that guide this analysis.

Cardiovascular Health Patterns

Cardiovascular disease is the leading cause of mortality in the United States and a major contributor to racial and ethnic inequities in health (Centers for Disease Control and Prevention, 2012). High blood pressure is an important risk factor for cardiovascular disease (Wilson et al., 1998). The preponderance of evidence regarding the cardiovascular health of Latinos is derived from national studies (Crimmins et al., 2007; Cutler et al., 2008; Guo, He, Zhang, & Walton, 2012; Kaestner et al., 2009; Pabon-Nau, Cohen, Meigs, & Grant, 2010; C. X. Romero, Romero, Shlay, Ogden, & Dabelea, 2012) or specific locales such as large cities or regions primarily in the southwestern United States (US) (Fortmann et al., 2012; Hunt et al., 2003; Hunt et al., 2002; Peek et al., 2010). These studies primarily examine the health of populations of Mexican origin or descent (Crimmins et al., 2007; Cutler et al., 2008; Guo et al., 2012; Hunt et al., 2003; Hunt et

al., 2002; Kaestner et al., 2009; Peek et al., 2010; C. X. Romero et al., 2012), the largest Latino subgroup in the US (U.S. Census Bureau, 2012a). Evidence from the National Health and Nutrition Examination Survey suggests that Mexican Americans and NLWs have similar clinically-assessed, age-adjusted mean systolic (SBP) and diastolic blood pressure (DBP) and age-adjusted high blood pressure (HBP) prevalence, while non-Latino blacks (NLBs) have the highest prevalence of HBP (Cutler et al., 2008; Guo et al., 2012; C. X. Romero et al., 2012). These age-adjusted health patterns for Latinos as a whole, relative to NLWs, have been termed “paradoxical” (Franzini, Ribble, & Keddie, 2001; K.S. Markides & Coreil, 1986; Kyriakos S. Markides & Eschbach, 2005) due to evidence indicating that on average Latinos have lower SEP than NLWs, and studies linking lower SEP with worse health outcomes (N. E. Adler & Stewart, 2010). However, when further controlling for gender, socioeconomic position, and immigrant generation, this paradox shifts. That is, with these controls, most studies report higher clinically-assessed age-adjusted prevalence of HBP among Latinos relative to NLWs (Boykin et al., 2011; Hicken et al., 2014). Thus, after accounting for socioeconomic position, gender, and immigrant generation (for Latinos), Latinos have less favorable cardiovascular health profiles than non-Latino whites. These studies suggest that accounting for social demographic characteristics illuminates health inequities experienced by Latinos relative to NLWs. Hence, crude comparisons of health patterns for non-Latino whites and the heterogeneous Latino population may obscure important variations among Latinos.

Moreover, use of an aggregate “Latino” category may obscure important differences in health risk across Latino subgroups. Examinations of health patterns for Latino subgroups (e.g., country of origin or descent, immigrant generation, language use, SEP) suggests that social inequalities may be reflected in variations in health patterns within the Latino population

(Viruell-Fuentes et al., 2012). Indeed, within the Latino population, cardiovascular health patterns vary by SEP and language use. Fortmann and colleagues (2012) found that Mexican immigrant and Mexican American women of lower SEP had increased CVD risk compared with Mexican immigrant and Mexican American women of higher SEP. These associations were driven by patterns among women who generally spoke English. That is, after accounting for language use, differences in CVD risk by SEP were attenuated, with Mexican immigrant and Mexican American women of lower SEP who primarily spoke English having greater CVD risk than their counterparts who primarily spoke Spanish and than higher SEP women (Fortmann et al., 2012). The finding of an association of greater CVD risk for women of lower SEP who primarily spoke English may reflect several complex factors associated with health. For example, language use may be associated with ethnic identity, extent of exposure to affirming institutions, level of contact with other racial or ethnic groups, degree of exposure to discrimination, or ability to access health care and other social and educational resources in predominantly English-speaking institutions, processes that may contribute to variations in CVD risk by language use.

Evidence from several large studies, including the National Health Interview Study, National Health and Examination Survey, and Texas City Stress and Health Study also suggests that Mexican Americans have a higher prevalence of self-reported HBP and clinically assessed allostatic load, a composite measure of cardiovascular, metabolic, nervous, hypothalamic-pituitary-adrenal, and inflammatory health systems, than Mexican immigrants (Crimmins et al., 2007; Kaestner et al., 2009; Pabon-Nau et al., 2010; Peek et al., 2010). Further, for Mexican immigrants, increased length of residence in the US is associated with higher allostatic load scores (Kaestner et al., 2009). Given that Latinos are the youngest, largest, and (until 2012)

fastest growing racialized group in the US (Passel & Cohn, 2008; Saenz & Morales, 2005; U.S. Census Bureau, 2012a, 2013), understanding factors that contribute to these declines in cardiovascular health by immigrant generation and, for Latino immigrants, duration of US residence, may inform efforts to promote public health and reduce health inequities. It is also critical to consider the influence of local-level variation in immigration policy, immigration enforcement efforts, and sentiments towards immigrants in this post-9/11 context (Dreby, 2012, 2013) on health patterns among Latinos. Thus, understanding the associations between restrictive immigration policies and anti-immigrant sentiments and the health of Latinos may enhance understanding of the fundamental determinants of Latino health inequities.

Mechanisms by Which Racialization May Affect Health

Racialization processes may contribute to these patterns of worsening cardiovascular health for Latino immigrants with greater tenure in the US, and with increasing immigrant generation. Under conditions of heightened racialization and associated discrimination, Latinos may experience an acceleration of previously observed declines in health. There are several mechanisms by which racialization processes produce inequalities that may affect the health of Latinos. Policies and practices may operate to restrict racialized groups' access to resources such as housing, educational, and occupational opportunities, factors associated with access to material resources and power, and concentrate health-promoting resources and opportunities among the dominant group (Jones, 2000; Schwalbe et al., 2000; Williams & Mohammed, 2013). The concentration of racialized groups in the lower rungs of the US ethnoracial structure may serve to reinforce and naturalize perceptions of the inferiority of these groups relative to those positioned in the upper tiers. The absence of humane immigration reform and aggressive immigration enforcement (Golash-Boza, 2012; Magana-Salgado, 2014), represents examples of

institutional oppression of Latinos. Societal and individual prejudice – including negative images, stereotypes, attitudes, and beliefs, and discrimination towards racialized groups – may influence the development and implementation of policies that reinforce ethnoracial structures, with Latinos situated among the lower rungs (Bender, 2003; Jones, 2000; Williams & Mohammed, 2013). Through these processes, prejudice may also manifest in intentional or unintentional interpersonal interactions that may introduce psychosocial stressors and/or pose barriers to social and economic stability or advancement, factors that also adversely affect health (Jones, 2000; Williams & Mohammed, 2013).

Association of Changes in Sociopolitical Contexts with Health for Racialized Groups

Several studies have empirically examined the health implications of the sociopolitical context, with specific attention to racialization processes. Kaplan and colleagues (2008) demonstrated that in the decade following the passage of the Civil Rights Act of 1964, working-age NLB women experienced greater improvements in life expectancy relative to NLB men and NLW women and men. Further, sex-specific NLB-NLW disparities in stroke and heart disease mortality declined over this period for NLB women, but not for NLB men, with NLB women in the South experiencing the greatest health gains (Kaplan et al., 2008). These findings suggest that positive effects on cardiovascular health among women followed from policy changes induced by the Civil Rights Act. More generally, this evidence suggests that improvements in the sociopolitical context may be salubrious for racialized groups.

More recent studies have further examined the health implications of political or social contexts on the health of racialized groups. Miranda and colleagues (2011) found that for older Mexican immigrants in the southwest, the sociopolitical context when they migrated to the US was associated with patterns of depressive symptoms later in the life course. Specifically, those

who came to the US during the *Bracero* period (1942-1964), when immigration policies and practices were generally more favorable towards Mexican immigrants due to a need to fill labor shortages in the agricultural and railroad industries resulting from World War II, had fewer depressive symptoms than their counterparts who immigrated between 1929-1941. The period between 1929-1941 was marked by greater enforcement of existing immigration policies tied to public concern regarding high unemployment rates during the Great Depression. During this era, persons of Mexican descent, regardless of nativity or citizenship status, were criminalized, resulting in the mass deportation of at least 415,000 Mexican immigrants and many of their US-born children (DeGenova, 2004). In addition, those who entered between 1965-1994 had more depressive symptoms than those who migrated during the *Bracero* period. The 1965-1994 period was characterized by the implementation of the Immigration and Nationality Act of 1965, which abolished the quota-system for immigrants from Asia and Europe; established a quota for immigration from the Western Hemisphere, including Latin American countries; and developed provisions for family reunification, which were more restrictive for immigrants from the Western Hemisphere (DeGenova, 2004). In addition, the Immigration Reform and Control Act of 1986 authorized wide-scale deportation of undocumented immigrants. While these findings pertain to depressive symptoms only, depression is an important risk factor for CVD (Pickering, 2001). These findings suggest that favorable sociopolitical contexts upon entry to the US may be protective for health across the life course, and xenophobic sociopolitical contexts upon entry may exact negative health consequences. Factors associated with the changing sociopolitical context, such as changes in employment opportunities, deportation policies and practices, and the public's sentiments towards immigrants, may be mechanisms by which social, political, and

economic conditions upon entry to the US may affect the health of Mexican immigrants later in the life course.

Studies of more recent changes in sociopolitical context since 9/11 offer further corroboration that a more restrictive social and political environment may adversely affect the health of racialized groups. In an examination of the health implications of heightened racialization of Arab Americans following 9/11, Lauderdale (2006) found that Arabic-named women in California who gave birth in the next six months had an increased risk of low birth weight and preterm birth relative to Arabic-named women who gave birth one-year prior to that period. These increases in adverse birth outcomes were not seen for other racial or ethnic groups, suggesting that the context of heightened anti-Arab sentiments over this period was associated with declines in birth outcomes for Arab American women.

Also in 2001 in California, Williams and Mohammed (2008) found that recent Mexican immigrants reported higher levels of psychological distress and worse self-rated health than their counterparts who had resided in the US for a longer period of time. These findings stand in contrast to evidence suggesting more favorable health for recent Latino immigrants relative to Latino immigrants with longer US residence and US-born Latinos (Acevedo-Garcia et al., 2010; Kaestner et al., 2009). Williams and Mohammed (2008) hypothesized that the more restrictive sociopolitical context towards immigrants at that time and in California in particular, including the resurgence of Proposition 187, which would deny social services to immigrants who lacked documentation, may have contributed to these health patterns.

Other studies have examined the influence of restrictive immigration policies on health care utilization, a more proximate determinant of health. Evidence indicates a “chilling effect” of previous immigration policies on the use of public assistance and health insurance coverage

for which persons may be eligible (Capps, Kenney, & Fix, 2003; Hagan, Rodriguez, Capps, & Kabiri, 2003; Kaushal & Kaestner, 2005). More recently, Toomey and colleagues (2014) examined the influence of Arizona's S.B. 1070 legislation, enacted in 2010 ("Arizona S.B. 1070," 2010), on preventive health care and public assistance utilization among Mexican-origin adolescent mothers and their mother-figures. In this study, Mexican-origin adolescent mothers, regardless of nativity, experienced a decline in use of public assistance after this legislation was passed. Similarly, mother figures who were interviewed immediately after the enactment of the legislation and those who were born in the US were less likely to use public assistance than they were before S.B. 1070 was implemented. Additionally, younger adolescent mothers reduced their preventive care utilization and adolescent mothers across the age spectrum were less likely to take their children to preventive health care visits after this law was enacted. These findings suggest that decisions made by Latinas regarding utilization of health care services, regardless of nativity, are sensitive to immigration policies. While these findings do not directly link S.B. 1070 with health effects, public assistance and preventive care access are important downstream resources for promoting health and reducing health inequities (Cook et al., 2002; Frieden, 2010; Starfield, Shi, & Macinko, 2005).

The evidence reviewed above suggests that changes in the sociopolitical context may be associated with changes in health for racialized groups. The current study builds on examinations of these associations by Miranda and colleagues (2011) and Lauderdale (2006). Since 9/11, the US has experienced a more restrictive immigration context than that of 1994, the last year that was included in the analysis by Miranda and colleagues (Miranda et al., 2011). Both of the above studies focus on the southwestern region of the US. Under the former immigration enforcement era, the focus of immigration enforcement was concentrated at the US-

Mexico border (Golash-Boza, 2012; Miller, 2014). As anti-immigrant sentiments have escalated in the post-9/11 context (Chavez, 2013), immigration enforcement has intensified while simultaneously becoming more far reaching. Immigration enforcement is increasingly also occurring in the interior region of the US and along the US-Canada border, with Latinos across immigrant generations as the targets of these policies (Golash-Boza, 2012; Miller, 2014).

Patterning of Discrimination within the Latino Population

Restrictive immigration policies and practices and anti-immigrant sentiments may generate and heighten inequalities through processes that racialize Latinos by constructing Latinos as an inferior group within the US, based on ethnicity, nativity, or immigration status (Schwalbe et al., 2000). Racialization of Latinos may contribute to institutional practices and interpersonal processes that limit access to resources according to the ascribed devalued racialized status of Latinos (Schwalbe et al., 2000). In these analyses, I conceptualize discrimination as an aspect of processes of inequalities that restrict access to resources such as education, employment, and freedom (Nagel, 1994; Omi & Winant, 2015; Schwalbe et al., 2000). Self-reported discrimination is one method of capturing micro- and macro-level aspects of racialization processes (Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005; Paradies, 2006; Williams, 2012; Williams & Mohammed, 2009, 2013). In this study, I use scales that ask about everyday unfair treatment and acute unfair treatment as indicators of discrimination (Williams et al., 1997).

Everyday unfair treatment assesses micro aggressions and indignities (e.g., being treated with less courtesy or respect, receiving poorer service than others, people act as if they are afraid of you), interactions that may be informed by and reinforce the construction of inferior groups (Williams et al., 1997). Acute unfair treatment (e.g., treated unfairly concerning work, by the

police or immigration officials, at school, in getting housing, in getting resources or money) attempts to capture experiences that may alter opportunities for social and economic advancement (Williams et al., 1997) – fundamental determinants of health that may thus have lasting health implications (House et al., 1990; House et al., 1994; Link & Phelan, 1995; Phelan et al., 2010). These measures attempt to capture processes that are involved in the construction and maintenance of inequalities that are associated with racialization. This study examines changes in discrimination (i.e. everyday unfair treatment and acute unfair treatment) over a period following 9/11. Given the focus of this investigation on changes in discrimination as a measure of inequalities operating within and reinforcing racialization processes, this review of the evidence base pertains to the association of self-reported discrimination, as assessed by several different scales, with cardiovascular health.

Self-reported everyday discrimination among Latinos appears to vary by several social and economic factors. In an analysis of the prevalence of everyday unfair treatment, as assessed by the Everyday Unfair Treatment scale (Williams et al., 1997), for a nationally-representative sample of Latinos in the National Latino and Asian American Study interviewed in 2002-2003, Perez and colleagues (2008) found that younger Latinos (age 18-24: OR=6.5, 95% CI: 2.2, 19.0; age 25-34: OR=4.7, 95% CI: 1.7, 12.8; age 35-44: OR: 3.7, 95% CI: 1.4, 10.1) report more frequent everyday unfair treatment than those age 65 and older. Further, men (OR: 1.7, 95% CI: 1.3, 2.1) and those who completed a college education or beyond (OR: 1.7, 95% CI: 1.2, 2.5) each had 70% higher odds of everyday unfair treatment than women or Latinos with less than a high school education, respectively. In addition to these differences by gender and SEP, Puerto Ricans (OR: 0.5, 95% CI: 0.3, 0.7) had 50% lower odds of everyday unfair treatment than Mexicans. Everyday unfair treatment patterns also varied by immigrant generation and, for

immigrants or Puerto Ricans born in Puerto Rico, length of residence in the continental US. Specifically, a greater proportion of second- (43.0%) and third-generation (50.4%) Latinos reported everyday unfair treatment compared to Latino immigrants (25.3%), after accounting for age and gender. Among immigrants or migrants, those who migrated to the continental US when they were 7 to 17 years of age (27.4%) reported higher levels of everyday unfair treatment than those who migrated when they were age 25 or older (17.3%). Language use may influence these patterns, as Latinos who identified as proficient in English (45.5%) reported significantly more frequent everyday unfair treatment than those who did not (22.6%). Reported everyday unfair treatment also varied by strength of ethnic identity, with Latinos with a weaker ethnic identity (37.9%) reporting significantly more frequent everyday unfair treatment than those with a stronger ethnic identity (24.2%), adjusting for age and gender. These variations in reported discrimination suggest variations within the Latino population, which may reflect variations in levels of forms of discrimination perhaps not captured in this scale. These variations in reporting of discrimination may also capture differences in interpretation, readiness to name encounters, internalized racism and/or language use. Differences in the self-reported levels of discrimination may contribute to differential effects of discrimination on health.

Thus, measures of discrimination may capture the concentration of chronic or acute stressors and barriers that ensue as a product of inequalities that derive from racialization processes (Williams & Mohammed, 2009). While everyday and acute unfair treatment, the focus of this study, capture some aspects of racialization processes (e.g., micro aggressions vs. institutional barriers, respectively) and may operate to affect health through different mechanisms, these chronic and acute stressors may be inter-related and have synergistic health effects (Pearlin, Menaghan, Lieberman, & Mullan, 1981).

Association of Discrimination with Blood Pressure for Latinos

Chronic activation of the acute somatic stress response system under conditions of environmental stressors may contribute to dysregulation of the stress response system, adversely affecting cardiovascular, metabolic, hypothalamic-pituitary-adrenal, nervous, and inflammatory responses and systems and health behaviors (McEwen, 2008; McEwen & Gianaros, 2010; Seeman et al., 2010). However, the association of discrimination with blood pressure remains complex and has been under-examined for Latinos. A recent review article noted that a sizeable literature has demonstrated a positive cross-sectional association between discrimination and blood pressure for NLBs, while other studies have not found an association of discrimination with blood pressure (Williams & Mohammed, 2009). However, only a few studies have examined the association of discrimination with cardiovascular health for Latinos (Brown, Matthews, Bromberger, & Chang, 2006; Krieger et al., 2008; McClure, Snodgrass, et al., 2010; Ryan, Gee, & Laflamme, 2006). I review findings from these studies below.

McClure and colleagues (2010) found that among immigrant farmworkers, most of whom were from Mexico, 40% reported discrimination, as assessed by an adapted Perceived Discrimination scale (Kessler, Mickelson, & Williams, 1999). Self-reported discrimination was associated with elevated SBP for immigrant men, but not for immigrant women. In another analysis involving this sample, English-speaking women were more likely to have higher SBP than their Spanish-speaking counterparts (McClure, Martinez, et al., 2010). The authors did not offer hypotheses about processes that may contribute to these variations by language use. However, their findings are similar to those of Fortmann and colleagues (2012), who reported that English-speaking Mexican immigrant and Mexican American women of lower SEP were more likely to experience CVD risk than lower SEP women who primarily spoke Spanish and than higher SEP Mexican immigrant and Mexican American women. Although the authors did

not offer any explanation for these differences, language use may capture women's likelihood of interactions with co-ethnics and non-Latinos in addition to variations in experiences of racialization based upon the conditions in which Mexican immigrant and Mexican American women are embedded (Viruell-Fuentes, 2007). These variations in interactions may contribute to variations in SBP patterns.

Brown and colleagues (2006) investigated the association of self-reported discrimination, as assessed by the Everyday Unfair Treatment scale (Williams et al., 1997), and blood pressure for a multi-ethnic sample of women aged 42 to 52 who were interviewed between 1995 and 1997. In this study, participants who indicated that they "sometimes" or "often" experienced everyday unfair treatment were classified as reporting high levels of everyday unfair treatment, whereas those who reported "rarely" or "never" experiencing everyday unfair treatment were categorized as reporting low levels or no everyday acute unfair treatment. The authors found that 65% of NLB, 60% of Chinese, 36% of Japanese, 47% of NLW, and 27% of Latina women reported high levels of everyday unfair treatment. In regression analyses, everyday unfair treatment, assessed by the sum of the frequency of reported experiences of everyday unfair treatment, was not associated with elevated blood pressure for women in any racial or ethnic group in this study. However, the authors did not specify how they addressed the high and variable proportion of participants who indicated no experiences of discrimination across racial and ethnic groups.

Krieger and colleagues (2008) examined the association of self-reported discrimination, as measured by the Everyday Discrimination scale (Krieger et al., 2005), with blood pressure for a sample of low-income Latino, NLB, and NLW workers in the Boston metropolitan area interviewed between 2003 and 2004. One-quarter of Latinos in this sample were born in the US.

Fully 46.4% of NLB men and 35.4% of NLB women reported at least three dimensions of discrimination, followed by 28.9% of Latino men and 13.9% of Latina women, and 10.4% of NLW men and 8.8% of NLW women. In this sample, self-reported discrimination was not associated with elevated blood pressure for any racial or ethnic group. Krieger and colleagues (2008) hypothesized that the complicated pathways by which reported discrimination may affect cardiovascular health relative to mental health or health behaviors may have contributed to these findings. However, one limitation is that this analysis was not gender-specific. As studies by McClure and colleagues (2010) did not find an association of self-reported discrimination with blood pressure for Latinas, failure to examine gender-specific associations of self-reported discrimination with blood pressure may have obscured these associations among men.

Ryan and colleagues (2006) also examined the association of self-reported discrimination with blood pressure for a sample of NLBs, Black immigrants, and Latino immigrants in New Hampshire who were interviewed between 2002-2003. In contrast to findings by Krieger and colleagues (2008), self-reported discrimination, as measured by the Reactions to Race module, was positively associated with SBP for NLBs, Black immigrants, and Latino immigrants. Among immigrants, this association did not vary by length of US residence.

The limited evidence reviewed above regarding the association of discrimination with cardiovascular health for Latinos is mixed, and primarily pertains to Mexican immigrants. Two studies found no association between discrimination and cardiovascular health for Latinos (Brown et al., 2006; Krieger et al., 2008), while two studies identified a positive association for samples that include Latino immigrants (McClure, Snodgrass, et al., 2010; Ryan et al., 2006). In addition, McClure and colleagues (2010) reported a positive association of discrimination and blood pressure only for Latino immigrant men, most of whom were Mexican immigrants, but not

women. This finding of a positive association of self-reported discrimination with blood pressure for men, but not for women, suggests that the association between self-reported discrimination and cardiovascular health for Latino immigrants may vary by gender. Given this limited and mixed evidence base and heightened racialization of Latinos following 9/11, investigations are warranted regarding variations in reporting of discrimination by immigrant generation and gender and the association of the patterning of self-reported discrimination with cardiovascular health by these factors.

As reviewed above, reporting of discrimination varies by Latino subgroup, including country of origin or descent, immigrant generation, and for immigrants or migrants, length of US residence (Perez et al., 2008; Viruell-Fuentes, 2007, 2011). Perez and colleagues (2008) report that US-born Latinos and Latino immigrants who have resided in the US for longer periods of time report more frequent experiences of everyday unfair treatment than their immigrant and recent immigrant counterparts, respectively. Further, Viruell-Fuentes (2007, 2011) found that women's descriptions of experiences of racialization varied by immigrant generation for first- and second-generation Mexican and Mexican American women in Detroit. Differences in reported experiences of racialization by immigrant generation were largely attributed to the contexts in which women's lives were embedded, such as their movement within or outside of the ethnic enclave in which they resided. This evidence suggests that Latinos may experience variation in exposure to discrimination by immigrant generation and/or resistance to reporting discrimination. It is not known whether variations in self-reported discrimination by immigrant generation and length of residence and mixed findings regarding the association of self-reported discrimination with cardiovascular health hold for Latinos following 9/11.

While a substantial body of literature suggests that self-reported discrimination is inversely associated with health (Williams & Mohammed, 2009), the evidence presented above suggests that the cross-sectional association of self-reported discrimination with blood pressure for samples that include Latinos is mixed. The cross-sectional nature of these studies precludes assessment of the effects of self-reported discrimination on blood pressure over time. Longitudinal assessments of the association of self-reported discrimination with indicators of cardiovascular health would help to establish the direction of effects and strengthen evidence regarding causality. Further, the majority of the evidence reviewed above is based on interviews conducted in the late 1990s or early 2000s. Evidence collected in the early 2000s overlaps with the initial post-9/11 escalation of the restrictive sociopolitical context towards immigrants. However, this evidence does not capture the later post-9/11 period, which has contributed to another surge in racialization of Latinos since 2005 (DeGenova, 2007; Golash-Boza, 2012). Thus, the degree or level of discrimination reported by Latinos may have increased in recent years. Further, the health effects of self-reported discrimination may emerge over time. Thus, cross-sectional or longitudinal analyses conducted over short time periods may fail to capture the health effects of exposure to discrimination over time.

Longitudinal Association of Discrimination and Health

Few studies have examined the prospective influence of self-reported discrimination on health. Using data from the Black Women's Health Study, a national sample of NLB women aged 21 to 69 at the time of study enrollment, Cozier and colleagues (2009) found that from 1997 to 2005, higher baseline levels of self-reported unfair treatment, as assessed by the Everyday Unfair Treatment and Lifetime Acute Unfair Treatment measures (Williams et al., 1997), were associated with greater increases in weight over this eight-year period.

A few studies have examined the influence of changes in self-reported discrimination on changes in indicators of metabolic risk. Cunningham and colleagues (2013) used data from the CARDIA study of young adult NLB and NLW women and men in Birmingham, AL; Chicago, IL; Minneapolis, MN; and Oakland, CA to examine the influence of changes in self-reported discrimination from 1992-1993 to 2000-2001 with changes in body mass index (BMI). Increases in reports of racial and ethnic discrimination over this eight-year period, as assessed by the Experiences of Discrimination scale (Krieger et al., 2005), were associated with significant increases in waist circumference and BMI for NLB women, but not NLB men or NLW women or men.

Additionally, Hunte (2011) examined the influence of changes in self-reported discrimination from 1995 to 2004, as assessed by the Everyday Unfair Treatment scale (Williams et al., 1997), on changes in waist circumference for a predominantly white longitudinal national cohort of English-speaking adults who were 25 to 74 years of age in 1995. Men who reported consistently high levels of everyday unfair treatment over this nine-year period experienced greater increases in waist circumference than men who reported consistently low levels of everyday unfair treatment. Women who reported an increase in everyday unfair treatment over this period experienced a greater increase in waist circumference than their counterparts who reported consistently low levels of everyday unfair treatment.

While this evidence is largely based on national samples, two studies have examined the association of self-reported discrimination, with changes in health for residents in Detroit, MI. Schulz and colleagues (2006) found that increases in reports of everyday unfair treatment, as assessed by the Everyday Unfair Treatment scale (Williams et al., 1997), from 1996 to 2001 were associated with increases in depressive symptoms and declines in self-rated health among

NLB women in Detroit. These findings suggest that increases in self-reported discrimination within a five-year period are associated with declines in mental and self-rated health.

More recently, Kwarteng (2014) examined the association of baseline levels of self-reported discrimination, as assessed by the Everyday Unfair Treatment scale (Williams et al., 1997), with changes in central adiposity from 2002 to 2008 for a multi-ethnic sample of Detroit residents, which includes Latinos, in the Healthy Environments Partnership Community Survey. Baseline levels of everyday unfair treatment were associated with increases in central adiposity over this period. These results suggest that self-reported discrimination is associated with changes in waist circumference, a risk factor for metabolic and cardiovascular disorders (Janiszewski, Janssen, & Ross, 2007), over time.

Together, this evidence – predominantly derived from studies involving NLWs and NLBs – suggests that self-reported discrimination may be associated with increases in weight and central adiposity over time. Adverse health effects of self-reported discrimination are realized for the metabolic system over an eight- to nine-year period, and mental and self-rated health are adversely affected by increases in self-reported discrimination over a five-year period. This evidence also suggests that the longitudinal effects of self-reported discrimination on metabolic dysregulation may differ by racialized group, though factors that contribute to these differences are not clear.

There are several limitations of this literature, on which this study builds. First, to date no studies in which I am aware have explicitly examined the prospective influence of changes in self-reported discrimination with respect to the changing sociopolitical context on changes in health, in particular with respect to the contemporary anti-immigrant sociopolitical context. Second, while racialization processes may vary for particular groups over time and place and

these associations may differ for different health outcomes, no studies have considered the influence of the sociopolitical context of one particular locale on the longitudinal association of self-reported discrimination with health. Third, no studies identified in this review have considered the associations of changes in reports of discrimination on changes in cardiovascular health. Fourth, to date no empiric investigations have examined the longitudinal association of changes in self-reported discrimination with changes in health for Latinos. Such analyses are particularly warranted in a context characterized by heightened racialization of Latinos (Figure 2.5). Since 2001, and particularly from 2005 on, there have been increasingly restrictive immigration policies and enforcement, disproportionately affecting the Latino population. The effects of these policies and practices on experiences of discrimination and implications for the health of Latinos are under studied. Fifth, the preponderance of the current body of research during this period is based on qualitative interviews with Latino immigrants (Bauer, 2009; C. Cleaveland & Ihara, 2012; Dreby, 2012, 2013; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckman, et al., 2011; Hardy et al., 2012; Menjivar & Abrego, 2012) and the majority of this research emerges from the northeast (R. H. Adler, 2006; Dreby, 2013; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011), southeast (Bauer, 2009; C. Cleaveland & Ihara, 2012; White, Blackburn, et al., 2014; White, Yeager, et al., 2014), and southwest (Ayon et al., 2011; Hardy et al., 2012; Menjivar & Abrego, 2012; Toomey et al., 2014) regions of the US. Thus, in-depth case studies of particular geographic areas may be especially informative in developing an understanding of the contextual factors that shape changes over time in the health and well-being of Latinos in the US.

Research QuestionsThe purpose of this study is twofold: First, to empirically test whether Latinos living in a northern border community have reported heightened levels of discrimination in the period following 9/11; second, to examine whether those changes are associated with changes in cardiovascular health. While the major aims of this study are to examine change in discrimination over time and the association of these hypothesized changes with cardiovascular health among Latinos, in order to understand the broader context for residents of Detroit I also examine the secondary hypothesis that NLBs experienced an increase in discrimination over this period.

I first examine racial and ethnic differences in self-reported discrimination over time. Next, I test associations between changes in self-reported discrimination and changes in systolic and diastolic blood pressure and high blood pressure. The sample for this study was drawn from Detroit, MI. Located on the US-Canada border, Latinos in Detroit, MI may be uniquely affected by the advent and worsening of this sociopolitical context. Further, Detroit, MI is located in Wayne County, the first county in Michigan to implement the Secure Communities program, which is a collaboration between local law enforcement agencies and ICE that began in 2009, four years prior to the mandated implementation of Secure Communities (U.S. Immigration and Customs Enforcement, 2013a). Thus, Latino residents in Detroit are subject to heightened surveillance and immigration enforcement (Abbey-Lambertz, 2012; Satyanarayana, 2012). In addition, the population of the City of Detroit has suffered disproportionately from the effects of the economic recession of 2007-2009 (U.S. Census Bureau, 2008c, 2008d).

Given the paucity of empiric evidence regarding heightened racialization of Latinos following 9/11 and implications for health, the present study examines whether there have been differential increases in discrimination from 2002 to 2008 for Latinos compared with non-Latino

whites. To contextualize these findings, I also examine whether NLBs in Detroit have experienced an increase in discrimination over this period, relative to non-Latino whites. Furthermore, I test whether changes over time in discrimination are associated with increases in blood pressure for Latinos and NLBs, as compared to NLWs. The research questions guiding this analysis are described below, followed by the specific hypotheses that I will test to examine these questions:

RQ1. Do Latinos and NLBs experience greater increases in discrimination over time compared to NLWs?

H1.1. From 2002 to 2008, Latinos will experience a greater increase (e.g., stronger slope) in unfair treatment, as an indicator of discrimination, relative to NLWs, controlling for covariates.

H1.2. From 2002 to 2008, NLBs will experience an increase in unfair treatment, as an indicator of discrimination, which is between the level of change for Latinos and NLWs, accounting for covariates.

RQ2. Are hypothesized increases in discrimination over time associated with increases in blood pressure or odds of high blood pressure from 2002 to 2008? Are differential increases in discrimination by race and ethnicity associated with differential increases in blood pressure or odds of high blood pressure over time?

H2.1 Changes over time in unfair treatment, as an indicator of discrimination, will be positively associated with changes in blood pressure or odds of HBP, adjusting for covariates.

Based on the hypotheses indicated in RQ1, I hypothesize that:

H2.2a. Latinos will experience greater increases in blood pressure or odds of HBP over time compared to NLBs and NLWs.

H2.2b. This association will be explained (mediated) by increases in unfair treatment (H1.1), an indicator of discrimination, accounting for covariates.

H2.3a. NLBs will experience greater increases in blood pressure or odds of HBP over time compared with NLWs.

H2.3b. This association will be explained (mediated) by increases in unfair treatment (H1.2), and indicator of discrimination, controlling for covariates.

RQ3. Does the association between increases in unfair treatment, as an indicator of discrimination, with increases in blood pressure for Latinos (RQ2) vary by nativity? Given the

mixed evidence presented above, this research question is exploratory. Thus, I do not posit a direction of these associations.

METHODS

Sample

Data were drawn from the Healthy Environments Partnership (HEP) 2002-2003 (henceforth, 2002) and 2007-2008 (henceforth, 2008) Community Surveys. The Healthy Environments Partnership (HEP), a CBPR partnership, has been working together since 2000 to understand, and to develop, implement, and evaluate interventions to address excess CVD in Detroit, Michigan (Schulz et al., 2005). HEP's research is overseen by a Steering Committee (SC), which includes 11 representatives from five community-based organizations (CBOs), health agencies, a community-member at large, and academic researchers (Schulz et al., 2011). CBO representatives are Detroit residents and organizational leaders with long-standing histories and strong reputations in the engaged communities.

The 2002 HEP survey is a stratified, two-stage probability sample of occupied housing units or households in three areas of Detroit in order to sample intended numbers of Latino, NLB, and NLW residents across socioeconomic strata. The sampling frame was designed to complete 1,000 interviews with persons aged 25 years or older in each of the three study areas (Schulz et al., 2005). NLWs and Latinos were oversampled. While not the original purpose of the HEP Community Surveys, this study is consistent with the Health Environment Partnership's goal of investigating the contribution of social and physical environments to the cardiovascular health of Detroit residents.

In 2008, interviewers visited a randomly sampled subset (80%) of the originally sampled households. If the person interviewed in 2002 still lived in that household, they were re-interviewed. If the original respondent was no longer living in that household, a household

listing was conducted and a new current resident aged 25 or older was randomly selected as the new survey respondent. If the household was vacant in 2008, the household to the right of the original household on the same block was sampled. Of the 460 participants interviewed in 2008, 219 were the same participants who were interviewed in 2002. The remaining 241 were participants selected as described above. This analysis was restricted to the 219 participants who had complete data in 2002 and 2008. Restricting the sample to individuals for whom data were available at two points in time allows an examination of the research questions guiding this analysis, regarding change over time in self-reported discrimination, and the association between these changes and changes in blood pressure or the odds of high blood pressure over time. The population and sampling frame is appropriate for understanding the contribution of self-reported discrimination to changes in cardiovascular health patterns among Latinos, relative to other racial and ethnic groups residing in Detroit. The analytic sample included 59 Latino, 107 non-Latino black, and 47 non-Latino white participants.

Measures

Dependent Variables

To address the first research question, outcome variables include everyday unfair treatment, acute unfair treatment in the past year, and lifetime acute unfair treatment.

Everyday unfair treatment. Everyday unfair treatment was measured by the 5-item everyday unfair treatment scale developed by Williams and colleagues (1997) in the 1995 Detroit Area Study. Everyday unfair treatment scale items include the frequency (time period not specified) with which the respondent reported that they were treated with less courtesy or respect than others; they received poorer service than others at restaurants or stores; people acted as if they thought the respondent was not smart; people acted as if they were afraid of the respondent; and

they felt threatened or harassed in everyday life. Response options were on a 5-point scale, ranging from never (1) to always (5). For each item to which the participant responded “sometimes”, “often”, or “always”, they were asked to indicate the reason for this experience (i.e. their age, gender, race or ethnicity, not born in US, live in Detroit, income or social class, or weight). This analysis did not restrict experiences of everyday unfair treatment to those which participants attributed to factors related to their race or ethnicity (e.g., place of birth, race or ethnicity) due to the intersectionality of these socially constructed identities and how historically and contemporarily each of these characteristics have been used in racialization processes. The total everyday unfair treatment score was derived by calculating the mean of responses to all 5 items. In 2002, the mean everyday unfair treatment score was 1.67 (SD=0.60; range: 1-3.6). In 2008, the mean score was 1.70 (SE= 0.64, range: 1-3.8). The Cronbach’s alpha for this scale was 0.76 in 2002 and 0.77 in 2008.

Acute unfair treatment. Acute unfair treatment was measured by the 7-item acute unfair treatment index, which was adapted from the index used in the 1995 Detroit Area Study (Williams et al., 1997). Acute unfair treatment items include: whether, at any time in the respondent’s life, they have ever been unfairly treated concerning work, by the police or immigration officials, at school, in getting housing, in getting resources or money, or were denied medical care, or received inferior medical care for unfair reasons. Respondents were asked to indicate yes (1) or no (0) to each item. The sum of the responses to these items was calculated such that a 1 indicated acute unfair treatment in the indicated domain and 0 indicated no report of acute unfair treatment in that domain. Respondents were also asked if these experiences occurred within the past 12 months. Two acute unfair treatment indices were created: one for any experiences of acute unfair treatment over the respondent’s lifetime

(henceforth, lifetime acute unfair treatment) and one for experiences of acute unfair treatment that occurred within the past 12 months (henceforth, acute unfair treatment in past year). Similar to the everyday unfair treatment scale, respondents who indicated that they experienced acute unfair treatment were asked to attribute the reason for their experience (i.e. their age, gender, race or ethnicity, not born in US, live in Detroit, income or social class, or weight). These acute unfair treatment index scores were not restricted to experiences attributed to race and ethnicity. Mean lifetime acute unfair treatment index scores were 1.04 (SE=1.37, range: 0-7.0) in 2002 and 1.33 (SD=1.55, range: 0-7.0) in 2008. Mean scores for acute unfair treatment in the past year were 0.42 (SE=0.78, range: 0-3.0) in 2002 and 0.34 (SD=0.74; range: 0-4.0) in 2008.

Blood pressure. For the second and third research questions, the dependent variables were systolic blood pressure, diastolic blood pressure, and high blood pressure (HBP), in separate models. Trained interviewers, who used a portable cuff device (Omron model HEM 711AC) that passed Association for the Advancement of Medical Instrumentation Standards, collected anthropometric measures of blood pressure three times during each interview (Yarrows & Brook, 2000). SBP and DBP were calculated as the mean of the second and third blood pressure assessments. HBP was defined as SBP \geq 140 mmHg or DBP \geq 90 mmHg, measured at the time of the interview, based upon the mean of the second and third SBP and DBP measurements, or current use of antihypertensive medication.

Independent Variables

Independent variables included in the models include race and ethnicity, and time, as described below. For models testing hypotheses associated with the second research question, multiple indicators of discrimination described above were included as independent variables.

For the third research question, which involved models restricted to Latinos, nativity was included as an independent variable.

Race and ethnicity. Self-reported race and ethnicity were independent variables. In accordance with the US Census 2000, participants were asked if they were of Hispanic or Latino descent. Then, participants reported their race, choosing from a fixed set of options that included: white or Caucasian, black or African American, American Indian, Asian, Pacific Islander, or an Other race (specify). Participants who reported that they were of Hispanic or Latino descent were classified as Latino, regardless of racial group. Those who indicated that they were white or Caucasian and not of Hispanic or Latino origin or descent were classified as non-Latino white. Participants who reported that they were black or African American and not of Hispanic or Latino origin or descent were classified as non-Latino black.

Time. The survey wave (time) when the interview was completed was included as an independent variable. Time was coded as 1 for data collected in 2008-2009; time was coded as 0 for data collected in 2002-2003.

Nativity. Participants who identified as Latino were asked in which country they were born, with response options including: mainland United States, Puerto Rico, Mexico, and other (specify). Those who indicated that they were born in the continental US or Puerto Rico were classified as US-born. Those who indicated that they were born in a Latin American country were classified as born outside of the United States. Participants who indicated that they were born outside of the US were also asked to indicate their age of migration to the continental US, which was used to calculate length of US residence for persons born outside of the continental US.

Language of interview. Language of interview was assessed based on the language of the survey that was administered in 2002 or the language of the survey that was noted on HEP interview

tracking documents for computer-assisted personal interviews completed in 2008. Due to the strong correlation between language of interview and nativity for Latinos in this sample ($r_{2002}=0.60$; $r_{2008}=0.70$), language of interview was not retained in models restricted to Latinos in tests of the third research question.

Covariates

Covariates included age, gender, poverty-to-income ratio, educational attainment, employment status, marital status, and use of high blood pressure medication. Age, measured in years, was calculated based upon the participant's date of birth. Gender was self-reported. The poverty income ratio (PIR), a continuous variable, is a ratio of self-reported household income to the federal poverty threshold for the respective year, accounting for the number of reported household members (U.S. Census Bureau, 2012b). The household income is at the poverty level when the PIR is 1. A PIR ranging from 0 to <1 indicates that the household income is below the poverty level. The household income is greater than the poverty level when the PIR is >1. PIR was dichotomized: household income above the federal poverty level (coded as 1) and at or below the poverty level (coded as 0). Educational attainment includes categories of less than high school education, completion of high school or general educational development (GED), some college, college education, and more than college education. For this analysis, educational attainment was divided into three categories: less than a high school education; completion of a high school education or GED; some college, college education, or more than a college education. These classifications are based upon the distribution of cases in each educational category in the sample and the social significance of the education cut-point, namely occupational opportunities that are available based on level of educational attainment and higher incomes that are generally associated with occupations limited to persons with higher levels of

educational attainment. Participants were classified as currently employed (coded as 1) if they indicated that they were currently working for pay. Those who reported that they were not currently working for pay were classified as not currently employed. Marital status was collapsed into two categories: married or living with a partner (coded as 1) and not married or living with a partner (coded as 0). An indicator of high blood pressure medication use was coded as 1 for persons who indicated that a health care provider informed them that they had high blood pressure and they reported that they were currently taking high blood pressure medication at the time of interview. All others were coded as 0 for taking high blood pressure medication.

Statistical Analysis

Post-stratification weights were applied to each model and to the descriptive statistics. Means and frequencies were calculated to assess how best to include the dependent variables and continuous moderator variables in the regression models. Tests of statistically significant differences in sociodemographic factors by race and ethnicity and over time were conducted using ANOVAs and chi-square tests based on unweighted estimates. Regression models were used to examine (1) the association of race and ethnicity with everyday unfair treatment, acute unfair treatment in the past year, and lifetime acute unfair treatment and changes in these associations from 2002 to 2008; (2) longitudinal associations between differential changes in everyday unfair treatment, acute unfair treatment in the past year, and lifetime acute unfair treatment by race and ethnicity and changes in SBP and DBP and odds of HBP from 2002 to 2008 for the full sample (n=219); and (3) longitudinal associations between changes in unfair treatment and changes in SBP and DBP from 2002 to 2008 by nativity in models restricted to Latinos (n=59). Due to the small sample size, models examining the odds of HBP were not restricted to Latinos. Given that this analysis involves a repeated measures design, I used

generalized estimating equations (GEE) to examine the association of changes in unfair treatment by race and ethnicity over time and the association of these hypothesized changes with changes in blood pressure over this period. GEE models are fixed effects models that are an extension of multivariate linear regression. These models account for the within-subject correlation of the data to estimate the best linear unbiased parameter estimates while accommodating the correlation of data in 2002 and 2008 (Ballinger, 2004; Zeger, Liang, & Albert, 1988; Zorn, 2001). GEE facilitates the inference of these findings to the population from which the samples were drawn: residents of Detroit from 2002 to 2008 (Zeger et al., 1988). In cases in which at least one coefficient was marginally statistically significant in tests of changes in unfair treatment by race and ethnicity over time ($b_{\text{time}} + b_{\text{race-ethnicity*time}}$), cross-sectional differences in the association of unfair treatment with blood pressure in 2002 or 2008 (e.g., $b_{\text{race-ethnicity}} + b_{\text{race-ethnicity*time}} + b_{\text{race-ethnicity*unfair treatment}} + b_{\text{race-ethnicity*unfair treatment*time}}$) or racial and ethnic differences in changes in the association of unfair treatment with blood pressure over time ($b_{\text{time}} + b_{\text{race-ethnicity*time}} + b_{\text{unfair treatment*time}} + b_{\text{race-ethnicity*time}} + b_{\text{race-ethnicity*unfair treatment*time}}$), I conducted contrast tests to test for statistically significant differences by race and ethnicity. All analyses were conducted in SAS 9.4 (SAS Institute, Cary, NC). The equations for each of the research questions are provided below:

Research Question 1 (full sample; n=219):

$$\text{Unfair treatment}^1 = \beta_0 + \beta_{\text{race-ethnicity}} + \beta_{\text{time}} + \beta_{\text{race-ethnicity*time}} + \beta_{\text{covariates}}$$

Notes:

¹ Separate models were run for each measure of discrimination (e.g., everyday unfair treatment, lifetime acute unfair treatment, and acute unfair treatment in the past year) as the dependent variable.

For the first research question, due to the theoretical importance of comparing the association of Latino ethnicity and NLB race with discrimination (which is operationalized as

unfair treatment) relative to NLW race over the 2002 to 2008 period, as described above, NLWs were the referent racial and ethnic group in the fixed effects linear regression models. Models adjusted for age, gender, household income relative to the poverty level, educational attainment, labor force status, and marital status. Following tests for a main effect of race and ethnicity with unfair treatment, an interaction of race and ethnicity with time was then tested to examine whether there was an increase in reports of unfair treatment for Latinos and NLBs relative to NLWs from 2002 to 2008. The interpretation of each coefficient in models examining the first research question is presented in Table 5.1 and Table 5.2.

Table 5.1. Coefficients for Research Question 1 in GEE Models: Unfair Treatment Regressed on Race, Ethnicity, and Time, 2002 to 2008

Race and Ethnicity	Time		
	2002 (0)	2008 (1) *	Change from 2002 to 2008 *
Non-Latino White (referent)	β_0	$\beta_0 + \beta_{\text{time}}$	β_{time}
Latino	$\beta_0 + \beta_{\text{Latino}}$ <i>Difference between NLWs and Latinos:</i> β_{Latino}	$\beta_0 + \beta_{\text{Latino}} + \beta_{\text{time}} + \beta_{\text{Latino}*\text{time}}$ <i>Difference between NLWs and Latinos:</i> $\beta_{\text{Latino}} + \beta_{\text{Latino}*\text{time}}$	$\beta_{\text{time}} + \beta_{\text{Latino}*\text{time}}$ <i>Difference between NLWs and Latinos:</i> $\beta_{\text{Latino}*\text{time}}$
Non-Latino Black	$\beta_0 + \beta_{\text{Black}}$ <i>Difference between NLBs and NLWs:</i> β_{Black} <i>Difference between NLBs and Latinos:</i> $\beta_{\text{Latino}} - \beta_{\text{Black}}$	$\beta_0 + \beta_{\text{Black}} + \beta_{\text{time}} + \beta_{\text{Black}*\text{time}}$ <i>Difference between NLBs and NLWs:</i> $\beta_{\text{Black}} + \beta_{\text{Black}*\text{time}}$ <i>Difference between NLBs and Latinos:</i> $(\beta_{\text{Black}} + \beta_{\text{Black}*\text{time}}) - (\beta_{\text{Latino}} + \beta_{\text{Latino}*\text{time}})$	$\beta_{\text{time}} + \beta_{\text{Black}*\text{time}}$ <i>Difference between NLBs and NLWs:</i> $\beta_{\text{Black}*\text{time}}$ <i>Difference between NLBs and Latinos:</i> $\beta_{\text{Black}*\text{time}} - \beta_{\text{Latino}*\text{time}}$

Note: * Tests of significant difference in levels of unfair treatment in 2008 or changes in unfair treatment from 2002 to 2008 are based on contrast tests in cases where at least one coefficient was marginally significant at $p < 0.10$.

Table 5.2. Interpretation of Coefficients for Research Question 1 in GEE Models: Unfair Treatment Regressed on Race, Ethnicity, and Time, 2002 to 2008

Coefficients	Interpretation
β_0	Mean unfair treatment score in 2002 for NLWs (cross-sectional)
$\beta_0 + \beta_{\text{time}}$	Mean unfair treatment score in 2008 for NLWs (cross-sectional)
β_{time}	Change in unfair treatment score for NLWs from 2002 to 2008
$\beta_0 + \beta_{\text{Latino}}$	Mean unfair treatment score in 2002 for Latinos (cross-sectional)
$\beta_0 + \beta_{\text{Latino}} + \beta_{\text{time}} + \beta_{\text{Latino*time}}$	Mean unfair treatment score in 2008 for Latinos (cross-sectional)
$\beta_{\text{time}} + \beta_{\text{Latino*time}}$	Change in unfair treatment score from 2002 to 2008 for Latinos
β_{Latino}	Difference in unfair treatment score for Latinos relative to NLWs in 2002
$\beta_{\text{Latino}} + \beta_{\text{Latino*time}}$	Difference in unfair treatment score for Latinos relative to NLWs in 2008
$\beta_{\text{Latino*time}}$	Difference in change in unfair treatment score from 2002 to 2008 for Latinos relative to NLWs
$\beta_0 + \beta_{\text{Black}}$	Mean unfair treatment score in 2002 for NLBs relative to NLWs (cross-sectional)
$\beta_0 + \beta_{\text{Black}} + \beta_{\text{time}} + \beta_{\text{Black*time}}$	Mean unfair treatment score in 2008 for NLBs relative to NLWs (cross-sectional)
$\beta_{\text{time}} + \beta_{\text{Black*time}}$	Difference in change in unfair treatment score from 2002 to 2008 for NLBs relative to NLWs
β_{Black}	Difference in unfair treatment score for NLBs relative to NLWs in 2002
$\beta_{\text{Black}} + \beta_{\text{Black*time}}$	Difference in unfair treatment score for NLBs relative to NLWs in 2008
$\beta_{\text{Black*time}}$	Difference in change in unfair treatment score from 2002 to 2008 for NLBs relative to NLWs
$\beta_{\text{Latino}} - \beta_{\text{Black}}$	Difference in unfair treatment score for Latinos relative to NLBs in 2002 (cross-sectional)
$(\beta_{\text{Black}} + \beta_{\text{Black*time}}) - (\beta_{\text{Latino}} + \beta_{\text{Latino*time}})$	Difference in unfair treatment score for Latinos relative to NLBs in 2008 (cross-sectional)
$\beta_{\text{Black*time}} - \beta_{\text{Latino*time}}$	Difference in change in unfair treatment score from 2002 to 2008 for Latinos relative to NLBs

Research Question 2 (full sample; n=219):

$$\text{Blood Pressure}^2 = \beta_0 + \beta_{\text{race-ethnicity}} + \beta_{\text{unfair treatment}}^3 + \beta_{\text{time}} + \beta_{\text{unfair treatment*time}} + \beta_{\text{unfair treatment*race-ethnicity}} + \beta_{\text{time*race-ethnicity}} + \beta_{\text{unfair treatment*time*race-ethnicity}} + \beta_{\text{covariates}}$$

Notes:

² Separate models were run for SBP, DBP, and HBP as the dependent variable.

³ Separate models were run for each indicator of discrimination (e.g., everyday unfair treatment, lifetime acute unfair treatment, and acute unfair treatment in the past year) as the independent variable.

For the second research question, regarding whether differential increases in discrimination (operationalized as unfair treatment), by race and ethnicity are associated with differential increases in blood pressure or odds of high blood pressure, separate fixed effects linear regression models were run for each unfair treatment scale and for SBP and DBP as the outcome variable, separately. In addition, GEE analyses were conducted with HBP as the outcome variable; these were restricted to persons who identified as Latino, NLW, or NLB due to the small sample size of persons who were classified as an “other” racial or ethnic group for the purposes of logistic regression analyses. In these models, race and ethnicity are conceptualized as social constructs, rather than biological categories. These models adjusted for age, gender, household income relative to the poverty level, educational attainment, labor force status, marital status, and use of high blood pressure medication. Two steps were applied to examine the longitudinal association of discrimination and cardiovascular health (e.g., systolic blood pressure, diastolic blood pressure, high blood pressure). First, models were conducted that included an interaction of unfair treatment by time. This interaction provides the effect of differences in unfair treatment from 2002 to 2008 on cardiovascular health over this period for the entire sample. To examine whether there are differential changes by race and ethnicity in levels of unfair treatment and whether those increases in levels of unfair treatment translate into greater increases in blood pressure, a three-way interaction was entered into these models, which was the interaction of unfair treatment by race and ethnicity and by time. The three-way interaction in these models captures the effect of differential changes in unfair treatment over this period for each racial and ethnic group with differential changes in blood pressure for each racial and ethnic group over this period. Shown in Table 5.3 and Table 5.4 is the interpretation of each coefficient in GEE models examining the second research question.

Table 5.3. Coefficients for Research Question 2 in GEE Models: Blood Pressure Regressed on Unfair Treatment, Race, Ethnicity, and Time, 2002 to 2008

Race and Ethnicity	Time		
	2002 (0)	2008 (1) *	Change from 2002 to 2008 *
Non-Latino White (referent)	$\beta_0 + \beta_{\text{unfair treatment}}$	$\beta_0 + \beta_{\text{time}} + \beta_{\text{unfair treatment}} + \beta_{\text{unfair treatment*time}}$	$\beta_{\text{time}} + \beta_{\text{unfair treatment*time}}$
Latino	$\beta_0 + \beta_{\text{Latino}} + \beta_{\text{unfair treatment}}$ <i>Difference between Latinos and NLWs:</i> β_{Latino}	$\beta_0 + \beta_{\text{Latino}} + \beta_{\text{time}} + \beta_{\text{unfair treatment}} + \beta_{\text{Latino*time}} + \beta_{\text{unfair treatment*time}} + \beta_{\text{Latino*unfair treatment}} + \beta_{\text{Latino*unfair treatment*time}}$ <i>Difference between Latinos and NLWs:</i> $\beta_{\text{Latino}} + \beta_{\text{Latino*time}} + \beta_{\text{Latino*unfair treatment}} + \beta_{\text{Latino*unfair treatment*time}}$	$\beta_{\text{time}} + \beta_{\text{Latino*time}} + \beta_{\text{unfair treatment*time}} + \beta_{\text{Latino*unfair treatment}} + \beta_{\text{Latino*unfair treatment*time}}$ <i>Difference between Latinos and NLWs:</i> $\beta_{\text{Latino*time}} + \beta_{\text{Latino*unfair treatment}} + \beta_{\text{Latino*unfair treatment*time}}$
Non-Latino Black	$\beta_0 + \beta_{\text{Black}} + \beta_{\text{unfair treatment}}$ <i>Difference between NLBs and NLWs:</i> β_{Black} <i>Difference between NLBs and Latinos:</i> $\beta_{\text{Latino}} - \beta_{\text{Black}}$	$\beta_0 + \beta_{\text{Black}} + \beta_{\text{time}} + \beta_{\text{unfair treatment}} + \beta_{\text{Black*time}} + \beta_{\text{unfair treatment*time}} + \beta_{\text{Black*unfair treatment}} + \beta_{\text{Black*unfair treatment*time}}$ <i>Difference between NLBs and NLWs:</i> $\beta_{\text{Black}} + \beta_{\text{Black*time}} + \beta_{\text{Black*unfair treatment}} + \beta_{\text{Black*unfair treatment*time}}$ <i>Difference between NLBs and Latinos:</i> $(\beta_{\text{Black}} + \beta_{\text{Black*time}}) - (\beta_{\text{Latino}} + \beta_{\text{Latino*time}})$	$\beta_{\text{time}} + \beta_{\text{Black*time}} + \beta_{\text{unfair treatment*time}} + \beta_{\text{Black*unfair treatment}} + \beta_{\text{Black*unfair treatment*time}}$ <i>Difference between Latinos and NLWs:</i> $\beta_{\text{Black*time}} + \beta_{\text{Black*unfair treatment}} + \beta_{\text{Black*unfair treatment*time}}$ <i>Difference between NLBs and Latinos:</i> $\beta_{\text{Black*time}} - \beta_{\text{Latino*time}}$

Note: * Tests of significant difference in the association of unfair treatment with blood pressure in 2008 or for significant differences in changes in blood pressure from 2002 to 2008 are based on contrast tests in cases where at least one coefficient was marginally significant at $p < 0.10$.

Table 5.4. Interpretation of Coefficients for Research Question 2 in GEE Models: Blood Pressure Regressed on Unfair Treatment, Race, Ethnicity, and Time, 2002 to 2008

Coefficients	Interpretation
$\beta_0 + \beta_{\text{unfair treatment}}$	Association of unfair treatment in 2002 with blood pressure for NLWs (cross-sectional)
$\beta_0 + \beta_{\text{time}} + \beta_{\text{unfair treatment}} + \beta_{\text{unfair treatment}*\text{time}}$	Association of unfair treatment in 2008 with blood pressure for NLWs (cross-sectional)
$\beta_{\text{time}} + \beta_{\text{unfair treatment}*\text{time}}$	Association of change in unfair treatment from 2002 to 2008 for NLWs with change in blood pressure over this period
$\beta_0 + \beta_{\text{Latino}} + \beta_{\text{unfair treatment}}$	Association of unfair treatment in 2002 with blood pressure for Latinos (cross-sectional)
$\beta_0 + \beta_{\text{Latino}} + \beta_{\text{time}} + \beta_{\text{unfair treatment}} + \beta_{\text{Latino}*\text{time}} + \beta_{\text{unfair treatment}*\text{time}} + \beta_{\text{Latino}*\text{unfair treatment}} + \beta_{\text{Latino}*\text{unfair treatment}*\text{time}}$	Association of unfair treatment in 2008 with blood pressure for Latinos (cross-sectional)
$\beta_{\text{time}} + \beta_{\text{Latino}*\text{time}} + \beta_{\text{unfair treatment}*\text{time}} + \beta_{\text{Latino}*\text{unfair treatment}} + \beta_{\text{Latino}*\text{unfair treatment}*\text{time}}$	Association of change in unfair treatment from 2002 to 2008 for Latinos with change in blood pressure over this period
β_{Latino}	Difference in the association of unfair treatment in 2002 with blood pressure for Latinos relative to NLWs
$\beta_{\text{Latino}} + \beta_{\text{Latino}*\text{time}} + \beta_{\text{Latino}*\text{unfair treatment}} + \beta_{\text{Latino}*\text{unfair treatment}*\text{time}}$	Difference in the association of unfair treatment in 2008 with blood pressure for Latinos relative to NLWs
$\beta_{\text{Latino}*\text{time}} + \beta_{\text{Latino}*\text{unfair treatment}} + \beta_{\text{Latino}*\text{unfair treatment}*\text{time}}$	Difference in the association of changes in unfair treatment from 2002 to 2008 on changes in blood pressure for Latinos relative to NLWs
β_{Black}	Difference in the association of unfair treatment in 2002 with blood pressure for NLBs relative to NLWs
$\beta_{\text{Black}} + \beta_{\text{Black}*\text{time}} + \beta_{\text{Black}*\text{unfair treatment}} + \beta_{\text{Black}*\text{unfair treatment}*\text{time}}$	Difference in the association of unfair treatment in 2008 with blood pressure for NLBs relative to NLWs
$\beta_{\text{Black}*\text{time}} + \beta_{\text{Black}*\text{unfair treatment}} + \beta_{\text{Black}*\text{unfair treatment}*\text{time}}$	Difference in the association of changes in unfair treatment from 2002 to 2008 on changes in blood pressure for NLBs relative to NLWs
$\beta_{\text{Latino}} - \beta_{\text{Black}}$	Difference in the association of unfair treatment in 2002 with blood pressure for Latinos relative to NLBs in 2002 (cross-sectional)
$(\beta_{\text{Black}} + \beta_{\text{Black}*\text{time}} + \beta_{\text{Black}*\text{unfair treatment}*\text{time}}) - (\beta_{\text{Latino}} + \beta_{\text{Latino}*\text{time}} + \beta_{\text{Latino}*\text{unfair treatment}*\text{time}})$	Difference in the association of unfair treatment in 2008 with blood pressure for Latinos relative to NLBs in 2008 (cross-sectional)
$(\beta_{\text{Black}*\text{time}} + \beta_{\text{Black}*\text{unfair treatment}*\text{time}}) - (\beta_{\text{Latino}*\text{time}} + \beta_{\text{Latino}*\text{unfair treatment}*\text{time}})$	Difference in the association of changes in unfair treatment from 2002 to 2008 with changes in blood pressure from 2002 to 2008 for Latinos relative to NLBs

Research Question 3 (restricted to Latinos; n=59):

$$\text{Blood Pressure}^5 = \beta_0 + \beta_{\text{US-Born}} + \beta_{\text{unfair treatment}}^6 + \beta_{\text{time}} + \beta_{\text{unfair treatment*time}} + \beta_{\text{unfair treatment*US-Born}} + \beta_{\text{time*US-Born}} + \beta_{\text{unfair treatment*time*US-Born}} + \beta_{\text{covariates}}$$

Notes:

⁵ Separate models were run for SBP and DBP as the dependent variable.

⁶ Separate models were run for each indicator of discrimination (e.g., everyday unfair treatment, lifetime acute unfair treatment, and acute unfair treatment in the past year) as the independent variable.

The third research question tested the hypothesis that increases in discrimination (operationalized as unfair treatment) for Latinos are associated with differential changes in SBP and DBP by nativity due to evidence indicating variation in exposure to or reporting of discrimination by nativity. Analyses were conducted using separate regression models and were run for each discrimination measure, separately. These models adjusted for age, gender, household income relative to the poverty level, educational attainment, labor force status, marital status, and use of high blood pressure medication. Two steps were applied to examine the longitudinal association of discrimination and cardiovascular health (e.g., systolic blood pressure, diastolic blood pressure) and variation in these associations by nativity. First, models were conducted that included an interaction of unfair treatment by time. This interaction provides the effect of differences in self-reported discrimination from 2002 to 2008 on cardiovascular health over this period for Latinos. To examine whether differential changes in discrimination are associated with greater increases in blood pressure by nativity, a three-way interaction was entered into these models, which was the interaction of unfair treatment by nativity and by time. An interpretation of coefficients from GEE models addressing the third research question is presented in Table 5.5.

Table 5.5. Coefficients for Research Question 2 in GEE Models: Blood Pressure Regressed on Unfair Treatment, Nativity, and Time, 2002 to 2008 in Models Restricted to Latinos

Nativity	Time		
	2002 (0)	2008 (1)	Change from 2002 to 2008 *
Born outside of US (0)	$\beta_0 + \beta_{\text{unfair treatment}}$	$\beta_0 + \beta_{\text{time}} + \beta_{\text{unfair treatment}} + \beta_{\text{unfair treatment*time}}$	$\beta_{\text{time}} + \beta_{\text{unfair treatment*time}}$
US-born (1)	$\beta_0 + \beta_{\text{unfair treatment}} + \beta_{\text{US-born}}$	$\beta_0 + \beta_{\text{time}} + \beta_{\text{US-born}} + \beta_{\text{unfair treatment}} + \beta_{\text{unfair treatment*time}} + \beta_{\text{unfair treatment*US-born}} + \beta_{\text{US-born*time}} + \beta_{\text{unfair treatment*US-born*time}}$	$\beta_{\text{time}} + \beta_{\text{US-born*time}} + \beta_{\text{unfair treatment*time}} + \beta_{\text{US-born*unfair treatment}} + \beta_{\text{US-born*unfair treatment*time}}$
	<i>Difference between US-born and born outside of US:</i> $\beta_{\text{US-born}}$	<i>Difference between US-born and born outside of US:</i> $\beta_{\text{US-born}} + \beta_{\text{US-born*time}} + \beta_{\text{US-born*unfair treatment}} + \beta_{\text{US-born*unfair treatment*time}}$	<i>Difference between US-born and born outside of US:</i> $\beta_{\text{US-born*time}} + \beta_{\text{US-born*unfair treatment}} + \beta_{\text{US-born*unfair treatment*time}}$

Note: * Tests of significant difference in the association of unfair treatment with blood pressure in 2008 or of differences in changes in the association of unfair treatment with blood pressure from 2002 to 2008 by nativity are based on contrast tests in cases where at least one coefficient was marginally significant at $p < 0.10$.

Sensitivity Tests

Several sensitivity tests were also conducted. First, given that the smallest racial group, NLW (n=47) was the referent group in analyses, I also conducted analyses with NLBs, the largest racial group in this sample (n=107), as the reference group. This also facilitated the comparison of associations for Latinos with those of NLBs. Second, I conducted sensitivity tests for examinations of the association of changes in unfair treatment with changes in blood pressure by adding 10 points to SBP and 5 points to DBP for persons taking HBP medication (J. S. Cui, Hopper, & Harrap, 2003; Law, Wald, Morris, & Jordan, 2003), as an alternative method to accounting for the effect of HBP medication on SBP and DBP (results not shown). Findings from these sensitivity tests are described in the section that follows.

Given that age is positively associated with risk of chronic disease (Cutler et al., 2008; Egan, Zhao, & Axon, 2010; Hertz, Unger, & Ferrario, 2006; Selvin, Parrinello, Sacks, & Coresh, 2014), that participants grew older over the study period, and that diabetes and cholesterol may be associated with the dependent variables of interest, models were also conducted controlling for a current or previous diagnosis of diabetes and high cholesterol. Neither of these variables were statistically significant in the models, thus these variables were not retained in the final models in order to test the most parsimonious models

RESULTS

Descriptive Statistics

Baseline Sociodemographic Characteristics

Descriptive statistics for the 219 participants with repeated measures are presented in Table 5.6. Descriptives are stratified by race and ethnicity and are presented for 2002 and 2008, separately. A significantly greater proportion of NLB (60.00%) participants were female relative to Latinos (37.59%; $p < 0.05$) and NLWs (39.12%; $p < 0.05$) at both time points. At baseline, the mean age of Latinos (mean=45.17, SD=13.99) in this sample was significantly lower than that of NLBs (mean=51.39, SD=15.16; $p < 0.05$) and NLWs (mean=51.09, SD=12.98; $p < 0.05$). In 2002, there was no significant racial or ethnic difference in the proportion of participants who had household incomes above the federal poverty level ($p > 0.05$). This finding is a function of the sampling design, which was designed to address questions regarding whether race and ethnicity matter for examinations of the contribution of social and physical environments on cardiovascular health above and beyond their associations with household income relative to the federal poverty level. In both 2002 and 2008, Latinos were more likely than either NLBs or NLWs to have less than a high school education ($p < 0.05$). NLWs were significantly more likely

than NLBs to have less than a high school education ($p<0.05$). In both 2002 and 2008, NLBs were more likely than either NLWs or Latinos to have more than a high school education ($p<0.05$). In 2002, Latinos (53.87%) were more likely to be living with a partner than either NLBs (37.25%; $p<0.05$) or NLWs (39.98%; $p<0.05$). Overall, among the total sample, a significantly fewer Latinos (12.47%; $p<0.05$) and NLWs (11.53%; $p<0.05$) were taking high blood pressure medication relative to NLBs (39.55%) in 2002.

Sociodemographic Characteristics in 2008

In 2008, a significantly lower percent of Latinos (55.74%) had household incomes above the federal poverty level relative to NLWs (62.63%; $p<0.05$) and NLBs (66.02%; $p<0.05$). Latinos (50.43%; $p<0.05$) and NLWs (42.44%; $p<0.05$) were significantly more likely to be married or living with a partner compared to NLBs (30.91%) in 2008. Among the total sample, a significantly smaller proportion of Latinos (32.91%; $p<0.05$) and NLWs (28.72%; $p<0.05$) were taking high blood pressure medication in 2008, relative to NLBs (52.18%).

Changes in Sociodemographic Characteristics from 2002 to 2008, by Race and Ethnicity

From 2002 to 2008, there was a significant decline in the percent of Latinos who had household incomes above the federal poverty level ($p<0.01$). Over this period, Latinos went from being the least likely to be in poverty to the most likely. There was a marginally significant increase in the proportion of NLWs with household incomes above the federal poverty level over this period (55.05% and 62.63%, respectively; $p<0.10$), while there was no change in these patterns for NLBs over this period ($p>0.10$). From 2002 to 2008, there was a significant decline in the percent of Latinos ($p<0.01$), NLBs ($p<0.01$), and NLWs ($p<0.01$) who were in the labor force. Across the total sample, for each racial and ethnic group there was a significant increase in the percent who were taking HBP medication over this period ($p<0.01$).

Table 5.6. Weighted Descriptive Statistics, by Race and Ethnicity, 2002 vs. 2008

	2002			2008			2002			2008			Lati
	Latino (n=59)	Non-Latino Black (n=107)	Non-Latino White (n=47)	Latino (n=59)	Non-Latino Black (n=107)	Non-Latino White (n=47)	Latino vs. NLW	Latino vs. NLB	NLB vs. NLW	Latino vs. NLW	Latino vs. NLB	NLB vs. NLW	
Sociodemographics													
Female (%)	37.59	60.00	39.12	37.59	60.00	39.12	NS	<0.05	<0.05	NS	<0.05	<0.05	N/A
Age (mean, SD)	45.17 (13.99)	51.39 (15.16)	51.09 (12.98)	50.73 (14.16)	57.64 (15.18)	56.43 (13.81)	<0.05	<0.05	NS	<0.05	<0.05	NS	<0.05
Above poverty level (%)	71.91	68.32	55.05	55.74	66.02	62.63	NS	NS	NS	<0.05	<0.05	NS	<0.05
Less than high school education (%)	63.81	25.75	46.40	62.99	22.36	45.20	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05	NS
High school education (%)	18.09	31.26	15.32	13.38	26.70	13.49							
More than high school education	15.07	42.99	35.26	23.63	50.93	40.09							
In labor force (%)	71.59	58.59	69.47	55.48	42.04	46.81	NS	NS	NS	NS	NS	NS	<0.05
Married or living with partner (%)	53.87	37.25	39.98	50.43	30.91	42.44	<0.05	<0.05	NS	NS	<0.05	<0.05	NS
Taking HBP Medication (%)	12.47	39.55	11.53	32.91	52.18	28.72	NS	<0.05	<0.05	NS	<0.05	<0.05	<0.05
Discrimination													
Everyday unfair treatment (mean, SD)	1.74 (0.67)	1.65 (0.56)	1.76 (0.64)	1.78 (0.76)	1.72 (0.63)	1.54 (0.61)	NS	NS	NS	<0.05	NS	<0.05	NS
Acute unfair treatment in past year (mean, SD)	0.33 (0.83)	0.44 (0.75)	0.43 (0.80)	0.35 (0.83)	0.38 (0.87)	0.24 (0.57)	NS	NS	NS	NS	NS	NS	NS
Lifetime acute unfair treatment (mean, SD)	0.57 (1.34)	1.25 (1.30)	1.10 (1.23)	1.05 (1.27)	1.59 (1.78)	1.02 (1.27)	<0.05	<0.05	NS	NS	<0.05	<0.05	<0.05
Blood Pressure													
Systolic blood pressure (mean, SD)	125.03 (16.14)	134.02 (18.80)	132.20 (19.05)	136.87 (27.89)	133.20 (21.03)	135.36 (24.72)	<0.05	<0.05	NS	NS	NS	NS	<0.05
Diastolic blood pressure (mean, SD)	76.99 (11.80)	83.25 (12.52)	81.85 (11.85)	80.63 (13.18)	80.75 (12.06)	80.65 (14.58)	<0.05	<0.05	NS	NS	NS	NS	<0.05
High blood pressure (%)	34.95	62.13	47.30	50.48	67.11	62.58	NS	<0.05	<0.05	NS	<0.05	NS	<0.05

Note: Tests of significance based on unweighted estimates using ANOVA and chi-squared tests (for educational attainment). NS indicates differences are not marginally statistically significant at p<0.10; N/A indicates not applicable.

Presented in Table 5.7 are descriptive statistics for all HEP participants, comparing those surveyed only in 2002 (n=700) to those with repeated measures (2002 and 2008; n=219) and comparing participants interviewed in 2002 and 2008 with replacement participants interviewed in 2008 (n=241). Relative to participants who were only surveyed in 2002 (n=700), a greater proportion of participants with repeated measures (n=219) were Latino ($p<0.01$) or NLW ($p<0.01$) and fewer were NLB ($p<0.01$). Compared to those only interviewed in 2002, a significantly smaller proportion of participants with repeated measures were female ($p<0.01$). Relative to participants only interviewed in 2002, a greater proportion of participants with data at both time points had incomes above the federal poverty level ($p=0.02$), had less than a high school education ($p<0.01$); and were married or living with a partner ($p<0.01$). Participants with repeated measures were significantly older at baseline ($p<0.01$) than those only interviewed in 2002.

Compared to the 241 participants who were only interviewed in 2008, a significantly greater proportion of participants with repeated measures were Latino ($p<0.01$) or NLW ($p<0.01$); fewer were NLB ($p<0.01$). Relative to participants who were only interviewed in 2008, a significantly smaller percent of participants with data at both time points were female ($p<0.01$). Significantly more participants with repeated measures had household incomes above the federal poverty level ($p<0.01$); had less than a high school education and had up to a high school education ($p<0.01$) relative to those first interviewed in 2008. Participants with repeated measures were more likely to be taking HBP medication relative to participants who were only interviewed in 2008 ($p<0.01$). This pattern may be attributed to the older age of participants with repeated measures relative to those who were only interviewed in 2002.

Table 5.7. Weighted Descriptive Statistics for All HEP Participants Surveyed in 2002 (n=919), Those with Data Only in 2002 (n=700), Participants with Repeated Measures (n=219), and Replacement Participants (n=241)

	All Participants Interviewed in 2002	Participants with Data Only in 2002	Participants with Repeated Measures		2008 Replacement Participants	COMPARISONS
n	919	700	219		241	n=700 vs n=219
Year	2002	2002	2002	2008	2008	2002
Sociodemographics						
Latino (%)	22.20	19.57	30.11		22.19	<0.01
Non-Latino Black (%)	56.84	60.57	45.65		61.93	<0.01
Non-Latino White (%)	18.65	17.74	21.36		14.69	<0.01
Female (%)	52.26	53.21	49.44		54.42	<0.01
Age (mean, SD)	46.27 (15.82)	45.22 (16.08)	49.44 (14.49)	55.30 (14.64)	45.84 (15.66)	<0.01
Above poverty level (%)	63.58	62.93	65.55	61.26	54.69	0.02
Less than high school education (%)	36.14	33.51	44.05	43.33	32.22	
High school education (%)	28.16	31.55	17.96	18.68	26.66	<0.01
More than high school education (%)	34.61	33.58	37.72	37.73	39.27	
In labor force (%)	67.92	69.06	64.53	47.12	53.55	0.61
Married or living with partner (%)	35.58	32.79	43.95	38.36	40.01	<0.01
Taking HBP Medication (%)	22.26	21.54	24.43	39.67	29.64	0.05
Discrimination						
Everyday Unfair Treatment (mean, SD)	1.74 (0.66)	1.75 (0.68)	1.71 (0.62)	1.69 (0.66)	1.70 (0.68)	0.04
Acute unfair treatment in past year (mean, SD)	0.51 (1.00)	0.54 (1.04)	0.44 (0.83)	0.34 (.79)	0.62 (1.27)	0.03
Lifetime acute unfair treatment (mean, SD)	1.21 (1.55)	1.26 (1.59)	1.05 (1.39)	1.30 (1.55)	1.48 (1.75)	<0.01
Blood Pressure						
Systolic blood pressure (mean, SD)	127.78 (19.70)	126.82 (19.99)	130.63 (18.45)	134.58 (23.54)	130.51 (21.59)	<0.01
Diastolic blood pressure (mean, SD)	79.24 (12.42)	78.66 (12.37)	81.00 (12.42)	80.70 (12.81)	79.49 (13.10)	<0.01
High Blood Pressure (%)	41.60	38.80	50.01	59.50	44.60	<0.01

Note: Tests of significance based on unweighted estimates using ANOVA and chi-squared tests (for educational attainment).

Latinos by Country of Origin or Descent and Nativity

Sociodemographic Characteristics in 2002, by Nativity

As shown in Table 5.8, Latinos in this sample are quite heterogeneous by country or territory of origin or descent, place of birth, and for those born outside of the continental US, length of residence in the US. Across immigrant generations, the majority of Latinos identified as Mexican (59.32%) or Mexican American (25.42%), with Puerto Ricans (13.56%) as the second largest Latino subgroup. Among Latinos born in the continental US or in Puerto Rico (i.e. US-born), 20.00% identified as Mexican, 52.00% as Mexican American or Chicano/a, 28.00% as Puerto Rican, and 16.00% with another country or territory of origin or descent. The majority (94.12%) of Latino immigrants were born in Mexico. Among immigrants, the average length of residence in the US was 20.45 years (SD=10.41). Approximately half of Latino participants completed the interview in Spanish in 2002 (50.85%) and 2008 (50.85%). The majority of Latino immigrants completed the survey in Spanish in 2002 (73.53%) and 2008 (79.41%), whereas only 12.00% of US-born Latinos completed the interview in Spanish at either time point. Given the strong correlation between language of interview and nativity for Latinos in this sample, only nativity was included in tests of the third research question.

In 2002, relative to Latino immigrants, a significantly larger proportion of US-born Latinos were female, had household incomes above the federal poverty level, had higher levels of educational attainment, or were in the labor force. Compared to Latino immigrants, a significantly smaller percent of US-born Latinos were married or living with a partner. There was not a significant difference in the baseline age of Latino immigrants relative to US-born Latinos ($p>0.10$). In addition, there was not a significant difference in unadjusted everyday unfair treatment scores by nativity (US-born: mean=1.76, SD=0.68; Immigrant: mean=1.71,

SD=0.59; $p>0.10$) in 2002. US-born Latinos (mean=0.42, SD=0.82) had a marginally significantly higher unadjusted score for mean acute unfair treatment in the past year than Latino immigrants (mean=0.25, SD=0.74) in 2002 ($p<0.10$). US-born Latinos (mean=0.91, SD=1.62) reported a marginally significantly higher unadjusted score for lifetime acute unfair treatment, compared to Latino immigrants (mean=0.32, SD=0.76; $p<0.10$).

Sociodemographic Characteristics in 2008, by Nativity

In 2008, relative to Latino immigrants, a significantly greater proportion of US-born Latinos had household incomes above the federal poverty level and higher levels of educational attainment, and a significantly lower proportion of US-born Latinos were married or living with a partner. At follow-up, US-born Latinos (mean=1.96, SD=0.75; $p<0.01$) reported a significantly higher unadjusted mean everyday unfair treatment score than Latino immigrants (mean=1.62, SD=0.62). Relative to Latino immigrants (mean=0.26, SD=0.57), in 2008 US-born Latinos (mean=0.42, SD=0.91) had a marginally significantly higher unadjusted mean score for acute unfair treatment in the past year. At follow-up, US-born Latinos (mean=1.04, SD=1.35) also reported a marginally significantly higher unadjusted mean score for lifetime acute unfair treatment than Latino immigrants (mean=0.97, SD=1.06).

Changes in Sociodemographic Characteristics from 2002 to 2008, by Nativity

From 2002 to 2008, there was a significant decline in the proportion of Latino immigrants and US-born Latinos who had household incomes above the federal poverty level. Over this period, for US-born Latinos there was a significant decrease in the percent that were in the labor force and a marginally significant increase in levels of educational attainment. Over time, Latino immigrants reported a significant increase in lifetime acute unfair treatment

(mean₂₀₀₂=0.32; mean₂₀₀₈=0.97), and US-born Latinos reported a significant increase in everyday unfair treatment (mean₂₀₀₂=1.76; mean₂₀₀₈= 1.96).

Table 5.8. Descriptive Statistics for Latinos (n=59), by Nativity, 2002 to 2008

	2002			2008			2002 US-born vs. Immigrant
	Latinos (n=59)	US-born (n=25)	Immigrant (n=34)	Latinos (n=59)	US-born (n=25)	Immigrant (n=34)	
Sociodemographics							
Country/Territory of Origin or Descent ^{a, b}							
Mexican	59.32	20.00	88.24				
Mexican American or Chicano	25.42	52.00	5.88				
Puerto Rican	13.56	28.00	N/A				
Cuban	1.69	N/A	2.94				
Central American	1.69	N/A	2.94				
Other	8.47	16.00	2.94				
Place of Birth ^b							
Continental US	32.20	76.00	N/A				
Puerto Rico	10.17	24.00	N/A				
Mexico	54.24	N/A	94.12				
Other	3.39	N/A	5.88				
Length of US residence (years; mean, SD) ^b			20.45 (10.41)				
Completed interview in Spanish ^b	50.85	12.00	73.53	50.85	12.00	79.41	
Female (%)	37.59	64.00	47.06	37.59	64.00	44.06	<0.01
Age (mean, SD)	45.17 (13.99)	44.72 (10.89)	44.82 (13.11)	50.73 (14.16)	51.60 (10.57)	49.66 (13.13)	NS
Above poverty (%)	71.91	80.00	58.82	55.74	72.00	44.12	<0.01
Less than high school education (%)	63.81	28.00	88.24	62.99	32.00	82.35	
High school education (%)	18.09	32.00	5.88	13.38	16.00	11.76	<0.01
More than high school education	15.07	36.00	2.94	23.63	56.00	2.94	
In labor force (%)	71.59	76.00	64.71	55.48	57.69	47.06	<0.05
Married or living with partner (%)	53.87	36.00	67.65	50.43	32.00	64.71	<0.01
Taking HBP Medication (%)	12.47	16.00	11.76	32.91	36.00	29.41	NS
Discrimination							
Everyday unfair treatment (mean, SD)	1.74 (0.67)	1.76 (0.68)	1.71 (0.59)	1.78 (0.76)	1.96 (0.75)	1.62 (0.62)	NS
Acute unfair treatment in past year (mean, SD)	0.33 (0.83)	0.42 (0.82)	0.25 (0.74)	0.35 (0.83)	0.42 (0.91)	0.26 (0.57)	<0.10
Lifetime acute unfair treatment (mean, SD)	0.57 (1.34)	0.91 (1.62)	0.32 (0.76)	1.05 (1.27)	1.04 (1.35)	0.97 (1.06)	<0.10
Blood Pressure							
Systolic blood pressure (mean, SD)	125.03 (16.14)	120.08 (17.19)	125.38 (12.97)	136.87 (27.89)	131.92 (23.65)	138.29 (25.05)	<0.01
Diastolic blood pressure (mean, SD)	76.99 (11.80)	75.00 (10.11)	77.88 (11.25)	80.63 (13.18)	79.28 (12.37)	80.97 (10.78)	<0.05
High Blood Pressure (%)	34.95	32.00	35.29	50.48	52.00	47.06	NS

Note: Tests of significance based on unweighted estimates using ANOVA and chi-squared tests (for educational attainment). NS indicates differences are not marginally statistically significant at p<0.10; N/A indicates not applicable.

Longitudinal Association of Race and Ethnicity with Discrimination

Everyday Unfair Treatment

I first tested for changes in discrimination for all racial and ethnic groups, combined. From 2002 to 2008, there is no significant change in everyday unfair treatment ($b_{\text{time}}=0.05$, $SE=0.04$, $p=0.16$; Table 5.9, Model 1) accounting for gender, age, household income, educational attainment, labor force status, and marital status.

Tests of the longitudinal association of race and ethnicity with discrimination from 2002 to 2008, adjusting for age, gender, household income, educational attainment, marital status, and labor force status, are presented in Table 5.9, below. I next tested for differences in changes in everyday unfair treatment over this period by race and ethnicity. In 2002, compared to NLWs, there is not a significant difference in reporting of everyday unfair treatment for Latinos ($b_{\text{Latino}}=-0.07$, $SE=0.13$, $p=0.61$) or NLBs ($b_{\text{Black}}=-0.04$, $SE=0.11$, $p=0.69$; Model 3). In 2008, there is also not a significant difference in everyday unfair treatment for Latinos ($b_{\text{Latino}}=-0.07$, $SE=0.13$, $p=0.61$; $b_{\text{Latino*time}}=0.22$, $SE=0.15$, $p=0.14$; Model 3) relative to NLWs. However, in 2008 NLBs ($b_{\text{Black}}=-0.04$, $SE=0.11$, $p=0.69$; $b_{\text{Black*time}}=0.28$, $SE=0.12$, $p=0.02$; $p_{\text{contrast}}=0.03$; Model 3) reported significantly higher levels of everyday unfair treatment compared to NLWs. To assist in interpreting patterns of change in everyday unfair treatment over time by race and ethnicity, results are plotted as bar charts in Figure 5.1 and Figure 5.2. I conducted contrast tests for results in which at least one coefficient was marginally significant. P-values based on contrast tests of significant changes over time are reported as p_{contrast} . There was no significant difference in change in everyday unfair treatment for Latinos ($b_{\text{Latino*time}}=0.22$, $SE=0.15$, $p=0.14$) relative to NLWs (Figure 5.1). However, NLBs ($b_{\text{Black*time}}=0.28$, $SE=0.12$, $p=0.02$) report a significantly greater increase in everyday unfair treatment compared to NLWs over this period (Figure 5.1).

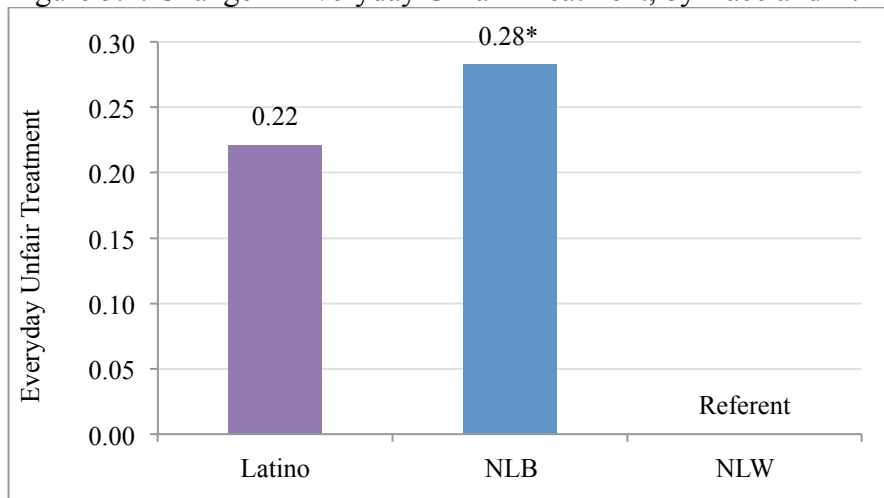
There is a positive and significant association of NLB race ($b_{\text{Black}*\text{time}} + b_{\text{time}} = 0.2826 + -0.1150 = 0.1676$, $p_{\text{contrast}}=0.01$; Figure 5.2) with everyday unfair treatment over time. Temporally, trends suggest a positive pattern of the association of Latino ethnicity ($b_{\text{Latino}*\text{time}} + b_{\text{time}} = 0.2209 + 0.115 = 0.1059$; $p_{\text{contrast}}=0.35$) and a negative trend of NLW race ($b_{\text{time}} = -0.115$, $p=0.25$) with everyday unfair treatment over time, though these patterns are not statistically significant (Figure 5.2).

Table 5.9. GEE Estimates of the Association of Race and Ethnicity with Everyday Unfair Treatment, Acute Unfair Treatment in the Past Year, and Lifetime Acute Unfair Treatment, 2002 vs. 2008

	Everyday Unfair Treatment								
	Model 1			Model 2			Model 3		
	B	SE	p-value	B	SE	p-value	B	SE	p-value
Intercept	2.18	0.25	<0.01	2.24	0.26	<0.01	2.37	0.26	<0.01
Latino				0.05	0.11	0.63	-0.07	0.13	0.61
Black				0.10	0.10	0.30	-0.04	0.11	0.69
Time	0.05	0.04	0.16	0.08	0.06	0.17	-0.12	0.10	0.25
Latino*Time							0.22	0.15	0.14
Black*Time							0.28	0.12	0.02
	QIC 2370.01			QIC 2419.26			QIC 2438.65		
	Acute Unfair Treatment in Past Year								
	Model 4			Model 5			Model 6		
	B	SE	p-value	B	SE	p-value	B	SE	p-value
Latino	0.29	0.29	0.32	0.26	0.29	0.38	0.34	0.27	0.21
Black				0.01	0.12	0.90	-0.07	0.16	0.66
Time	-0.01	0.06	0.81	-0.02	0.09	0.81	-0.09	0.12	0.44
Latino*Time							0.19	0.20	0.33
Black*Time							0.08	0.18	0.68
	QIC 2266.12			QIC 2332.08			QIC 2338.81		
	Lifetime Acute Unfair Treatment								
	Model 7			Model 8			Model 9		
	B	SE	p-value	B	SE	p-value	B	SE	p-value
Latino	-0.29	0.54	0.59	0.39	0.62	0.53	0.65	0.59	0.26
Black				-0.24	0.23	0.30	-0.53	0.26	0.05
Time	0.18	0.08	0.02	0.30	0.13	0.02	-0.03	0.18	0.89
Latino*Time							0.59	0.28	0.04
Black*Time							0.40	0.24	0.10
	QIC 2405.46			QIC 2459.62			QIC 2466.61		

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, and labor force status. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

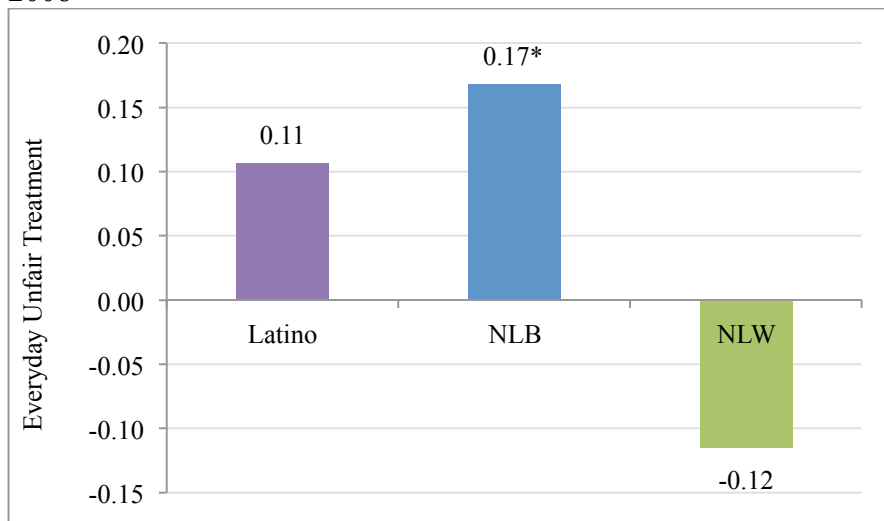
Figure 5.1. Change in Everyday Unfair Treatment, by Race and Ethnicity, 2002 to 2008



Note: Referent group is NLWs; * Indicates statistically significant difference relative to NLWs at $p < 0.05$ level.

Caption: Findings indicate that there is no significant difference between the rate of change in everyday unfair treatment for Latinos ($p = 0.14$) relative to the rate of change for NLWs. NLBs ($p = 0.02$) reported significantly greater increases in everyday unfair treatment between 2002 and 2008 compared with NLWs.

Figure 5.2. Change in Everyday Unfair Treatment within Each Racial and Ethnic Group, 2002 to 2008



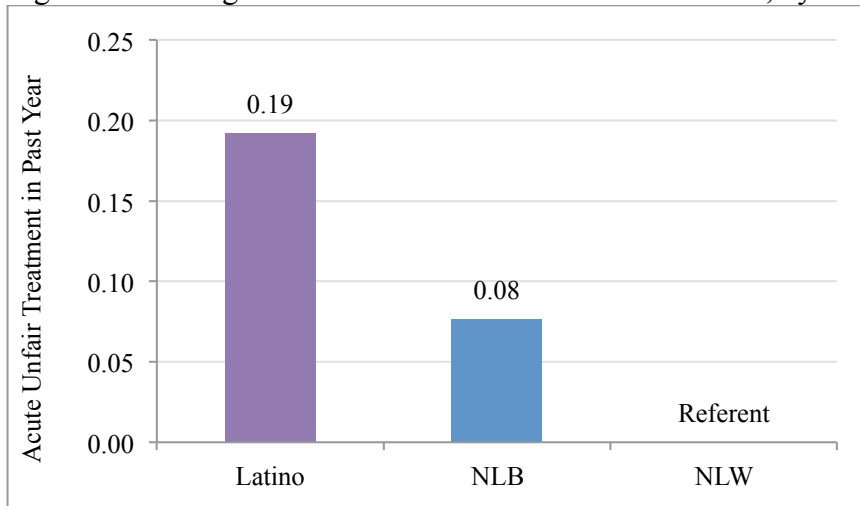
Note: * Indicates statistically significant difference at $p < 0.05$ level.

Caption: Over time, there was a statistically significant increase in everyday unfair treatment for NLBs ($p_{\text{contrast}} = 0.01$). While not statistically significant, temporally, trends suggest an increase in everyday unfair treatment for Latinos ($p_{\text{contrast}} = 0.35$) and a decrease over time in everyday unfair treatment for NLWs ($p = 0.25$).

Acute Unfair Treatment in the Past Year

From 2002 to 2008, there is not a significant change in acute unfair treatment in the past year ($b_{\text{time}}=-0.01$, $SE=0.06$, $p=0.81$; Table 5.9; Model 4) for all racial and ethnic groups, after controlling for gender, age, household income, educational attainment, labor force status, and marital status. In 2002, there is not a significant difference in the patterning of acute unfair treatment in the past year for Latinos ($b_{\text{Latino}}=-0.07$, $SE=0.16$, $p=0.66$) or NLBs ($b_{\text{Black}}=0.03$, $SE=0.13$, $p=0.84$) relative to NLWs (Table 5.9, Model 6). Similarly, in 2008, compared to NLWs there is not a significant difference in reports of acute unfair treatment in the past year for Latinos ($b_{\text{Latino}}=-0.07$, $SE=0.16$, $p=0.66$; $b_{\text{Latino*time}}=0.19$, $SE=0.20$, $p=0.33$) or NLBs ($b_{\text{Black}}=0.03$, $SE=0.13$, $p=0.84$; $b_{\text{Black*time}}=0.08$, $SE=0.18$, $p=0.68$; Model 6). To facilitate an interpretation of changes in acute unfair treatment in the past year over time by race and ethnicity, results are plotted in Figure 5.3 and Figure 5.4. Because none of the coefficients were statistically significant, contrast tests were not conducted. Tests of a change in the association of Latino ethnicity ($b_{\text{Latino*time}}=0.19$, $SE=0.20$, $p=0.33$) or NLB race ($b_{\text{Black*time}}=0.08$, $SE=0.18$, $p=0.68$) with acute unfair treatment in the past year compared to NLWs over this period do not show a significant difference (Figure 5.3). Trends in acute unfair treatment in the past year from 2002 to 2008 were not significant for Latinos ($b_{\text{Latino*time}} + b_{\text{time}} = 0.1922 + -0.0948 = 0.0974$), NLBs ($b_{\text{Black*time}} + b_{\text{time}} = 0.0766 + -0.0948 = -0.0182$), or NLWs ($b_{\text{time}} = -0.0948$; Figure 5.4).

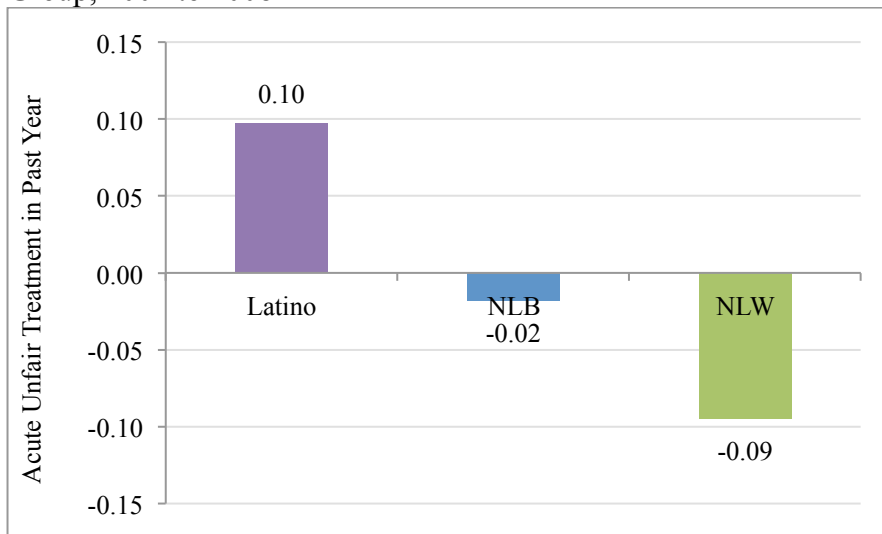
Figure 5.3. Change in Acute Unfair Treatment in Past Year, by Race and Ethnicity, 2002 to 2008



Note: NLWs are the referent group.

Caption: Findings indicate no significant difference between the rate of change in acute unfair treatment in the past year for Latinos ($p=0.33$) or NLBs ($p=0.68$) relative to the rate of change for NLWs from 2002 to 2008.

Figure 5.4. Change in Acute Unfair Treatment in the Past Year within Each Racial and Ethnic Group, 2002 to 2008



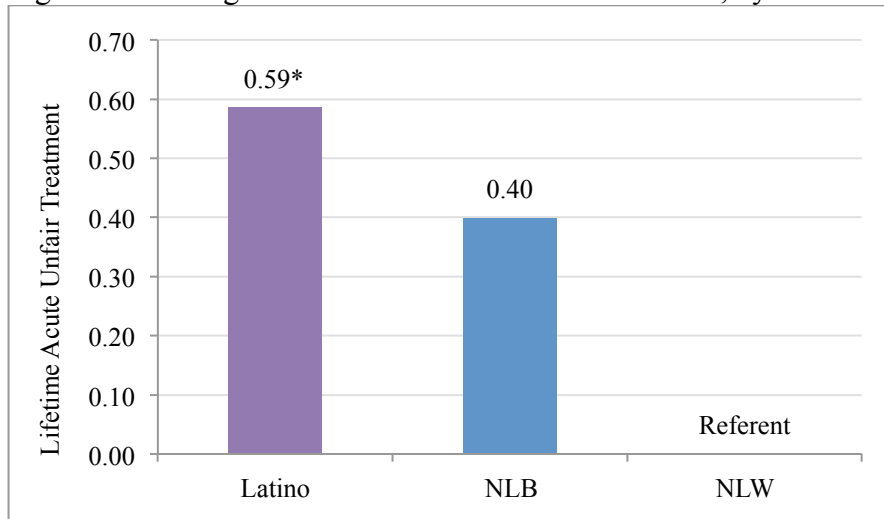
Caption: Findings indicate no significant change in acute unfair treatment in the past year within any racial or ethnic group between 2002 and 2008 ($p>0.10$).

Lifetime Acute Unfair Treatment

Over the 2002 to 2008 period, there is a significant increase in lifetime acute unfair treatment ($b_{time}=0.18$, $SE=0.08$, $p=0.02$; Model 7) after adjusting for gender, age, household income, educational attainment, labor force status, and marital status. In 2002, relative to NLWs,

Latinos ($b_{\text{Latino}}=-0.53$, $SE=0.26$, $p=0.05$) reported lower levels of lifetime acute unfair treatment, and this association is marginally significant (Table 5.9, Model 9). In this same year, NLBs do not differ significantly from NLWs in self-reports of lifetime acute unfair treatment ($b_{\text{Black}}=0.17$, $SE=0.21$, $p=0.44$). In 2008 there is no significant difference in the association of reported lifetime acute unfair treatment for Latinos ($b_{\text{Latino}}=-0.53$, $SE=0.26$, $p=0.05$; $b_{\text{Latino*time}}=0.59$, 0.28 , $p=0.04$; $p_{\text{contrast}}=0.83$) or NLBs ($b_{\text{Black}}=0.17$, $SE=0.21$, $p=0.44$; $b_{\text{Black*time}}=0.40$, $SE=0.24$, $p=0.10$) compared to NLWs. Additionally, there is no significant difference in these associations for Latinos relative to NLBs. However, from 2002 to 2008, there is a significantly greater increase in lifetime acute unfair treatment for Latinos ($b_{\text{Latino*time}}=0.59$, $SE=0.28$, $p=0.04$) compared to NLWs (Figure 5.5). Similarly, although there is a trend toward a heightened association of NLB race ($b_{\text{Black*time}}=0.40$, $SE=0.24$, $p=0.10$) with lifetime acute unfair treatment relative to NLWs over this period, this trend is not statistically significant (Figure 5.5). Over time, Latino ethnicity ($b_{\text{Latino*time}} + b_{\text{time}} = 0.5858 + -0.026 = 0.56$; $p_{\text{contrast}}=0.01$) is positively and significantly associated with lifetime acute unfair treatment (Figure 5.6). There is a similar trend for NLBs ($b_{\text{Black*time}} + b_{\text{time}} = 0.3986 + -0.026 = 0.37$) from 2002 to 2008 though this pattern is not statistically significant (Figure 5.6). There is not an association of NLW race ($b_{\text{time}}=-0.026$) with lifetime acute unfair treatment over time (Figure 5.6).

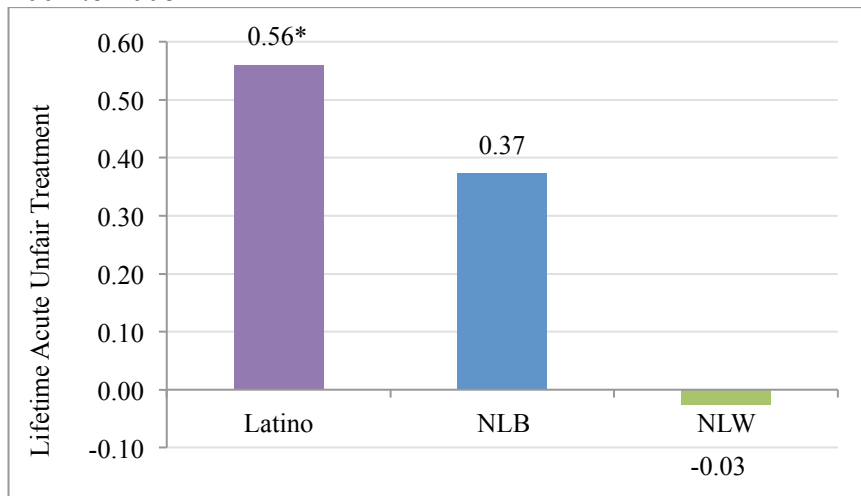
Figure 5.5. Change in Lifetime Acute Unfair Treatment, by Race and Ethnicity, 2002 to 2008



Note: Referent group is NLWs; * Indicates statistically significant difference relative to NLWs at $p < 0.05$ level.

Caption: Findings indicate a significantly greater rate of increase in reports of lifetime acute unfair treatment for Latinos ($p = 0.04$) relative to the rate of change for NLWs. Trends suggest that compared to NLWs, NLBs ($p = 0.10$) also report a greater rate of increase in lifetime acute unfair treatment, though these findings are not statistically significant.

Figure 5.6. Change in Lifetime Acute Unfair Treatment within Each Racial and Ethnic Group, 2002 to 2008



Note: * Indicates statistically significant difference relative at $p < 0.05$ level.

Caption: Findings indicate that Latinos ($p_{\text{contrast}} = 0.01$) report a significant increase in lifetime acute unfair treatment from 2002 to 2008. There is not a significant change in lifetime acute unfair treatment for NLBs ($p > 0.10$) or NLWs ($p > 0.10$) over time.

For each model presented in Table 5.9, the more parsimonious model (Models 1, 4, and 7) has a better fit of the data than those examining variation in the association of race and ethnicity with unfair treatment over time (Models 3, 6, and 9), as indicated by the smaller QIC in the more parsimonious models. However, this indicator of goodness of fit of the models does not account for the greater number of parameters in the models that test for changes in unfair treatment by race and ethnicity from 2002 to 2008 (i.e. Models 3, 6, and 9) (J. Cui, 2007). Consequently, conclusions about model fit based only on the QIC could lead to misleading conclusions regarding the goodness of fit (e.g., that the more parsimonious model is the best fit of the data) (J. Cui, 2007). Thus, although the QIC is larger in models examining changes in unfair treatment by race and ethnicity over time (Models 3, 6, and 9), the significant increase in everyday unfair treatment for NLBs relative to NLWs (Model 3), and the significant increase in lifetime acute unfair treatment for Latinos compared to NLWs (Model 9) over time, cannot be discarded. In models testing for changes in the association of race and ethnicity with acute unfair treatment in the past year, Model 4 is the best fit of the data, as the QIC is the smallest and tests of significant changes in unfair treatment over time (Model 6) are not statistically significant.

In models with NLBs as the reference group, there is not a significant difference in the association of NLB race or Latino ethnicity with everyday unfair treatment, acute unfair treatment in the past year, or lifetime acute unfair treatment (results not shown).

Blood Pressure Patterns, 2002 to 2008

Results from models testing the hypothesis that there are differential increases in systolic blood pressure, diastolic blood pressure, or odds of high blood pressure by race and ethnicity from 2002 to 2008 are presented in Table 5.10 through Table 5.12, respectively. As shown in

Table 5.10, at baseline there is no difference in systolic blood pressure between NLWs and Latinos ($b_{\text{Latino}}=-3.48$, $SE=3.47$, $p=0.32$) or between NLWs and NLBs ($b_{\text{Black}}=1.67$, $SE=3.52$, $p=0.64$), adjusting for covariates (Table 5.10; Model 2). In 2008, SBP for NLWs does not differ from that for Latinos ($b_{\text{Latino}}=-3.48$, $SE=3.47$, $p=0.32$; $b_{\text{Latino*time}}=8.26$; $SE=4.73$; $p=0.08$; $p_{\text{contrast}}=0.33$) or NLBs ($b_{\text{Black}}=1.67$, $SE=3.52$, $p=0.64$; $b_{\text{Black*time}}=-3.50$; $SE=4.30$; $p=0.42$). Tests of differences in changes in SBP by race and ethnicity over this period indicate that Latinos ($b_{\text{Latino*time}}=8.26$, $SE=4.73$, $p=0.08$) experienced a marginally significant greater increase in SBP from 2002 to 2008, relative to NLWs. Changes in SBP among NLBs ($b_{\text{Black*Time}}=-3.50$, $SE=4.30$, $p=0.42$) do not differ significantly from changes in SBP experienced by NLWs.

The moderate increase in the QIC from Model 1 (2375.42) to Model 2 (2390.41), after accounting for changes in SBP by race and ethnicity over this period, suggests that the former model is a better fit. However, this measure of goodness of fit does not account for the greater number of parameters included in Model 2 relative to Model 1 (J. Cui, 2007). Further, Model 2 indicates a marginally significant increase in SBP for Latinos over this period. Thus, given the greater number of parameters in Model 2, which are not accounted for in the QIC, and the marginally significant increase in SBP for Latinos from 2002 to 2008, Model 2 is the best fit of the data (J. Cui, 2007).

Table 5.10. Systolic Blood Pressure Regressed on Sociodemographic Characteristics and Time, 2002 to 2008

	Model 1			Model 2		
	B	SE	p-value	B	SE	p-value
Intercept	105.41	7.52	<0.01	103.91	7.85	<0.01
Latino	0.38	3.52	0.91	-3.48	3.47	0.32
Black	-0.02	3.22	0.99	1.67	3.52	0.64
Age	0.52	0.12	<0.01	0.54	0.12	<0.01
Female	-5.22	2.50	0.04	-5.16	2.48	0.04
Above poverty	-2.48	2.81	0.38	-1.21	2.78	0.66
HS education only	8.67	4.40	0.05	9.31	4.98	0.06
More than HS education	2.66	3.56	0.45	3.24	3.82	0.40
In labor force	1.52	2.29	0.51	0.89	2.25	0.69
Married or partnered	1.68	2.69	0.53	1.70	2.64	0.52
HBP treatment	-2.98	3.89	0.44	-3.67	3.55	0.30
Time (1=2008)	2.04	1.58	0.20	1.02	3.68	0.78
Latino*Time				8.26	4.73	0.08
Black*Time				-3.50	4.30	0.42
	QIC	2375.42		QIC	2390.41	

Note: NLWs are the referent group. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

In 2002, DBP for Latinos ($b_{\text{Latino}} = -4.52$, $SE = 2.52$, $p = 0.07$; Table 5.11, Model 2) is lower than that for NLWs, and this association is marginally significant. There is no difference in DBP for NLWs and NLBs ($b_{\text{Black}} = 1.32$, $SE = 2.24$, $p = 0.56$) in 2002. In 2008, DBP for NLWs does not differ from that for Latinos ($b_{\text{Latino}} = -4.53$, $SE = 2.52$; 0.07 ; $b_{\text{Latino*time}} = 4.54$; $SE = 3.07$; $p = 0.14$; $p_{\text{contrast}} = 0.99$) or NLBs ($b_{\text{Black}} = 1.32$, $SE = 2.24$; $p = 0.07$; $b_{\text{Black*time}} = -0.74$; $SE = 2.80$; $p = 0.79$; $p_{\text{contrast}} = 0.83$). Tests of differences in changes in DBP by race and ethnicity over this time period indicate that compared to NLWs, Latinos ($b_{\text{Latino*time}} = 4.54$, $SE = 3.07$, $p = 0.14$) trend toward a greater increase in DBP, though this increase is not statistically significant. There is not a significant difference in the change in DBP for NLBs ($b_{\text{Black*time}} = -0.74$, $SE = 2.80$, $p = 0.79$) over this period compared to NLWs.

The smaller QIC in Model 1 (QIC=2406.06) as compared to Model 2 (QIC=2423.90) suggests that the base model that does not test for a differential change in DBP over this period is

a better fit. While the QIC does not account for the greater number of parameters in Model 2 relative to Model 1, given that tests of significant changes in DBP by race and ethnicity over time do not approach statistical significance, Model 1 is the best fit of these data (J. Cui, 2007).

Table 5.11. Diastolic Blood Pressure Regressed on Sociodemographic Characteristics and Time, 2002 to 2008

	Model 1			Model 2		
	B	SE	p-value	B	SE	p-value
Intercept	81.46	5.17	<0.01	81.28	5.24	<0.01
Latino	-2.29	2.16	0.29	-4.53	2.52	0.07
Black	0.97	2.00	0.63	1.32	2.24	0.56
Age	-0.02	0.08	0.79	-0.01	0.08	0.86
Female	-3.73	1.73	0.03	-3.67	1.73	0.03
Above poverty	-1.65	1.93	0.39	-1.00	1.88	0.59
HS education only	6.69	2.86	0.02	6.89	3.12	0.03
More than HS education	2.52	2.72	0.35	2.58	2.93	0.38
In labor force	1.29	1.41	0.36	1.00	1.42	0.48
Married or partnered	1.72	1.60	0.28	1.87	1.65	0.26
HBP treatment	-1.22	2.55	0.63	-1.49	2.38	0.53
Time (1=2008)	0.58	0.98	0.55	-0.54	2.29	0.81
Latino*Time				4.54	3.07	0.14
Black*Time				-0.74	2.80	0.79
	QIC	2406.06		QIC	2423.90	

Note: NLWs are the referent group. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

As shown in Table 5.12, in 2002, relative to NLWs there is not a significant difference in odds of HBP for Latinos ($OR_{\text{Latino}} = 0.67$, 95% CI: 0.18, 2.49, $p = 0.55$) or NLBs ($OR_{\text{Black}} = 2.18$, 95% CI: 0.82, 5.78, $p = 0.12$; Model 2). In 2008, there is also not a significant difference in the odds of high blood pressure for Latinos ($OR_{\text{Latino}} = 0.67$, 95% CI: 0.18, 2.49, $p = 0.55$; $OR_{\text{Latino} \times \text{time}} = 1.00$, 95% CI: 0.22, 4.48, $p = 0.99$) or NLBs ($OR_{\text{Black}} = 2.18$, 95% CI: 0.82, 5.78, $p = 0.12$; $OR_{\text{Black} \times \text{time}} = 0.67$, 95% CI: 0.17, 2.67, $p = 0.57$) compared to NLWs. Tests of differences in changes in the odds of HBP for Latinos ($OR_{\text{Latino} \times \text{time}} = 1.00$, 95% CI: 0.22, 4.48, $p = 0.99$) and NLBs ($OR_{\text{Black} \times \text{time}} = 0.67$, 95% CI: 0.17, 2.67, $p = 0.57$) compared to NLWs are not statistically significant.

The smaller QIC in Model 1 (QIC=2920.06) as compared to Model 2 (QIC=3022.64) suggests that the model that does not examine changes in the odds of HBP by race and ethnicity is the best fit. Given that the QIC is largest in Model 2 and tests of significant changes in odds of HBP by race and ethnicity from 2002 to 2008 are not statistically significant, Model 1 is the best fit of the data (J. Cui, 2007).

Table 5.12. High Blood Pressure Regressed on Sociodemographic Characteristics and Time, 2002 to 2008

	Model 1				Model 2			
	Odds	Lower 95% CI	Upper 95% CI	p-value	Odds	Lower 95% CI	Upper 95% CI	p-value
Intercept	0.02	0.00	0.11	<0.01	0.03	0.00	0.21	<0.01
Latino	0.74	0.32	1.71	0.49	0.67	0.18	2.49	0.55
Black	1.85	0.80	4.32	0.15	2.18	0.82	5.78	0.12
Age	1.08	1.05	1.11	<0.01	1.07	1.04	1.11	<0.01
Female	0.82	0.43	1.59	0.56	0.85	0.44	1.66	0.64
Above poverty	0.75	0.36	1.55	0.44	0.79	0.39	1.62	0.52
HS education only	1.00	0.27	3.78	1.00	0.79	0.13	4.91	0.80
More than HS education	0.85	0.24	2.97	0.80	0.66	0.10	4.38	0.67
In labor force	1.92	0.94	3.90	0.07	1.46	0.81	2.62	0.21
Married or partnered	1.38	0.65	2.95	0.40	1.21	0.50	2.91	0.67
Time (1=2008)	1.08	0.77	1.52	0.66	1.32	0.41	4.20	0.64
Latino*Time					1.00	0.22	4.48	0.99
Black*Time					0.67	0.17	2.67	0.57
	QIC	2920.06			QIC	3022.64		

Note: NLWs are the referent group. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

Association of Changes in Discrimination and Changes in Cardiovascular Health

Everyday Unfair Treatment and Blood Pressure

Results of tests of the second research question, regarding the longitudinal association of changes in discrimination with changes in blood pressure (SBP, DBP, or HBP) from 2002 to 2008 are presented in Table 5.13 through Table 5.21, below. There is not a main effect of everyday unfair treatment ($b=0.95$, $SE=1.85$, $p=0.61$) on systolic blood pressure, accounting for covariates (Table 5.13, Model 1). When all racial and ethnic groups are combined, patterns

suggest a trend toward a positive association between changes in everyday unfair treatment and change in SBP ($b_{\text{unfair treatment}*\text{time}}=4.19$, $SE=2.94$, $p=0.15$; Model 2), although this trend is not statistically significant. The association of changes in everyday unfair treatment for Latinos ($b_{\text{Latino}*\text{time}}=13.85$; $SE=17.67$; $p=0.43$; $b_{\text{Latino}*\text{unfair treatment}}=3.79$; $SE=6.99$; $p=0.59$; $b_{\text{Latino}*\text{unfair treatment}*\text{time}}=-3.25$, $SE=9.76$; $p=0.74$) and NLBs ($b_{\text{Black}*\text{time}}=-13.72$, $SE=15.89$; $p=0.39$; $b_{\text{Black}*\text{unfair treatment}}=-0.86$, $SE=6.46$, $p=0.89$; $b_{\text{Black}*\text{unfair treatment}*\text{time}}=5.95$; $SE=8.86$; $p=0.50$) with SBP are not statistically different from that for NLWs (Model 3).

The smaller QIC for Model 1 (QIC=2386.77), as compared to Models 2 (QIC=2396.19) and 3 (QIC=2455.74), as well as findings indicating that we cannot reject the null hypothesis regarding racial and ethnic differences in the association of changes in everyday unfair treatment with changes in SBP, suggest that the model that examines a main effect of everyday unfair treatment over this period with SBP (Model 1) is a better fit (J. Cui, 2007).

Table 5.13. Systolic Blood Pressure Regressed on Everyday Unfair Treatment, by Race and Ethnicity, 2002 to 2008

	Model 1			Model 2			Model 3		
	B	SE	P-value	B	SE	P-value	B	SE	P-value
Intercept	103.29	8.34	<0.01	108.68	9.58	<0.01	105.20	12.94	<0.01
Latino	0.34	3.53	0.92	-0.02	3.57	0.99	-9.59	12.25	0.43
Black	-0.13	3.25	0.97	-0.51	3.21	0.87	2.93	11.67	0.80
Unfair Treatment	0.95	1.85	0.61	-1.29	2.51	0.61	-1.42	5.32	0.79
Time (1=2008)	1.96	1.59	0.21	-5.18	5.39	0.34	-1.66	14.08	0.91
Unfair Treatment*Time				4.19	2.94	0.15	1.42	8.02	0.86
Latino*Unfair Treatment							3.79	6.99	0.59
Black*Unfair Treatment							-0.86	6.46	0.89
Latino*Time							13.85	17.67	0.43
Black*Time							-13.72	15.89	0.39
Latino*Unfair Treatment*Time							-3.25	9.76	0.74
Black*Unfair Treatment*Time							5.95	8.86	0.50
	QIC	2386.77		QIC	2396.19		QIC	2455.74	

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, labor force status, and HBP medication use. Bolded estimates are statistically significant at $p<0.05$ level or marginally significant ($p<0.10$), as indicated in the table.

As shown in Table 5.14, there is not a main effect of everyday unfair treatment on diastolic blood pressure ($b=0.22$, $SE=1.24$, $p=0.86$; Model 1). Increases in everyday unfair treatment from 2002 to 2008 ($b_{\text{unfair treatment}*\text{time}}=1.77$, $SE=1.93$, $p=0.36$; Model 2) are not significantly associated with changes in DBP. Relative to NLWs, there is not a significant difference in the association of changes in everyday unfair treatment for Latinos ($b_{\text{Latino}*\text{time}}=4.91$; $SE=10.76$; $p=0.65$; $b_{\text{Latino}*\text{unfair treatment}}=-2.00$, $SE=4.52$, $p=0.66$; $b_{\text{Latino}*\text{unfair treatment}*\text{time}}=-0.23$, $SE=6.43$, $p=0.97$) or NLBs ($b_{\text{Black}*\text{time}}=-8.31$; $SE=10.18$; $p=0.41$; $b_{\text{Black}*\text{unfair treatment}}=-0.45$; $SE=3.89$; $p=0.91$; $b_{\text{Black}*\text{unfair treatment}*\text{time}}=4.28$; $SE=5.97$; $p=0.47$) on the association with changes in DBP over this period (Model 3).

The smaller QIC in Model 1 ($QIC=2418.01$), as compared to that in Models 2 ($QIC=2428.62$) and 3 ($QIC=2493.62$), and results indicating that we cannot reject the null hypothesis suggests that the base model (Model 1), which does not test for the association of changes in everyday unfair treatment over time with changes in DBP, or differences in these changes by race and ethnicity, is the best fit (J. Cui, 2007).

Table 5.14. Diastolic Blood Pressure Regressed on Everyday Unfair Treatment, by Race and Ethnicity, 2002 to 2008

	Model 1			Model 2			Model 3		
	B	SE	P-value	B	SE	P-value	B	SE	P-value
Intercept	80.96	5.81	<0.01	83.24	6.41	<0.01	79.03	8.24	<0.01
Latino	-2.30	2.19	0.29	-2.45	2.20	0.27	-0.67	8.26	0.94
Black	0.94	2.01	0.64	0.78	2.01	0.70	2.22	7.04	0.75
Unfair Treatment	0.22	1.24	0.86	-0.72	1.71	0.67	0.88	3.22	0.79
Time (1=2008)	0.56	0.99	0.57	-2.46	3.40	0.47	0.93	8.84	0.92
Unfair Treatment*Time				1.77	1.93	0.36	-0.85	5.41	0.88
Latino*Unfair Treatment							-2.00	4.52	0.66
Black*Unfair Treatment							-0.45	3.89	0.91
Latino*Time							4.91	10.76	0.65
Black*Time							-8.31	10.18	0.41
Latino*Unfair Treatment*Time							-0.23	6.43	0.97
Black*Unfair Treatment*Time							4.28	5.97	0.47
	QIC 2418.01			QIC 2428.62			QIC 2493.62		

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, labor force status, and HBP medication use. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

Over the 2002 to 2008 period, there is not a significant association of everyday unfair treatment (OR=0.97, 95% CI: 0.63, 1.48, $p=0.89$) with high blood pressure (Table 5.15, Model 1). There is also not a significant change in the association of everyday unfair treatment on the odds of HBP over this period (OR_{unfair treatment*time}=0.86, 95% CI: 0.43, 1.72, $p=0.66$; Model 2). Relative to NLWs, there is not a significant difference in the association of changes in everyday unfair treatment from 2002 to 2008 with changes in the odds of high blood pressure for Latinos (OR_{Latino*time}=1.37, 95% CI: 0.03, 63.93; $p=0.87$; OR_{Latino*unfair treatment}=0.45, 95% CI: 0.14, 1.44, $p=0.18$; OR_{Latino*unfair treatment*time}=0.75, 95% CI: 0.11, 5.25, $p=0.77$) or NLBs (OR_{Black*time}=0.92, 95% CI: 0.03, 29.52, $p=0.96$; OR_{Black*unfair treatment}=1.02, 95% CI: 0.31, 3.37, $p=0.98$; OR_{Black*unfair treatment*time}=0.84, 95% CI: 0.13, 5.31, $p=0.85$).

The model examining a main effect of everyday unfair treatment (Model 1; QIC=2968.27) on odds of HBP has a better fit than those examining the association of changes in everyday unfair treatment over time (Model 2; QIC=3032.88), or variation in these

associations by race and ethnicity (Model 3; QIC=3078.89), as indicated by the smaller QIC in Model 1 and findings indicating that we cannot reject the null hypothesis.

Table 5.15. High Blood Pressure Regressed on Everyday Unfair Treatment, by Race and Ethnicity, 2002 to 2008

	Model 1				Model 2				Odds	95% CI
	Odds	Lower 95% CI	Upper 95% CI	p-value	Odds	Lower 95% CI	Upper 95% CI	p-value		
Intercept	0.02	0.00	0.13	<0.01	0.01	0.00	0.11	<0.01	0.01	0.00
Latino	0.76	0.33	1.75	0.52	0.79	0.33	1.88	0.59	3.58	0.45
Black	1.89	0.81	4.42	0.14	1.78	0.74	4.26	0.20	1.99	1.02
Unfair Treatment	0.97	0.63	1.48	0.89	1.05	0.62	1.78	0.86	1.63	1.37
Time (1=2008)	1.08	0.76	1.53	0.67	1.45	0.38	5.54	0.59	1.44	0.92
Unfair Treatment*time					0.86	0.43	1.72	0.66	0.99	0.75
Latino*Unfair Treatment										0.84
Black*Unfair Treatment										
Latino*time										
Black*time										
Latino*Unfair Treatment*Time										
Black*Unfair Treatment*Time										
	QIC	2968.27			QIC	3032.88			QIC	

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, and labor force status. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

Acute Unfair Treatment in the Past Year and Blood Pressure

Tests of the association of changes in acute unfair treatment in the past year with changes in blood pressure are presented in Table 5.16 through Table 5.18. There is no association of acute unfair treatment in the past year with systolic blood pressure ($b=-0.02$, $SE=1.28$, $p=0.99$; Table 5.16, Model 1). Trends suggest that there is not a significant association between changes acute unfair treatment in the past year and SBP ($b_{\text{unfair treatment}*\text{time}}=2.41$, $SE=2.72$, $p=0.38$; Model 2) from 2002 to 2008. There is not a significant difference in the association of changes in acute unfair treatment in the past year with SBP for Latinos ($b_{\text{Latino}*\text{time}}=8.68$, $SE=5.48$, $p=0.11$; $b_{\text{Latino}*\text{unfair treatment}}=4.58$, $SE=5.82$, $p=0.43$; $b_{\text{Latino}*\text{unfair treatment}*\text{time}}=-6.84$, $SE=9.58$, $p=0.48$) or NLBs ($b_{\text{Black}*\text{time}}=-6.80$, $SE=4.94$, $p=0.17$; $b_{\text{Black}*\text{unfair treatment}}=-2.53$, $SE=5.40$, $p=0.64$; $b_{\text{Black}*\text{unfair treatment}*\text{time}}=6.38$, $SE=8.69$, $p=0.46$) relative to NLWs (Model 3).

The smaller QIC for Model 1 (QIC=2300.08) as compared to that for Models 2 (QIC=2314.51) and 3 (QIC=2377.18), and results indicating that we cannot reject the null hypothesis, suggest that the model examining a main effect of acute unfair treatment in the past year on SBP (Model 1) is the best fit.

Table 5.16. Systolic Blood Pressure Regressed on Acute Unfair Treatment in the Past Year, by Race and Ethnicity, 2002 to 2008

	Model 1			Model 2			Model 3		
	B	SE	P-value	B	SE	P-value	B	SE	P-value
Intercept	104.57	7.91	<0.01	104.57	8.04	<0.01	100.32	8.17	<0.01
Latino	-0.27	3.58	0.94	-0.45	3.62	0.90	-4.09	4.58	0.37
Black	0.58	3.20	0.86	0.43	3.21	0.89	3.37	4.74	0.48
Unfair Treatment	-0.02	1.28	0.99	-1.21	1.38	0.38	-1.94	5.09	0.70
Time (1=2008)	1.74	1.64	0.29	0.86	2.03	0.67	0.81	4.15	0.85
Unfair Treatment*Time				2.41	2.72	0.38	1.73	8.08	0.83
Latino*Unfair Treatment							4.58	5.82	0.43
Black*Unfair Treatment							-2.53	5.40	0.64
Latino*Time							8.68	5.48	0.11
Black*Time							-6.80	4.94	0.17
Latino*Unfair Treatment*Time							-6.84	9.58	0.48
Black*Unfair Treatment*Time							6.38	8.69	0.46
	QIC 2300.08			QIC 2314.51			QIC 2377.18		

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, labor force status, and HBP medication use. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

From 2002 to 2008, there is not a significant main effect of increases in acute unfair treatment in the past year on diastolic blood pressure ($b = -0.94$, $SE = 0.95$, $p = 0.32$); Table 5.17, Model 1). Over this period, changes in acute unfair treatment in the past year ($b_{\text{unfair treatment} \times \text{time}} = 0.49$, $SE = 1.78$, $p = 0.78$) are not significantly associated with changes in DBP (Model 2). The association of changes in acute unfair treatment in the past year with changes in DBP does not differ for Latinos ($b_{\text{Latino} \times \text{time}} = 3.36$, $SE = 3.21$, $p = 0.30$; $b_{\text{Latino} \times \text{unfair treatment}} = -1.25$, $SE = 4.07$, $p = 0.76$; $b_{\text{Latino} \times \text{unfair treatment} \times \text{time}} = 0.05$, $SE = 6.27$, $p = 0.99$) or NLBs ($b_{\text{Black} \times \text{time}} = -2.59$, $SE = 3.13$, $p = 0.41$; $b_{\text{Black} \times \text{unfair treatment}} = -3.18$, $SE = 3.82$, $p = 0.41$; $b_{\text{Black} \times \text{unfair treatment} \times \text{time}} = 5.76$, $SE = 6.28$, $p = 0.36$) relative to NLWs (Model 3).

The smaller QIC in Model 1 (QIC=2335.50), relative to that for Models 2 (QIC=2344.36) and 3 (QIC=2408.26), and results indicating that we cannot reject the null hypothesis, suggests that the model examining a main effect of acute unfair treatment in the past year with DBP is the best fit.

Table 5.17. Diastolic Blood Pressure Regressed on Acute Unfair Treatment in the Past Year, by Race and Ethnicity, 2002 to 2008

	Model 1			Model 2			Model 3		
	B	SE	p-value	B	SE	p-value	B	SE	p-value
Intercept	81.31	5.50	<0.01	81.30	5.47	<0.01	80.35	5.49	<0.01
Latino	-2.63	2.13	0.22	-2.59	2.13	0.22	-3.40	3.04	0.26
Black	1.52	1.99	0.45	1.54	1.99	0.44	2.98	2.86	0.30
Unfair Treatment	-0.94	0.95	0.32	-0.70	1.14	0.54	1.24	3.56	0.73
Time (1=2008)	0.25	1.01	0.81	0.43	1.21	0.73	0.64	2.45	0.79
Unfair Treatment*Time				-0.49	1.78	0.78	-3.65	5.80	0.53
Latino*Unfair Treatment							-1.25	4.07	0.76
Black*Unfair Treatment							-3.18	3.82	0.41
Latino*Time							3.36	3.21	0.30
Black*Time							-2.59	3.13	0.41
Latino*Unfair Treatment*Time							0.05	6.27	0.99
Black*Unfair Treatment*Time							5.76	6.28	0.36
	QIC	2335.50		QIC	2344.36		QIC	2408.26	

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, labor force status, and HBP medication use. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

There is not a significant association of acute unfair treatment in the past year ($OR = 0.71$, 95% CI: 0.46, 1.10, $p = 0.13$) with odds of high blood pressure (Table 5.18, Model 1). However, from 2002 to 2008, increases in acute unfair treatment in the past year ($OR_{\text{unfair treatment} * \text{time}} = 1.71$, 95% CI: 0.93, 3.14, $p = 0.08$) are marginally associated with 71% greater odds of HBP (Model 2). Patterns suggest that there is not a significant difference in the association of changes in acute unfair treatment in the past year with changes in the odds of HBP for Latinos ($OR_{\text{Latino} * \text{time}} = 0.46$, 95% CI: 0.15, 1.42, $p = 0.18$; $OR_{\text{Latino} * \text{unfair treatment}} = 0.07$, 95% CI: <0.01, 9.72, $p = 0.29$; $OR_{\text{Latino} * \text{unfair treatment} * \text{time}} = 16.92$, 95% CI: 0.08, 3375.57, $p = 0.30$) and NLBs ($OR_{\text{Black} * \text{time}} = 0.58$, 95% CI: 0.21, 1.61, $p = 0.29$; $OR_{\text{Black} * \text{unfair treatment}} = 0.08$, 95% CI: <0.01, 11.05, $p = 0.31$; $OR_{\text{Black} * \text{unfair treatment} * \text{time}} = 11.44$, 95% CI: 0.07, 1950.28, $p = 0.35$) relative to NLWs (Model 3).

Model 2 (QIC=2951.24), examining the association of changes in acute unfair treatment in the past year with changes in the odds of HBP, is a better fit than Model 1 (QIC=2911.14),

examining a main effect of acute unfair treatment in the past year on odds of high blood pressure, or Model 3 (QIC=3236.05), which examines variations in these associations by race and ethnicity (Model 3); as Model 2 indicates a marginally significant increase in odds of HBP with increases in acute unfair treatment in the past year and this model has a smaller QIC than Model 3.

Table 5.18. High Blood Pressure Regressed on Acute Unfair Treatment in the Past Year, by Race and Ethnicity, 2002 to 2008

	Model 1				Model 2				Odds	95% CI
	Odds	Lower 95% CI	Upper 95% CI	p-value	Odds	Lower 95% CI	Upper 95% CI	p-value		
Intercept	0.02	0.00	0.14	<0.01	0.02	0.00	0.17	<0.01	0.02	
Latino	0.73	0.30	1.76	0.48	0.64	0.27	1.54	0.32	1.22	
Black	1.66	0.70	3.94	0.25	1.69	0.71	4.02	0.23	3.04	
Unfair Treatment	0.71	0.46	1.10	0.13	0.62	0.34	1.15	0.13	7.21	
Time (1=2008)	0.98	0.69	1.40	0.91	0.72	0.48	1.06	0.10	1.41	
Unfair Treatment*Time					1.71	0.93	3.14	0.08	0.17	<
Latino*Unfair Treatment									0.07	<
Black*Unfair Treatment									0.08	<
Latino*Time									0.46	
Black*Time									0.58	
Latino*Unfair Treatment*Time									16.92	
Black*Unfair Treatment*Time									11.44	
	QIC 2911.14				QIC 2951.24				QIC	

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, and labor force status. Bolded estimates are statistically significant at p<0.05 level or marginally significant (p<0.10), as indicated in the table.

Lifetime Acute Unfair Treatment and Blood Pressure

Lifetime acute unfair treatment ($b=0.38$, $SE=0.80$, $p=0.63$) is not significantly associated with systolic blood pressure (Table 5.19, Model 1). For the full sample, changes in lifetime acute unfair treatment ($b_{\text{unfair treatment}*\text{time}}=1.07$, $SE=1.12$, $p=0.34$) from 2002 to 2008 are not associated with changes in SBP (Model 2). There is no difference in the association of changes in lifetime acute unfair treatment over this period with changes in SBP for Latinos ($b_{\text{Latino}*\text{time}}=6.16$, $SE=6.41$, $p=0.34$; $b_{\text{Latino}*\text{unfair treatment}}=-0.81$, $SE=3.64$, $p=0.82$; $b_{\text{Latino}*\text{unfair treatment}*\text{time}}=1.13$, $SE=4.52$, $p=0.80$) relative to NLWs. Compared to NLWs, for NLBs there is a significant difference in the association of changes in lifetime acute unfair treatment ($b_{\text{Black}*\text{time}}=-13.52$, $SE=6.11$, $p=0.03$; $b_{\text{Black}*\text{unfair treatment}}=-6.07$, $SE=3.41$, $p=0.08$; $b_{\text{Black}*\text{unfair treatment}*\text{time}}=7.90$, $SE=3.50$, $p=0.02$; $p_{\text{contrast}}=0.04$) with changes in SBP from 2002 to 2008 (Model 3). That is, increases in lifetime acute unfair treatment for NLBs from 2002 to 2008 are associated with greater increases in SBP compared to NLWs.

As with previous models, the smaller QIC for Model 1 (QIC=2388.70) indicates that Model 1 has a better fit than those examining the association of changes in unfair treatment over time with changes in SBP (Model 2; QIC=2396.05) and examining differences in these associations by race and ethnicity (Model 3; QIC=2442.99). However, given that the QIC does not account for the greater number of parameters in Model 3 and that Model 3 indicates a significant difference in changes in SBP with changes in lifetime acute unfair treatment for NLBs relative to NLWs, Model 3 is the best fit of the data (J. Cui, 2007).

Table 5.19. Systolic Blood Pressure Regressed on Lifetime Acute Unfair Treatment, by Race and Ethnicity, 2002 to 2008

	Model 1			Model 2			Model 3		
	B	SE	p-value	B	SE	p-value	B	SE	p-value
Intercept	105.29	7.60	<0.01	106.06	7.67	<0.01	102.45	7.98	<0.01
Latino	0.47	3.57	0.90	0.29	3.59	0.94	-1.77	5.56	0.75
Black	-0.16	3.15	0.96	-0.28	3.14	0.93	8.62	5.58	0.12
Unfair Treatment	0.38	0.80	0.63	-0.26	0.97	0.79	2.19	3.16	0.49
Time (1=2008)	1.93	1.61	0.23	0.69	2.19	0.75	3.97	5.40	0.46
Unfair Treatment*Time				1.07	1.12	0.34	-2.83	3.30	0.39
Latino*Unfair Treatment							-0.81	3.64	0.82
Black*Unfair Treatment							-6.07	3.41	0.08
Latino*Time							6.16	6.41	0.34
Black*Time							-13.52	6.11	0.03
Latino*Unfair Treatment*Time							1.13	4.52	0.80
Black*Unfair Treatment*Time							7.90	3.50	0.02
	QIC	2388.70		QIC	2396.05		QIC	2442.99	

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, labor force status, and HBP medication use. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

Patterns suggest that there is not a significant association of lifetime acute unfair treatment ($b = 0.34$, $SE = 0.52$, $p = 0.52$) with diastolic blood pressure (Table 5.20, Model 1). Changes in lifetime acute unfair treatment ($b_{\text{unfair treatment} * \text{time}} = -0.58$, $SE = 0.76$, $p = 0.44$) over this period are not significantly associated with changes in DBP (Model 2). Compared to NLWs, among Latinos ($b_{\text{Latino} * \text{time}} = 3.30$, $SE = 4.41$, $p = 0.45$; $b_{\text{Latino} * \text{unfair treatment}} = -2.73$, $SE = 2.11$, $p = 0.20$; $b_{\text{Latino} * \text{unfair treatment} * \text{time}} = 0.49$, $SE = 2.88$, $p = 0.87$) there is not a difference in the association of changes in lifetime acute unfair treatment with changes in DBP (Model 3). For NLBs ($b_{\text{Black} * \text{time}} = -6.02$, $SE = 4.15$, $p = 0.15$; $b_{\text{Black} * \text{unfair treatment}} = -3.50$, $SE = 2.06$, $p = 0.09$; $b_{\text{Black} * \text{unfair treatment} * \text{time}} = 4.30$, $SE = 2.37$, $p = 0.07$; $p_{\text{contrast}} = 0.14$), relative to NLWs, trends suggest a difference in the association of changes in lifetime acute unfair treatment over this period with DBP, though these differences do not reach statistical significance.

The model examining a main effect of lifetime acute unfair treatment with DBP (Model 1; $QIC = 2419.92$) has a better fit than that examining the association of changes in lifetime acute

unfair treatment over this period with changes in DBP (Model 2; QIC=2424.00), and variations by race and ethnicity (QIC=2475.60). Given the smaller QIC in Model 1 and results indicating that we cannot reject the null hypothesis, Model 1 is a better fit of these data (J. Cui, 2007).

Table 5.20. Diastolic Blood Pressure Regressed on Lifetime Acute Unfair Treatment, by Race and Ethnicity, 2002 to 2008

	Model 1			Model 2			Model 3		
	B	SE	P-value	B	SE	P-value	B	SE	P-value
Intercept	81.35	5.19	<0.01	80.93	5.16	<0.01	78.20	5.30	<0.01
Latino	-2.22	2.17	0.31	-2.12	2.14	0.32	-0.96	3.25	0.77
Black	0.85	2.00	0.67	0.92	1.99	0.64	5.10	3.14	0.10
Unfair treatment	0.34	0.52	0.52	0.69	0.70	0.32	3.40	1.79	0.06
Time (1=2008)	0.48	1.00	0.63	1.16	1.39	0.40	3.09	3.46	0.37
Unfair treatment*Time				-0.58	0.76	0.44	-3.32	2.16	0.12
Latino*Unfair treatment							-2.73	2.11	0.20
Black*Unfair treatment							-3.50	2.06	0.09
Latino*Time							3.30	4.41	0.45
Black*Time							-6.02	4.15	0.15
Latino*Unfair treatment*Time							0.49	2.88	0.87
Black*Unfair treatment*Time							4.30	2.37	0.07
	QIC 2419.92			QIC 2424.00			QIC 2475.60		

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, labor force status, and HBP medication use. Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

There is not a significant association of lifetime acute unfair treatment (OR=0.86, 95% CI: 0.65, 1.13, $p=0.28$) with odds of HBP (Table 5.21, Model 1). Over the 2002 to 2008 period, there is not a significant association of changes in lifetime acute unfair treatment (OR_{unfair treatment*time}=1.05, 95% CI: 0.79, 1.39, $p=0.76$) with changes in HBP (Model 2). Trends suggest that increases in lifetime acute unfair treatment over this period are more strongly associated with odds of HBP among Latinos (OR_{Latino*time}=0.28, 95% CI: 0.06, 1.41, $p=0.12$; OR_{Latino*unfair treatment}=0.68, 95% CI: 0.35, 1.33, $p=0.26$; OR_{Latino*unfair treatment*time}=2.76, 95% CI: 1.03, 7.38, $p=0.04$) compared with NLWs, though these patterns do not approach statistical significance. There is no difference in the association of changes in lifetime acute unfair treatment over this

period for NLBs ($OR_{\text{Black}*\text{time}} = 0.29$, 95% CI: 0.07, 1.31, $p=0.11$; $OR_{\text{Black}*\text{unfair treatment}} = 0.73$, 95% CI: 0.32, 1.64, $p=0.44$; $OR_{\text{Black}*\text{unfair treatment}*\text{time}} = 1.92$, 95% CI: 0.76, 4.84, $p=0.17$) with odds of HBP, relative to NLWs.

Model 1 (QIC=2976.46), examining a main effect of lifetime acute unfair treatment on odds of HBP, is a better fit than models examining the association of changes in lifetime acute unfair treatment with changes in HBP (Model 2; QIC=3027.11), or differences in these associations by race and ethnicity (Model 3; QIC=2972.07) over this period. However, given findings indicating a significant increase in the odds of HBP with increases in lifetime acute unfair treatment, Model 3 is the best fit of these data (J. Cui, 2007).

In sensitivity tests, patterns are similar when NLBs are the referent racial or ethnic group and when accounting for HBP medication use by adding 10 points to SBP and 5 points to DBP (J. S. Cui et al., 2003).

Table 5.21. High Blood Pressure Regressed on Lifetime Acute Unfair Treatment, by Race and Ethnicity, 2002 to 2008

	Model 1				Model 2						
	Odds	Lower 95% CI	Upper 95% CI	p-value	Odds	Lower 95% CI	Upper 95% CI	p-value	Odds	Lower 95% CI	
Intercept	0.03	0.01	0.18	<0.01	0.03	0.01	0.18	<0.01	0.01	0.01	
Latino	0.67	0.29	1.55	0.35	0.71	0.31	1.64	0.42	1.50	0.35	
Black	2.09	0.87	5.03	0.10	2.09	0.88	4.97	0.10	3.34	0.87	
Unfair Treatment	0.86	0.65	1.13	0.28	0.86	0.56	1.33	0.51	1.45	0.28	
Time (1=2008)	1.17	0.82	1.68	0.39	1.19	0.75	1.90	0.45	3.47	0.9	
Unfair Treatment*Time					1.05	0.79	1.39	0.76	0.47	0.9	
Latino*Unfair Treatment									0.68	0.28	
Black*Unfair Treatment									0.73	0.28	
Latino*Time									0.28	0.01	
Black*Time									0.29	0.01	
Latino*Unfair Treatment*Time									2.76	1.0	
Black*Unfair Treatment*Time									1.92	0.28	
	QIC			2976.46	QIC			3027.11	QIC		

Note: NLWs are the referent group. Models adjust for age, gender, household income, educational attainment, marital status, and labor force status. Bolded estimates are statistically significant at p<0.05 level or marginally significant (p<0.10), as indicated in the table.

Associations of Changes in Discrimination with Changes in Cardiovascular Health for Latinos by Nativity

Everyday Unfair Treatment and Blood Pressure

Presented in Table 5.22 through Table 5.27 are tests of the third research question, regarding variations in the association of changes in unfair treatment over time with changes in SBP and DBP by nativity. These models are restricted to Latinos (n=59) who were interviewed in both 2002 and 2008. Though there is no significant difference in the mean age of US-born Latinos and Latino immigrants (Table 5.8), trends suggest that US-born Latinos ($b_{\text{US-born}}=8.25$, $SE=5.11$, $p=0.11$; Table 5.22, Model 1) have higher levels of SBP than Latino immigrants, though this trend is not statistically significant. Over this period ($b_{\text{time}}=8.65$, $SE=2.46$, $p<0.01$; Model 1), there is a significant increase in SBP for Latinos.

In 2002 ($b_{\text{US-born}}=11.01$, $SE=15.33$, $p=0.47$; Model 4) and 2008 ($b_{\text{US-born}}=11.01$, $SE=15.33$, $p=0.47$; $b_{\text{US-born*unfair treatment}}=-0.99$, $SE=8.51$, $p=0.91$; $b_{\text{US-born*time}}=2.14$, $SE=17.77$, $p=0.90$; $b_{\text{US-born*unfair treatment*time}}=-1.76$, $SE=10.20$, $p=0.86$; Model 4), there is not a significant difference in the association of everyday unfair treatment with SBP by nativity. There is also no difference in changes in everyday unfair treatment with SBP by nativity ($b_{\text{US-born*unfair treatment}}=-0.99$, $SE=8.51$, $p=0.91$; $b_{\text{US-born*time}}=2.14$, $SE=17.77$, $p=0.90$; $b_{\text{US-born*unfair treatment*time}}=-1.76$, $SE=10.20$, $p=0.86$; Model 4).

The smaller QIC in Model 2 (QIC=709.10) and results indicating that there is not a significant difference in the association of everyday unfair treatment with SBP by nativity suggests that this model, which does not include tests of variation in the association of everyday unfair treatment with SBP by nativity over time (Model 4; QIC=731.52) is a better fit of the data.

Table 5.22. Systolic Blood Pressure Regressed on Everyday Unfair Treatment, for Latinos, by Nativity, 2002 to 2008

	Model 1			Model 2			Model 3		
	B	SE	p-value	B	SE	p-value	B	SE	p-value
Intercept	137.25	11.55	<0.01	128.96	13.64	<0.01	143.33	18.16	<0.01
Age	-0.18	0.22	0.42	-0.13	0.23	0.58	-0.26	0.27	0.34
Female	-15.04	4.90	<0.01	-15.09	5.05	<0.01	-15.69	5.17	<0.01
US-Born	8.25	5.11	0.11	9.12	4.87	0.06	8.78	4.45	0.05
Above poverty	1.73	3.48	0.62	1.54	3.59	0.67	1.95	3.35	0.56
In labor force	0.31	3.33	0.93	0.22	3.31	0.95	-0.15	3.06	0.96
Married or partnered	-11.06	5.50	0.04	-11.21	5.29	0.03	-13.36	5.46	0.01
Taking HBP meds	20.45	7.04	<0.01	21.68	7.40	<0.01	25.01	6.65	<0.01
Time (1=2008)	8.65	2.46	<0.01	7.99	2.52	<0.01	-5.31	8.21	0.52
Unfair Treatment				3.34	2.61	0.20	-0.78	4.04	0.85
Unfair Treatment*Time							7.56	4.77	0.11
US-Born*Time									
US-Born*Unfair Treatment									
US-Born*Unfair Treatment*Time									
	QIC	702.37		QIC	709.10		QIC	713.90	

Note: Bolded estimates are statistically significant at p<0.05 level or marginally significant (p<0.10), as indicated in the table.

From 2002 to 2008, there is a marginally significant increase in DBP for Latinos ($b_{\text{time}}=3.35$, $SE=1.68$, $p=0.05$; Table 5.23, Model 1). As presented in Model 4, in 2002 ($b_{\text{US-born}}=-8.80$, $SE=8.31$, $p=0.29$) and 2008 ($b_{\text{US-born}}=-8.80$, $SE=8.31$, $p=0.29$; $b_{\text{US-Born*time}}=22.49$, $SE=10.93$, $p=0.04$; $b_{\text{US-born*unfair treatment}}=6.64$, $SE=4.82$, $p=0.17$; $b_{\text{US-Born*unfair treatment*time}}=-13.10$, $SE=6.19$, $p=0.03$; $p_{\text{contrast}}=0.18$) there is no difference in the association of everyday unfair treatment with DBP by nativity. To assist in interpreting patterns of differences in the association of change in everyday unfair treatment with changes in DBP by nativity, results are plotted as bar charts in Figure 5.7 and Figure 5.8. In cases where at least one coefficient was statistically significant, I conducted contrast tests to test for a significant difference in these associations over time and present the p-value (p_{contrast}) from this test. There are marginally significant differences in the association of changes in everyday unfair treatment with DBP by nativity ($b_{\text{US-Born*time}}=22.49$, $SE=10.93$, $p=0.04$; $b_{\text{US-born*unfair treatment}}=6.64$, $SE=4.82$, $p=0.17$; $b_{\text{US-Born*unfair treatment*time}}=-13.10$, $SE=6.19$, $p=0.03$; multiplied by difference in unfair treatment from 2002 to 2008 [0.14]; $p_{\text{contrast}}=0.07$), with trends suggesting that increases in everyday unfair treatment are patterned with greater increases in DBP for US-born Latinos relative to Latino immigrants (Figure 5.7). Over time, trends suggest that everyday unfair treatment is marginally associated with DBP for US-born Latinos ($b_{\text{time}} + b_{\text{US-born*time}} + b_{\text{unfair treatment*time}} + b_{\text{US-born*unfair treatment}} + b_{\text{US-born*unfair treatment*time}} = -12.02 + 22.49 + 9.43(0.20) + 6.64(0.20) + -13.10(0.20) = 11.07$; $p_{\text{contrast}}=0.06$) (Figure 5.8). For Latino immigrants ($b_{\text{time}} + b_{\text{unfair treatment*time}} = -12.02 + 9.43(0.09) = -11.17$; $p_{\text{contrast}}=0.53$; Figure 5.8), an inverse trend does not reach statistical significance.

The smaller QIC in Model 1 (QIC=740.74) relative to the subsequent models that account for unfair treatment (Model 2; QIC=742.84), changes in unfair treatment over time (Model 3; QIC=752.21), and variations by nativity (Model 4; QIC=778.58), suggests that Model 1 is a

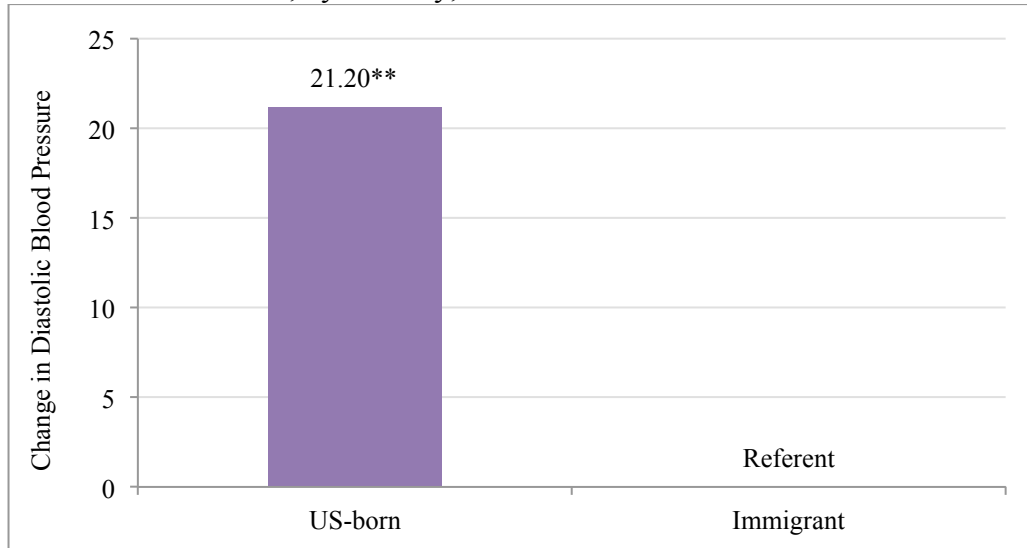
better fit of the data. However, the marginally significant tests of associations in Model 4 suggests that this model should not be discarded (J. Cui, 2007).

Table 5.23. Diastolic Blood Pressure Regressed on Everyday Unfair Treatment, for Latinos, by Nativity, 2002 to 2008

	Model 1			Model 2			Model 3			B
	B	SE	P-value	B	SE	P-value	B	SE	P-value	
Intercept	98.51	8.23	<0.01	101.55	10.06	<0.01	108.23	11.99	<0.01	113.0
Age	-0.37	0.16	0.02	-0.39	0.16	0.02	-0.45	0.18	0.01	-0.4
Female	-8.08	2.71	<0.01	-8.09	2.72	<0.01	-8.35	2.84	<0.01	-8.2
US-Born	2.59	4.14	0.53	2.40	3.92	0.54	2.25	3.53	0.52	-8.8
Above poverty	-2.34	3.03	0.44	-2.28	3.05	0.46	-2.17	2.95	0.46	-2.2
In labor force	0.76	2.14	0.72	0.81	2.17	0.71	0.61	2.06	0.77	0.0
Married or partnered	-5.55	2.94	0.06	-5.52	3.01	0.07	-6.37	3.13	0.04	-6.3
Taking HBP meds	9.41	5.69	0.10	9.05	5.49	0.10	10.48	6.21	0.09	10.2
Time (1=2008)	3.35	1.68	0.05	3.59	1.76	0.04	-2.15	6.58	0.74	-12.2
Unfair treatment				-1.17	1.92	0.54	-2.99	2.97	0.31	-5.8
Unfair treatment*Time							3.28	3.81	0.39	9.4
US-Born*Time										22.4
US-Born*Unfair Treatment										6.6
US-Born*Unfair Treatment*Time										-13.2
	QIC	740.74		QIC	742.84		QIC	752.21		QIC

Note: Bolded estimates are statistically significant at p<0.05 level or marginally significant (p<0.10), as indicated in the table.

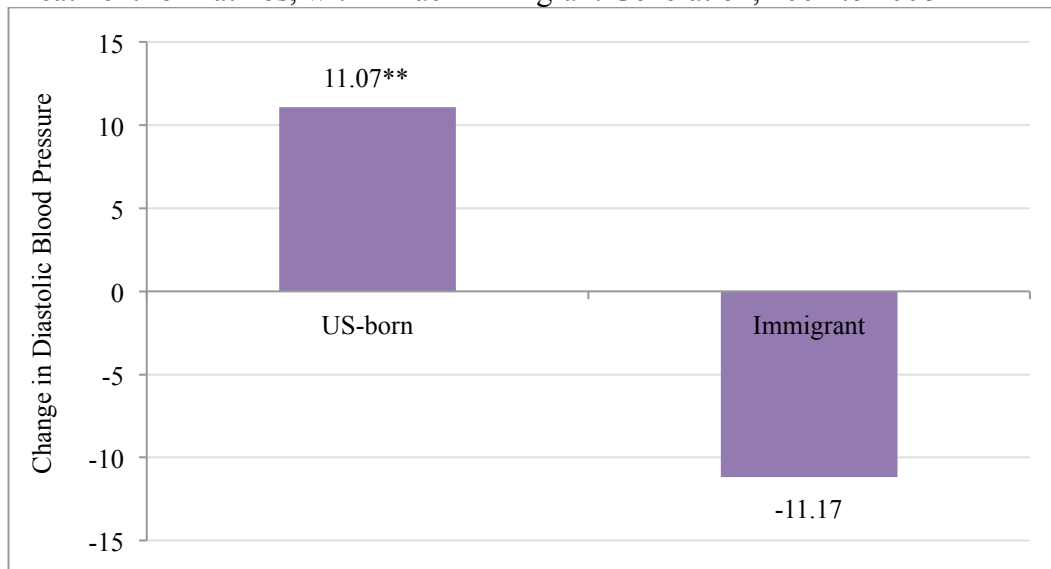
Figure 5.7. Change in Diastolic Blood Pressure, Attributed to Changes in Everyday Unfair Treatment for Latinos, by Nativity, 2002 to 2008



Note: Reference group is Latino immigrants. ** Indicates marginally significant difference relative to Latino immigrants at $p < 0.10$ level.

Caption: Findings indicate a marginally significant and positive association of everyday unfair treatment with DBP for US-born Latinos ($p_{\text{contrast}} = 0.07$) relative to Latino immigrants.

Figure 5.8. Change in Diastolic Blood Pressure, Attributed to Changes in Everyday Unfair Treatment for Latinos, within Each Immigrant Generation, 2002 to 2008



Note: ** Indicates marginally significant difference at $p < 0.10$ level, with each group as its own baseline.

Caption: Findings suggest that for US-born Latinos ($p_{\text{contrast}} = 0.06$), increases in everyday unfair treatment from 2002 to 2008 are marginally significantly associated with increases in DBP. There is not a significant association of changes in everyday unfair treatment with DBP over time for Latino immigrants ($p > 0.10$).

Acute Unfair Treatment in the Past Year and Blood Pressure

As shown in Table 5.24, Model 3, in 2002 ($b_{\text{US-Born}}=2.93$, $SE=7.03$, $p=0.68$) and 2008 ($b_{\text{US-Born}}=2.93$, $SE=7.03$, $p=0.68$; $b_{\text{US-Born*time}}=2.90$, $SE=6.67$, $p=0.66$; $b_{\text{US-Born*unfair treatment}}=2.78$, $SE=4.56$, $p=0.54$; $b_{\text{US-Born*unfair treatment*time}}=-5.14$, $SE=6.41$, $p=0.42$), the association of acute unfair treatment in the past year with SBP does not vary by nativity. There is not a significant difference in changes in the association of acute unfair treatment in the past year with SBP by nativity ($b_{\text{US-Born*time}}=2.90$, $SE=6.67$, $p=0.66$; $b_{\text{US-Born*unfair treatment}}=2.78$, $SE=4.56$, $p=0.54$; $b_{\text{US-Born*unfair treatment*time}}=-5.14$, $SE=6.41$, $p=0.42$).

Given results indicating that there is not a significant difference in the association of changes in acute unfair treatment in the past year with changes in SBP by nativity, the smaller QIC in Model 1 (QIC=725.38) suggests that this model, which does not account for the association of changes in acute unfair treatment in the past year with SBP, is a better fit of the data than models that account for these changes over time (Model 2; QIC=728.29) or that examine variations in these associations by nativity (Model 3; QIC=740.50).

Table 5.24. Systolic Blood Pressure Regressed on Acute Unfair Treatment in the Past Year, for Latinos, by Nativity, 2002 to 2008

	Model 1			Model 2			B
	B	SE	p-value	B	SE	p-value	
Intercept	139.96	12.02	<0.01	139.89	12.22	<0.01	139.60
Age	-0.15	0.22	0.49	-0.15	0.21	0.49	-0.14
Female	-15.06	4.71	<0.01	-15.06	4.70	<0.01	-15.15
US-Born	3.60	7.20	0.62	3.58	7.16	0.62	2.93
Above poverty	0.54	3.63	0.88	0.54	3.63	0.88	0.45
In labor force	0.70	3.35	0.83	0.70	3.34	0.83	0.89
Married or partnered	-12.08	5.59	0.03	-12.07	5.82	0.04	-11.58
Taking HBP meds	16.12	9.36	0.09	16.09	9.35	0.09	16.88
Time (1=2008)	8.21	2.68	<0.01	8.21	3.12	0.01	6.83
Unfair treatment	-1.18	1.88	0.53	-1.17	2.46	0.64	-2.64
Unfair treatment*Time				-0.03	3.51	0.99	3.17
US-Born*Time							2.90
US-Born*Unfair treatment							2.78
US-Born*Unfair treatment*Time							-5.14
	QIC	725.38		QIC	728.29		QIC

Note: Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

As presented in Table 5.25, Model 3, relative to Latino immigrants, higher levels of acute unfair treatment in the past year are marginally significantly associated with lower DBP for US-born Latinos in 2002 ($b_{\text{US-Born}}=-5.72$, $SE=3.20$, $p=0.07$; Model 3). In 2008, trends suggest a difference in changes in acute unfair treatment in the past year with changes in DBP by nativity ($b_{\text{US-Born}}=-5.72$, $SE=3.20$, $p=0.07$; $b_{\text{US-Born*time}}=-0.49$, $SE=4.19$, $p=0.91$; $b_{\text{US-Born*unfair treatment}}=4.65$, $SE=2.87$, $p=0.10$; $b_{\text{US-Born*unfair treatment*time}}=-5.35$, $SE=4.00$, $p=0.18$; $p_{\text{contrast}}=0.11$), though this pattern does not reach statistical significance. The association of changes in acute unfair treatment in the past year with DBP did not vary by nativity ($b_{\text{US-Born*time}}=-0.49$, $SE=4.19$, $p=0.91$; $b_{\text{US-Born*unfair treatment}}=4.65$, $SE=2.87$, $p=0.10$; $b_{\text{US-Born*unfair treatment*time}}=-5.35$, $SE=4.00$, $p=0.18$).

The smaller QIC in Model 1 (QIC=713.23), which examines the association acute unfair treatment in the past year with DBP for all Latinos, regardless of nativity, is a better fit of the data than models that examine the association of changes in acute unfair treatment in the past year with changes in DBP (Model 2; QIC=716.87), or variations in these associations by nativity (Model 3; QIC=740.30).

Table 5.25. Diastolic Blood Pressure Regressed on Acute Unfair Treatment in the Past Year, for Latinos, by Nativity, 2002 to 2008

	Model 1			Model 2			M
	B	SE	p-value	B	SE	p-value	
Intercept	107.21	8.75	<0.01	105.49	8.51	<0.01	105.93
Age	-0.41	0.16	0.01	-0.39	0.16	0.02	-0.39
Female	-7.04	2.60	0.01	-6.99	2.56	0.01	-7.05
US-Born	-5.78	2.66	0.03	-5.87	2.61	0.02	-5.72
Above poverty	-4.29	3.08	0.16	-4.37	3.05	0.15	-4.50
In labor force	1.59	2.12	0.45	1.54	2.18	0.48	1.17
Married or partnered	-7.30	2.83	0.01	-6.51	2.87	0.02	-6.80
Taking HBP meds	1.08	4.69	0.82	0.37	4.84	0.94	0.19
Time (1=2008)	3.39	1.78	0.06	4.04	1.90	0.03	4.03
Unfair treatment	-2.54	1.53	0.10	-1.52	2.10	0.47	-3.99
Unfair treatment*Time				-1.98	2.03	0.33	1.74
US-Born*Time							-0.49
US-Born*Unfair treatment							4.65
US-Born*Unfair treatment*Time							-5.35
	QIC	713.23		QIC	716.87		QIC

Note: Bolded estimates are statistically significant at p<0.05 level or marginally significant (p<0.10), as indicated in the table.

Lifetime Acute Unfair Treatment and Blood Pressure

As presented in Table 5.26, Model 3, the association of lifetime acute unfair treatment with SBP does not vary by nativity in 2002 ($b_{\text{US-Born}}=5.36$, $SE=5.38$, $p=0.32$). However, in 2008 there was a significant difference in the association of lifetime acute unfair treatment with SBP by nativity ($b_{\text{US-Born}}=5.36$, $SE=5.38$, $p=0.32$; $b_{\text{US-born*time}}=10.47$, $SE=6.39$, $p=0.10$; $b_{\text{US-Born*unfair treatment}}=7.32$, $SE=3.73$, $p=0.05$; $b_{\text{US-Born*unfair treatment*time}}=-11.23$, $SE=4.28$, $p=0.01$; $p_{\text{contrast}}=0.04$). To facilitate an interpretation of tests of differences in the association of change in lifetime acute unfair treatment with changes in SBP by nativity, results are plotted as bar charts in Figure 5.9 and Figure 5.10. In cases where at least one coefficient involved in tests of these associations was statistically significant, I conducted contrast tests to test for significant differences in associations that involve multiple coefficients and present the p-value (p_{contrast}) from the contrast test. There is not a significant difference in the association of changes in lifetime acute unfair treatment with changes in SBP by nativity 2008 ($b_{\text{US-born*time}}=10.47$, $SE=6.39$, $p=0.10$; $b_{\text{US-Born*unfair treatment}}=7.32$, $SE=3.73$, $p=0.05$; $b_{\text{US-Born*unfair treatment*time}}=-11.23$, $SE=4.28$, $p=0.01$; multiplied by change in lifetime acute unfair treatment [0.13]; $p_{\text{contrast}}=0.22$; Figure 5.9). Over time, patterns suggest that increases in lifetime acute unfair treatment are associated with increases in SBP for US-born Latinos ($b_{\text{time}} + b_{\text{US-born*time}} + b_{\text{unfair treatment*time}} + b_{\text{US-born*unfair treatment}} + b_{\text{US-born*unfair treatment*time}} = 5.03 + 10.47 + 7.16(0.13) + 7.32(0.13) + -11.23(0.13) = 17.06$; $p_{\text{contrast}} < 0.01$) and Latino immigrants ($b_{\text{time}} + b_{\text{unfair treatment*time}} = 5.03 + 7.16(0.65) = 8.47$; $p_{\text{contrast}} < 0.01$) (Figure 5.10).

The smaller QIC in Model 1 (QIC=705.71) suggests that the base model is a better fit than those that examine tests of variation in the association of changes in lifetime acute unfair treatment with SBP over time (Model 2; QIC=712.41) or variations in these associations by

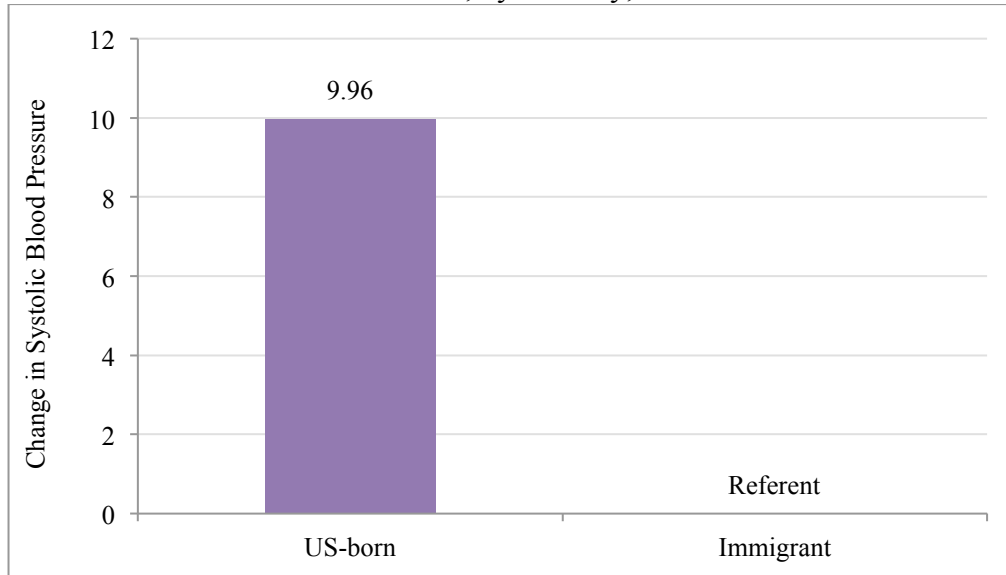
nativity (Model 3; QIC=717.52). However, results indicating that changes in lifetime acute unfair treatment over time for US-born Latinos and Latino immigrants indicate that Model 3 is the best fit of the data, despite the larger QIC, as this QIC does not account for the additional parameters in this model (J. Cui, 2007).

Table 5.26. Systolic Blood Pressure Regressed on Lifetime Acute Unfair Treatment, for Latinos, by Nativity, 2002 to 2008

	Model 1			Model 2			B
	B	SE	p-value	B	SE	p-value	
Intercept	137.31	11.72	<0.01	138.14	12.88	<0.01	143.77
Age	-0.18	0.22	0.42	-0.19	0.23	0.41	-0.30
Female	-15.06	4.93	<0.01	-15.03	4.90	<0.01	-15.95
US-Born	8.25	5.15	0.11	8.26	5.16	0.11	5.36
Above poverty	1.77	3.42	0.60	1.68	3.33	0.61	1.75
In labor force	0.31	3.32	0.93	0.36	3.32	0.91	1.51
Married or partnered	-11.06	5.49	0.04	-11.36	5.87	0.05	-10.84
Taking HBP meds	20.47	7.01	<0.01	20.70	7.19	<0.01	21.72
Time (1=2008)	8.73	2.63	<0.01	8.29	3.01	0.01	5.03
Unfair treatment	-0.14	1.08	0.90	-0.39	1.79	0.83	-5.87
Unfair treatment*Time				0.53	2.67	0.84	7.16
US-Born*Time							10.47
US-Born*Unfair treatment							7.32
US-Born*Unfair treatment*Time							-11.23
	QIC	705.71		QIC	712.41		QIC

Note: Bolded estimates are statistically significant at $p < 0.05$ level or marginally significant ($p < 0.10$), as indicated in the table.

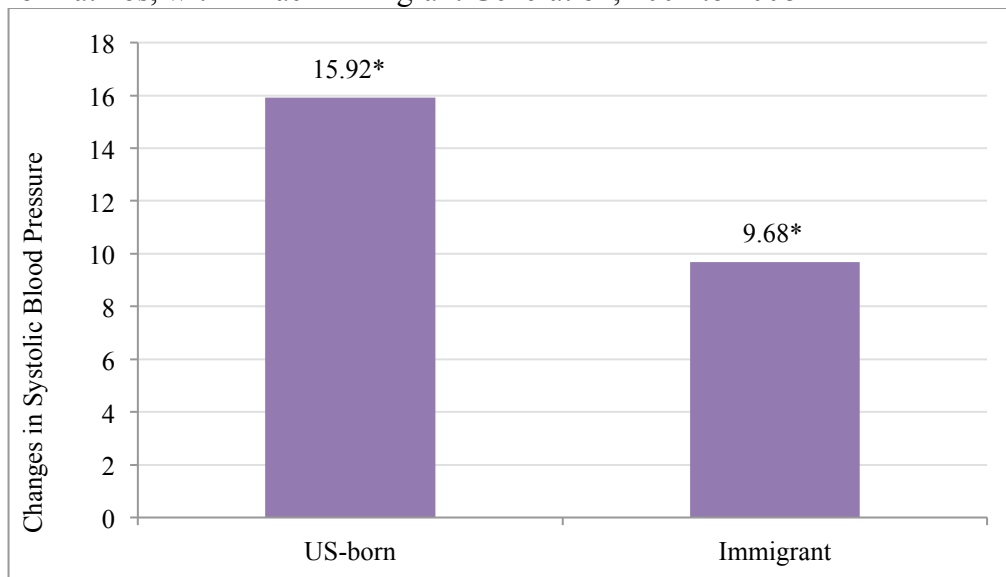
Figure 5.9. Change in Systolic Blood Pressure, Attributed to Longitudinal Changes in Lifetime Acute Unfair Treatment for Latinos, by Nativity, 2002 to 2008



Note: Reference group is Latino immigrants.

Caption: Findings indicate that there is not a significant difference in the association of changes in lifetime acute unfair treatment with SBP from 2002 to 2008 for US-born Latinos ($p_{\text{contrast}}=0.22$) relative to Latino immigrants.

Figure 5.10. Changes in Systolic Blood Pressure, Attributed to Lifetime Acute Unfair Treatment for Latinos, within Each Immigrant Generation, 2002 to 2008



Note: * Indicates significant difference at $p<0.05$ level, with each group as its own baseline.

Caption: Findings suggest that increases in lifetime acute unfair treatment are associated with significant increases in SBP from 2002 to 2008 for US-born Latinos ($p_{\text{contrast}}=<0.01$) and Latino immigrants ($p_{\text{contrast}}<0.01$).

As shown in Table 5.27, Model 3, there is no difference in the association of lifetime acute unfair treatment with DBP by nativity in 2002 ($b_{\text{US-Born}}=0.32$, $SE=4.65$, $p=0.94$) or in 2008 ($b_{\text{US-Born}}=0.32$, $SE=4.65$, $p=0.94$; $b_{\text{US-born*time}}=6.20$, $SE=4.96$, $p=0.21$; $b_{\text{US-Born*unfair treatment}}=7.46$, $SE=2.45$, $p<0.01$; $b_{\text{US-Born*unfair treatment*time}}=-9.17$, $SE=2.44$, $p<0.01$; $p_{\text{contrast}}=0.34$). To assist in interpretation of tests of differences in the association of change in lifetime acute unfair treatment with changes in DBP by nativity, results are plotted as bar charts in Figure 5.11 and Figure 5.12. In cases where at least one coefficient was statistically significant, I conducted contrast tests (p_{contrast}) to see if differences in associations were statistically significant. Over time, the association of lifetime acute unfair treatment with DBP did not vary by nativity ($b_{\text{US-born*time}}=6.20$, $SE=4.96$, $p=0.21$; $b_{\text{US-Born*unfair treatment}}=7.46$, $SE=2.45$, $p<0.01$; $b_{\text{US-Born*unfair treatment*time}}=-9.17$, $SE=2.44$, $p<0.01$; multiplied by change in unfair treatment [0.13]; $p_{\text{contrast}}=0.27$; Figure 5.11). Over time, patterns suggest that increases in lifetime acute unfair treatment are associated with increases in DBP for US-born Latinos ($b_{\text{time}} + b_{\text{US-born*time}} + b_{\text{unfair treatment*time}} + b_{\text{US-born*unfair treatment}} + b_{\text{US-born*unfair treatment*time}} = 3.85 + 6.20 + 4.03(0.13) + 7.46(0.13) + -9.17(0.13) = 10.35$; $p_{\text{contrast}}<0.01$) and for Latino immigrants ($b_{\text{time}} + b_{\text{unfair treatment*time}} = 3.85 + 4.03(0.65) = 6.47$; $p_{\text{contrast}}<0.01$; Figure 5.12).

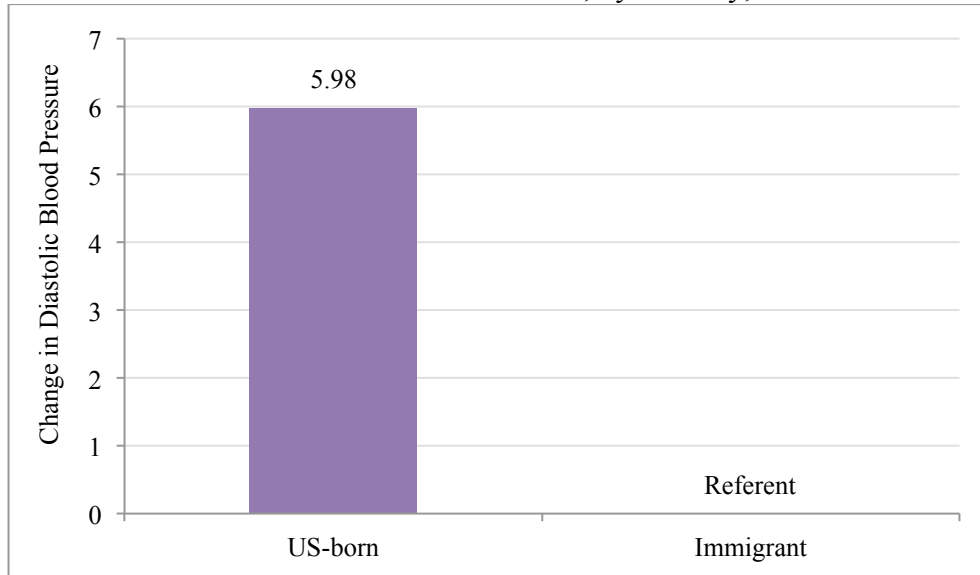
The smaller QIC in Model 1 (QIC=751.76) suggests that this model, which accounts for the association of lifetime acute unfair treatment with DBP, is a better fit than the model that accounts for change over time (Model 2; QIC=753.79), or models that examine variations in these associations by nativity (Model 3; QIC=760.83). Though Model 3 has a larger indicator of goodness of fit, statistically significant tests of the association of changes in lifetime acute unfair treatment with changes in DBP by nativity indicate that this model should not be rejected.

Table 5.27. Diastolic Blood Pressure Regressed on Lifetime Acute Unfair Treatment, for Latinos, by Nativity, 2002 to 2008

	Model 1			Model 2			Model 3	
	B	SE	p-value	B	SE	p-value	B	S
Intercept	99.16	8.07	<0.01	96.44	7.77	<0.01	102.30	8.07
Age	-0.37	0.15	0.01	-0.33	0.15	0.02	-0.44	0.15
Female	-8.20	2.75	<0.01	-8.29	2.72	<0.01	-9.01	2.75
US-Born	2.71	4.25	0.52	2.63	4.27	0.54	0.32	4.25
Above poverty	-2.10	2.99	0.48	-1.79	2.85	0.53	-1.51	2.99
In labor force	0.79	2.06	0.70	0.63	2.08	0.76	0.80	2.06
Married or partnered	-5.58	2.87	0.05	-4.62	2.84	0.10	-4.64	2.87
Taking HBP meds	9.57	5.66	0.09	8.77	5.67	0.12	9.36	5.66
Time (1=2008)	3.87	1.86	0.04	5.42	2.15	0.01	3.85	1.86
Unfair Treatment	-0.96	1.00	0.34	-0.09	1.23	0.94	-6.00	1.00
Unfair Treatment*Time				-1.85	1.76	0.29	4.03	1.76
US-Born*Time							6.20	1.76
US-Born*Unfair Treatment							7.46	1.76
US-Born*Unfair Treatment*Time							-9.17	1.76
	QIC		751.76	QIC		753.79	QIC	

Note: Bolded estimates are statistically significant at p<0.05 level or marginally significant (p<0.10), as indicated in the table.

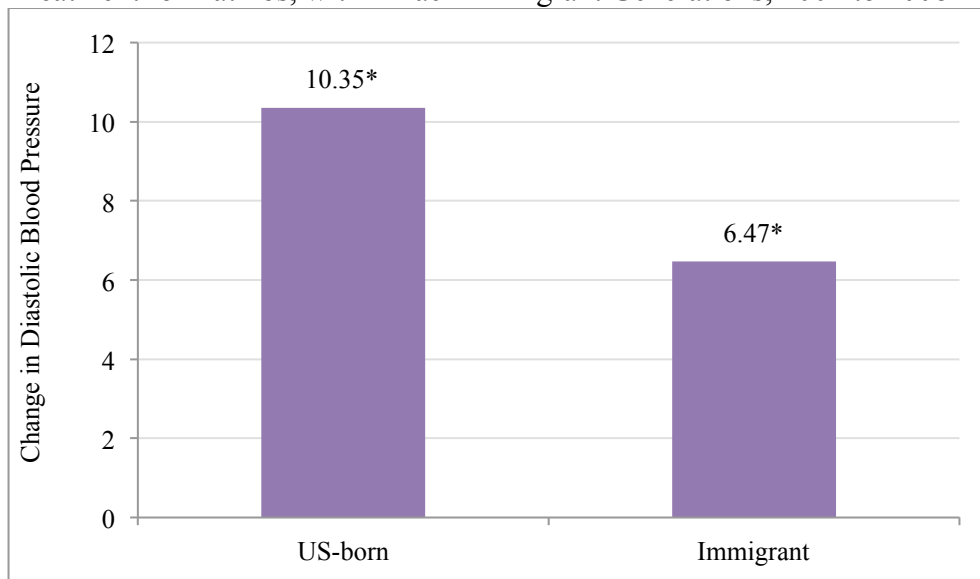
Figure 5.11. Changes in Diastolic Blood Pressure, Attributable to Longitudinal Changes in Lifetime Acute Unfair Treatment for Latinos, by Nativity, 2002 to 2008



Note: Reference group is Latino immigrants.

Caption: Findings indicate that from 2002 to 2008 there is not a significant difference in the association of changes in lifetime acute unfair treatment with changes in DBP for US-born Latinos ($p_{\text{contrast}}=0.27$) relative to Latino immigrants.

Figure 5.12. Changes in Diastolic Blood Pressure Attributable to Lifetime Acute Unfair Treatment for Latinos, within Each Immigrant Generations, 2002 to 2008



Note: * Indicates significant difference at $p<0.05$ level, with each group as its own baseline.

Caption: Findings suggest that from 2002 to 2008, increases in lifetime acute unfair treatment are associated with increases in DBP for both US-born Latinos ($p_{\text{contrast}}<0.01$) and Latino immigrants ($p_{\text{contrast}}<0.01$).

DISCUSSION

This study used data from a multi-ethnic urban sample to test the hypothesis that Latinos in Detroit experienced heightened discrimination from 2002 to 2008. This study also examined whether increases in discrimination over this period were associated with increases in blood pressure. A particular focus of this study was whether this hypothesized increase in discrimination experienced by Latinos, relative to NLWs, was associated with greater increases in elevated blood pressure from 2002 to 2008 compared to NLWs. Results indicate that relative to NLWs, from 2002 to 2008 Latinos reported significantly larger increases in lifetime acute unfair treatment, an indicator of discrimination. Additionally, NLBs experienced a significantly greater increase in reports of everyday unfair treatment compared to NLWs, and a similar, although not statistically significant trend was visible for Latinos. Over this period, Latinos experienced a marginally significant greater increase in systolic blood pressure relative to NLWs. Findings reported here do not support the hypothesis that these increases were explained by changes in unfair treatment. Increases in lifetime acute unfair treatment for NLBs were associated with significantly greater elevations in SBP compared with NLWs. Thus, this study found support for the hypothesis that Latinos experienced increases in self-reported lifetime acute unfair treatment over this period relative to NLWs.

In models restricted to Latinos that account for nativity, increases in reports of lifetime acute unfair treatment over this period were associated with a heightened risk of elevated SBP or DBP for both US-born Latinos and Latino immigrants. While tests of fit of the models indicate that the model that does not account for these associations is the best fit of the data, the results reported here that support the hypothesis that increases in self-reported lifetime acute unfair treatment for Latinos may be associated with increases in blood pressure. Thus, given that the goodness of fit statistic does not account for the greater number of parameters in this model,

results indicating support for the hypothesis suggest that this model is the best fit (J. Cui, 2007). These findings suggest that increases in lifetime acute unfair treatment for Latinos relative to NLWs reported over this period were associated with statistically significant increases in SBP and DBP after accounting for nativity. Each of these findings is discussed in the sections that follow.

Heightened Discrimination for Latinos and NLBs Relative to NLWs

Increased Lifetime Acute Unfair Treatment for Latinos Relative to NLWs

The findings that Latinos reported a significantly greater increase in self-reported lifetime acute unfair treatment relative to NLWs is consistent with the hypothesis that Latinos perceived heightened discrimination over this period. This finding is consistent with theorization by scholars that Latinos have experienced heightened discrimination since 9/11 (DeGenova, 2004, 2007; Gee & Ford, 2011; Golash-Boza, 2012; Hines, 2002; Viruell-Fuentes, 2011; Viruell-Fuentes et al., 2012). In addition, Latinos reported a relatively small increase in everyday unfair treatment over this period. There are several possible explanations for why Latinos reported greater increases in lifetime acute unfair treatment, but not everyday unfair treatment, compared to NLWs in adjusted models.

First, this increase in reported lifetime acute unfair treatment among Latinos may reflect the influence of restrictive immigration policies on access to social and economic resources, the fundamental determinants of health (House et al., 1990; House et al., 1994; Link & Phelan, 1995). For example, restrictive immigration policies implemented since 9/11, and in particular since 2005-2006, may limit access to occupational and educational opportunities, housing, financial resources, and/or medical care. The influence of these immigration policies on acute unfair treatment may operate through heightened attention to and inquiry about Latinos' nativity

and documentation status among governmental and private institutions and employers, and the restriction of resources based upon these social statuses (Bauer, 2009; Golash-Boza, 2012). Further, restrictive immigration policies contribute to an escalation of surveillance by law enforcement officials and the increased presence of immigration enforcement in Detroit (A. B. Cox & Miles, 2013; Golash-Boza, 2012; Golash-Boza & Hondagneu-Sotelo, 2013; Miller, 2014), which may in turn engender Latinos' experiences of perceived acute unfair treatment from law enforcement agencies.

Second, under conditions of restrictive immigration policies and increased immigration enforcement, Latinos may perceive greater exposure to acute unfair treatment than everyday unfair treatment. As described above, restrictive immigration policies may directly and profoundly affect the resources that are captured in the measure of acute unfair treatment. As the acute unfair treatment index captures experiences and resources that affect the fundamental determinants of health (House et al., 1990; House et al., 1994; Link & Phelan, 1995), restricted and/or tenuous access to such resources may pose a pervasive and acute stressor. In contrast, everyday unfair treatment, which captures personally mediated forms of discrimination such as micro aggressions and general indignities (Williams et al., 1997), may vary depending on environments that Latinos encounter on regular bases (Viruell-Fuentes, 2007). For example, Viruell-Fuentes (2007) found that Mexican immigrant women were less likely to report encounters with othering than their US-born counterparts. Differences in the frequency and type of othering, or encounters in which they were treated different from or inferior to agents of othering, that women reported were largely linked to the concentration of Mexican immigrant women's activities within their ethnic enclave and the tendency of US-born women to have more frequent encounters with individuals and institutions outside of their networks and neighborhood.

Thus, it is plausible that Latinos in this sample may have few or limited encounters with persons outside of their networks by virtue of the structure of their lives.

Third, acute unfair treatment may be more severe and noticeable, more frequent, and less preventable than experiences of everyday unfair treatment. While it is difficult to prevent experiences of everyday unfair treatment, to the extent possible, Latinos may resist discrimination by restricting their interactions to places and persons that may be affirming and supportive and/or by limiting their presence in spaces where they perceive everyday unfair treatment may be likely. For example, as discussed in Chapter 4, women described limiting their contact with peers such as neighbors or the general public to avoid questioning about their documentation status and thus encounters with immigration officials. Recent qualitative studies also report that Latino immigrants limit their social interactions in effort to avoid the risk of deportation (Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Hardy et al., 2012). Thus, it is plausible that some Latinos may engage strategies to limit contact with others to avoid exposure to the forms of discrimination operationalized in the measure of everyday unfair treatment. It is also possible that participants exercise resistance to these experiences of discrimination by not reporting, classifying, or giving name to experiences that may be classified as everyday unfair treatment.

Increases in self-reported lifetime acute unfair treatment but not acute unfair treatment in the past year among Latinos relative to NLWs may reflect the implementation of restrictive immigration policies and practices over the period of inquiry. The 2005-2006 period marked a tipping point in the restrictive sociopolitical context towards immigrants, whereby the rise in anti-immigrant sentiments surged, and policies implemented in response to 9/11 began to be rolled out to affect the daily experiences of immigrants of color and their co-ethnics (DeGenova,

2007; Golash-Boza, 2012). This analysis involves data from 2002-2003 and 2007-2008, three to four years prior to and two to three years following this “tipping point” respectively.

These increases in lifetime acute discrimination for Latinos may also be understood in the economic context that was unfolding in Detroit from 2002 to 2008. In the context of the economic recession of 2007-2009, racialization of Latinos surged again, and thereafter has remained high. It is possible that increases in lifetime acute unfair treatment reported by Latinos over this period may reflect their experiences of economic dislocation in the period leading up to and during this recession.

The increase in lifetime acute unfair treatment over this period for Latinos was not seen for NLWs or NLBs after controlling for sociodemographic factors. Thus, these findings suggest that restrictive immigration policies and heightened anti-immigrant sentiments over this period may be associated with this increase in acute unfair treatment for Latinos in Detroit.

Increased Everyday Unfair Treatment for NLBs Compared to NLWs

While not the primary focus of this study, it is noteworthy that, in the unadjusted models, NLBs reported increases in everyday unfair treatment and lifetime acute unfair treatment. However, after adjusting for socioeconomic position and other demographic factors in multivariate models, there was only a significant increase in everyday unfair treatment for NLBs relative to NLWs. There are several possible reasons for the attenuation of the increase in lifetime acute unfair treatment for NLBs after controlling for sociodemographic factors and for the persistence of the increase in everyday unfair treatment for NLBs relative to NLWs after adjusting for covariates.

First, the weakening of differential increases in lifetime acute unfair treatment for NLBs relative to NLWs after accounting for sociodemographic factors may reflect the influence of the

economic context in Detroit over the period of this study on the experiences of Detroit residents. Some forms of lifetime acute unfair treatment (e.g., housing, employment, and financial opportunities) may be closely tied to socioeconomic position and the prolonged depressed economic conditions in Detroit. Since the 1950s, Detroit has experienced population outmigration (Sugrue, 1996), demographic shifts, economic disinvestment, and economic restructuring (Schulz et al., 2002). These circumstances contribute to reduced access to education and employment for residents of Detroit (Williams & Collins, 2001). Under conditions of limited education and employment opportunities, residents may not experience the full economic benefits of their education or employment, which might also affect their opportunities and experiences seeking housing and financial resources. In addition, in the context of substantial economic disinvestment over this period, financial institutions may restrict access to financial resources to residents of Detroit. These factors are likely to have affected both non-Latino white and non-Latino black residents of Detroit, therefore perhaps dampening the differential changes in unfair treatment initially reported after accounting for SEP.

Further, the follow-up interviews were conducted during the economic recession (2007-2009). Residents of Detroit have been adversely affected by the persistent economic decline in Detroit over several decades, as well as by an exacerbation of these economic conditions during the recession. For example, relative to 2002, in 2008 residents may have experienced a greater loss of employment, depressed wages, and/or declines on the return of their educational and occupational achievements tied to the economic context. Indeed, the percent of Detroit residents with incomes below the poverty level increased from 26.1% in 2000 to 33.1% in 2008 (U.S. Census Bureau, 2000, 2008a). In 2008, the median household income residents of the City of Detroit (\$29,423) was 77% lower than that for the nation (\$52,175) (U.S. Census Bureau, 2008a,

2008b). However, the median household income in Detroit did not vary from 2002 (\$29,526) to 2008 (\$29,423) (U.S. Census Bureau, 2000, 2008a). This stagnant median household income in Detroit over this period may reflect the prolonged economic disinvestment in Detroit. Thus, adjusting for educational attainment and household income may attenuate the differences in changes in lifetime acute unfair treatment between NLBs and NLWs from 2002 to 2008 by capturing the influence of the strained economic context in Detroit over this period, with which most residents of Detroit, regardless of race or ethnicity, must contend. Thus, reductions in the unadjusted differences in lifetime acute unfair treatment by race, after accounting for sociodemographic factors, may be attributed to several important sociodemographic differences (i.e. gender, marital status), as well as similar economic contexts with which residents of Detroit have contended over this period.

Second, NLWs in Detroit are not representative of the national population of NLWs. For example, Census estimates from 2006-2008 indicate that 30.4% of NLWs in Detroit had household incomes that were below the federal poverty level in the past year, whereas only 9.2% of NLWs nationwide had incomes below the federal poverty level over this period (U.S. Census Bureau, 2008c, 2008d). Thus, NLWs in Detroit may differ in their experiences of discrimination, education, and other factors that affect health and therefore may not experience the degree of privilege among NLWs in other parts of the US. For example, in focus group discussions involving a multi-ethnic sample of Detroit residents, non-Latino white residents felt that they experienced discrimination (e.g., when applying for jobs) because they had a Detroit address (Israel et al., 2006). Thus, non-Latino whites in Detroit may experience discrimination associated with the stigma of living in Detroit. Hence, non-Latino white residents in this sample may have different social and/or economic profiles than non-Latino whites in other parts of the

country and/or may experience discrimination tied with their social location and residence in Detroit. In addition, racialization processes that affect racial and ethnic minorities are also implicated for NLWs, though perhaps with less intensity than for other racialized groups (Williams et al., 1997).

Third, the increase in everyday unfair treatment for NLBs, but not NLWs, after accounting for covariates, may capture an escalation of racialization of NLBs over this period. For example, the prison industrial system, which continues to target NLB men and to affect their communities (Alexander, 2012; Western & Pettit, 2010), may contribute to the persistence of the increase in everyday unfair treatment for NLBs after accounting for sociodemographic factors. Given the link between policies and practices that target particular groups and sentiments towards these groups, it is possible that the increase in everyday unfair treatment for NLBs over this period, relative to NLWs and Latinos, captures a heightening of oppression of NLBs over this period. Indeed, there is substantial evidence of a rising tide of aggression against NLBs nationally, as indicated by the recent killing of NLB men in Sanford, Florida; Ferguson, MO; New York City, NY; and Cleveland, OH ("Mothers of Trayvon Martin, Michael Brown, Eric Garner, Tamir Rice Speak Together for the First Time," 2014) and a NLB woman Ann Arbor (Counts, 2015), by law enforcement agents or vigilante residents, to name a few. In addition, the period of this study coincided with an increase in the number of hate crimes and hate group activities recorded by the Southern Poverty Law Center (Southern Poverty Law Center, 2014). Further, the percent of survivors of hate crimes who said the crime was motivated by their ancestral, cultural, social, or national affiliation increased from 33% in 2004 to 51% in 2012 (Drake, 2014). Thus, findings from the present study are synergistic with what many are describing as a rising tide of discrimination.

Differential Association of Changes in Discrimination with Changes in Blood Pressure

Lifetime Acute Unfair Treatment and SBP and DBP for Latinos When Accounting for Nativity

For Latinos, increases in lifetime acute unfair treatment were associated with increases in SBP and DBP. After accounting for nativity in models that did not include NLWs or NLBs, these results were apparent among both US-born Latinos and Latino immigrants. Tests of the fit of the multivariate regression models indicate that the model that does not account for variations in the association of changes in lifetime acute unfair treatment with changes blood pressure is a better fit of the data than models testing for interactions. However, the goodness of fit statistic does not account for the greater number of parameters included in the models examining interaction effects (J. Cui, 2007). Thus, given the statistical significance of the parameters, and that the goodness of fit statistic does not account for the increased number of parameters in the final model, the models indicating that increases in lifetime acute unfair treatment are associated with increases in SBP and DBP for Latinos cannot be discarded. However, these effects are consistent with the hypothesis guiding this study. It is noteworthy that the association of increases in lifetime acute unfair treatment with increases in SBP and DBP for Latinos over this period did not reach statistical significance in models that included NLBs and NLWs. In the section that follows, I discuss implications of these findings of a significant association of changes in lifetime acute unfair treatment with blood pressure in models that account for Latino ethnicity. I then discuss potential explanations of the finding of an association of lifetime acute unfair treatment, rather than everyday unfair treatment, with blood pressure for Latinos over this period.

Models that do not account for the nativity of Latinos, or more sophisticated measures of immigrant generation or length of US residence, may not account for systematic variation in

reported discrimination. Failure to account for systematic variation in discrimination by Latino subgroup may obscure understandings of the health implications of discrimination. Indeed, Perez and colleagues (2008) found that second- and third-generation Latinos were more likely to report higher levels of discrimination than their immigrant counterparts. In the current study, in 2002 and 2008 US-born Latinos had a marginally significantly higher unadjusted mean lifetime acute unfair treatment score than Latino immigrants. In addition, in 2008 Latino immigrants reported significantly higher unadjusted lifetime acute unfair treatment than in 2002, close to the level of lifetime acute unfair treatment reported by US-born Latinos in 2002 and 2008. In contrast, the higher unadjusted lifetime acute unfair treatment score for US-born Latinos in 2008 was not significantly different from that reported in 2002. The marginally significant difference by nativity in lifetime acute unfair treatment scores, and the higher and statistically significant increase in lifetime acute unfair treatment for Latino immigrants from 2002 to 2008 may contribute to the finding of significant association of lifetime acute unfair treatment with SBP and DBP for Latinos after accounting for nativity. That is, models that do not adjust for nativity may not account for the systematic variation in unfair treatment patterns over time within this Latino sample. Thus, the association between changes in discrimination with changes in blood pressure may be obscured if models are not properly specified to account for these systematic differences in the patterning of reported discrimination by nativity.

In this study, increases in lifetime acute unfair treatment, but not everyday unfair treatment or acute unfair treatment in the past year, were associated with increases in SBP and DBP for Latinos. There may be several explanations for these findings. First, in the aggregate, increases in unadjusted levels of everyday unfair treatment for Latinos were smaller than increases in lifetime acute unfair treatment for Latinos over time. These differences in levels of

change in unfair treatment may be reflected in the association of increases in lifetime acute unfair treatment and SBP and DBP for Latinos in models restricted to Latinos. These smaller increases in everyday unfair treatment relative to lifetime acute unfair treatment for Latinos may also contribute to the null association of everyday unfair treatment with blood pressure relative to NLW and in models restricted to Latinos. Thus, these smaller changes in everyday unfair treatment among Latinos over time may not have been large enough to translate into significant changes in blood pressure. In contrast, because there were larger changes in lifetime acute unfair treatment for Latinos, these increases may have been large enough to be visible in health outcomes.

Second, it is possible that these differences reflect different pathways through which acute and everyday unfair treatment are linked to health. The everyday unfair treatment scale captures everyday indignities that reflect and reinforce inequalities that are produced from racialization processes. These may influence health through, for example the stress process (Pearlin et al., 1981). However, it is the experiences captured in the acute unfair treatment index, such as barriers to access to quality housing, employment, medical care or fair treatment from law enforcement officials that may profoundly alter the trajectory of individuals, families, and communities (Williams et al., 1997). Due to the intensity of inequalities that follow from such barriers, it is plausible that acute unfair treatment may exact greater health consequences, or more immediate ones, compared with everyday unfair treatment. Finally, identity-, family-, and community-based resources may be more readily available to buffer the health consequences of experiences that can be classified as everyday unfair treatment, whereas structural change is often critical to overcoming and offsetting acute unfair treatment.

Third, everyday unfair treatment is conceptualized as a chronic stressor, whereas acute unfair treatment is conceptualized as an acute stressor (Williams et al., 1997). Both forms of discrimination may have adverse health consequences, but these consequences of these forms of discrimination for health over the life course may vary according to intensity and duration of the stressor. This post-9/11 context can be conceptualized as heightening Latinos' risk of exposure to acute unfair treatment over the life course. Acute unfair treatment since 9/11 may occur more frequently than originally conceptualized by Williams and colleagues (1997). For example, participants in the *Our Story, Our Health* study, as discussed in Chapters 3 and 4, described the chronicity of their encounters of structural barriers attributed to their racialized status, such as ethnic profiling from police and immigration officials, the threat of detention or deportation, and being denied a driver's license, loan, or WIC or Medicaid benefits. As conceptualized by Williams and colleagues (1997), these experiences of acute unfair treatment have the potential to affect daily experiences and interactions and to alter social and economic opportunities and trajectories – the fundamental determinants of health (House et al., 1990; House et al., 1994; Link & Phelan, 1995).

This study builds upon evidence from cross-sectional studies indicating a positive association of discrimination with blood pressure for Latino immigrants (McClure, Snodgrass, et al., 2010; Ryan et al., 2006). However, this review did not identify any studies finding an association of discrimination with blood pressure in samples that include US-born Latinos. These findings join evidence suggesting that increases in discrimination are associated with increases in metabolic risk for NLBs (Cunningham et al., 2013; Hunte, 2011) and are the first to my knowledge to demonstrate the association of changes in discrimination with changes in cardiovascular health for Latinos.

Lifetime Acute Discrimination and SBP for NLBs Relative to NLWs

When examining the cardiovascular health effects of differential increases in discrimination over this period, increases in lifetime acute unfair treatment were associated with greater increases in SBP for NLBs compared to NLWs. Greater increases in lifetime acute unfair treatment over time reported by NLBs may contribute to findings of a significant increase in SBP for NLBs relative to NLWs. These findings suggest that there is a meaningful health effect of heightened lifetime acute unfair treatment over this period.

Based on the review of the literature to date, this is the first study to demonstrate an association of increases in lifetime acute unfair treatment over time with increases in blood pressure for NLBs. Results from this study join findings by Cunningham and colleagues (2013) that indicate that increases in discrimination over an eight-year period are associated with increases in waist circumference. This study builds on research by Cunningham and colleagues (2013) by considering variations in discrimination linked to a changing sociopolitical context with changes in cardiovascular health.

Strengths and Limitations

As with all studies, this analysis is characterized by several limitations. First, these data are drawn from 2002 and 2008, time points that straddle the “tipping point” in the post-9/11 escalation of racialization of Latinos (DeGenova, 2004, 2007; Golash-Boza, 2012; Hines, 2002; Viruell-Fuentes, 2011). For this analysis, data were not available prior to 9/11, preventing an assessment of the association of Latino ethnicity with discrimination prior to 9/11. In addition, in the context of the economic recession (2007-2009), racialization of Latinos surged again, and thereafter has remained high. As data were not available beyond 2008, the consequences of heightened racialization of Latinos in this more recent anti-immigrant context may not be fully

captured. Future studies, drawing on more recently collected data, are warranted to examine the health implications of chronic exposure to acute unfair treatment, which may be associated with heightened racialization of Latinos following 9/11, and particularly in the years following 2008.

Second, limitations of the measures of discrimination used in this study (i.e. everyday unfair treatment, acute unfair treatment) have been documented (Williams & Mohammed, 2009). For the purposes of this study, these measures may not adequately capture the changing context of racialization in the US, particularly as it relates to the experiences of Latinos in this post-9/11 environment. Thus, participants' experiences of immigration enforcement, micro-aggressions and institutional barriers may not be fully captured. Further, the discrimination measures used in this study only ask about unfair treatment experienced by the participants, and thus may not fully assess unfair treatment experienced by the participants' families, kin networks, or broader community. As discussed in Chapters 3 and 4, participants in the *Our Story, Our Health* study described how othering experiences that affected their family members, networks, or that disparaged the Latino population more broadly also affected themselves. Given the salience of kin networks among members of racialized communities (Harris-Perry, 2011), these discrimination measures may underestimate the effect of racialization in this context on NLBs and Latinos. Further, this anti-immigrant sociopolitical context has affected not only Latino immigrants, but also the broader Latino community, many of whom are racialized as undocumented Latino immigrants (DeGenova, 2004, 2007; Golash-Boza, 2012; Viruell-Fuentes, 2007, 2011), as discussed by women in the *Our Story, Our Health* Study. While an individual may not have directly experienced discrimination, the experience of being part of a highly racialized community could be psychologically similar to experiences of racialization for Latinos. The effects of racializing an entire group may not be adequately captured in these

measures of discrimination. Given these limitations of the discrimination measures, changes in discrimination, one inequality that unfolds from racialization processes, over this period may be underestimated, subsequently contributing to conservative estimates of the influence of heightened discrimination on cardiovascular health over this period.

Third, it is possible that these regression models are not fully specified, thereby limiting a thorough understanding of the influence of increased discrimination in this context on the health of Latinos. The Latino population in the US, and in Detroit, is characterized by great heterogeneity (Data Driven Detroit, 2011; U.S. Census Bureau, 2012a). There were only 59 Latinos with data available at both time points, precluding the ability for robust examinations of variations in longitudinal associations of changes in discrimination with changes in cardiovascular health by more refined Latino subgroups (e.g., country of origin or descent). Evidence indicates that self-reported discrimination and health patterns among Latinos vary by country of origin or descent, immigrant generation, and, for Latino immigrants, duration of US residence (Acevedo-Garcia et al., 2010; Perez et al., 2008). More recently, Toomey and colleagues (2014) found no differences by nativity in health care utilization after the implementation of Arizona's S.B. 1070 among Mexican-origin adolescent mothers. However, they did find that since the implementation of S.B. 1070, US-born mother figures to adolescent mothers were more likely to experience declines in health care utilization than immigrant counterparts. This evidence base and the findings from this study suggest that future studies are warranted that examine the health implications of heightened racialization among Latinos over this post-9/11 period for Latino subgroups.

In addition, racialization processes and the mechanisms by which racialization affects health may vary by gender. In cross-sectional analyses of the association of discrimination with

SBP and DBP, McClure and colleagues (2010) found that discrimination was associated with elevated SBP for Latino immigrant men, but not women. Further, in their examination of the influence of increases in racial and ethnic discrimination on metabolic risk, Cunningham and colleagues (2013) found that increases in discrimination were associated with increases in waist circumference and BMI for NLB women, but not NLB men or NLW men or women. For the present study, the sample size is too small to test whether the longitudinal associations of discrimination and blood pressure varied by race, ethnicity, nativity, and gender. However, evidence suggesting an association between discrimination and cardiovascular and metabolic health suggests that the relationship between discrimination and cardiovascular and metabolic health, and the effect of changes in discrimination on health, may vary by race, ethnicity, and gender.

Fourth, given evidence of increases in discrimination against Latinos since 9/11 (DeGenova, 2004, 2007; Hines, 2002), subsequent surges in xenophobia since 2005 (Androff et al., 2011; Bauer, 2009; DeGenova, 2007; Winders, 2007), and the particularly restrictive sociopolitical context towards groups that experience growth through immigration, it is critically important to consider the Latino sample in this study for whom data are available. In an effort to test the central research questions regarding heightened discrimination against Latinos and implications for cardiovascular health, this study was restricted to participants who had data at both time points (i.e. 2002 and 2008). Only 32% of the Latino sample interviewed in 2002 was re-interviewed in 2008. This raises the question of characteristics and experiences of Latinos who were no longer living at their residence, and why they moved from their 2002 residence. HEP Community Survey participants who were re-interviewed were significantly older than those who were only interviewed in 2002. In addition, compared to participants with data only

from 2002, those who were re-interviewed were more likely to have household incomes above the federal poverty level, have lower levels of educational attainment, and to be married or living with a partner. Those with data at both time points reported lower levels of unfair treatment and were more likely to have high blood pressure and higher levels of SBP and DBP than participants who were only interviewed in 2002. It is possible that participants moved due to financial circumstances and/or surveillance from immigration enforcement. Thus, it is plausible that this study may underestimate the changes in discrimination over this period and the health effects of increased discrimination, as those who may have experienced more intense consequences of immigration enforcement or other changes in Detroit may not be included in the analyses presented. Thus, these findings regarding heightened discrimination of Latinos, which are in turn associated with increases in systolic and diastolic blood pressure, may only be generalizable to Latinos who did not change residence over this period.

Fifth, it is plausible that the HEP sample includes additional immigrants who were NLW or NLB. During the interview, however, only participants who identified as Latino or Hispanic were asked questions about nativity, immigrant generation, and factors associated with racialization of immigrants or the Latino participant's membership in a group that experiences immigrant replenishment (e.g., fear of being questioned about immigration status). Thus, this sample may include additional NLB or NLW immigrants, for whom information regarding nativity and other immigration-related experiences was not solicited. While the central argument of this paper is that Latinos have experienced heightened racialization since 9/11, which may contribute to adverse health consequences for this population, it is also possible that other immigrant groups or their co-ethnics may have experienced heightened racialization (Gee & Ford, 2011; Lauderdale, 2006; Viruell-Fuentes et al., 2012). Although tests of the influence of

restrictive immigration policies and heightened immigration enforcement and anti-immigrant sentiments on other groups are beyond the scope of this paper, it is important to consider implications of this sequencing of questions in the HEP data for understanding the NLB and NLW samples to whom Latinos are compared. Census estimates for Detroit indicate that over the 2006 to 2010 period, 54% of immigrants in Detroit were of Latin American origin (U.S. Census Bureau, 2014). Thus, it is possible that a small number of NLW and NLB participants in this sample are immigrants or members of a group that experiences immigrant replenishment and thus may be adversely affected by the heightened anti-immigrant context.

Despite these limitations, this study also makes several contributions to the literature. First, this study provides evidence consistent with the hypothesis that Latinos experienced increases in discrimination from 2002 to 2008. A major strength of this study is that it is among the first of its kind to empirically test change over time in self-reported discrimination, as assessed by everyday unfair treatment scale and acute unfair treatment index, over a period in which there was an increase in anti-immigrant sentiment and restrictive immigration policies. The use of repeated measures allowed for the investigation of whether Latinos experience heightened increases in discrimination and its adverse effects on blood pressure, compared with NLWs over the same period. The statistical method used in these analyses, GEE, reduces bias in longitudinal analyses by controlling for measured and unmeasured covariates, because each participant is designated as her or his own control. As such, GEE may be a robust method for assessing the causal association of increases in discrimination with changes in blood pressure. These findings join qualitative evidence of the heightened racialization of Latinos in this post-9/11 context (Bauer, 2009; Golash-Boza, 2012; Hacker et al., 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckman, et al., 2011; Hardy et al., 2012; Menjivar & Abrego, 2012),

and evidence of a chilling effect, or decline in safety net program utilization, among eligible Latina immigrants and US-born Latina women in a post-9/11 xenophobic context (Toomey et al., 2014; White, Blackburn, et al., 2014; White, Yeager, et al., 2014), building the body of evidence of heightened inequalities unfolding from racialization of Latinos.

Second, this study was conducted in Detroit, MI, a city and state situated along the US-Canada border, and a city that is characterized by a sizable Latino population. Few studies have examined racialization of Latinos in the Midwest (Dreby, 2013; Theodore, 2013), and particularly in border communities along the US-Canada border (Viruell-Fuentes, 2007, 2011; Viruell-Fuentes & Schulz, 2009). As the preponderance of evidence regarding the health of Latinos emerges from the southwest (Ayon et al., 2011; Hardy et al., 2012; Menjivar & Abrego, 2012; Toomey et al., 2014), southeast (Bauer, 2009; White, Blackburn, et al., 2014; White, Yeager, et al., 2014), and northeast (R. H. Adler, 2006; C. Cleaveland & Ihara, 2012; Dreby, 2013; Hacker et al., 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011) regions of the US, this study extends understanding of discrimination and health implications for Latinos to another region of the US for which immigration enforcement has escalated and restrictive immigration policies have been implemented since 9/11.

Future Research

There are several possible directions for future studies empirically assessing the health implications of heightened racialization of Latinos following 9/11. First, to better understand racialization processes in this context and health implications, studies involving a larger sample of Latinos with data collected over multiple time points over this protracted period of heightened anti-immigrant sentiments and restrictive immigration policies may be able to disaggregate the

Latino sample by important subgroups, such as socioeconomic position; gender; country of origin or descent; immigrant generation; and for immigrants, length of US residence.

Second, future studies, drawing on more recently collected data, are warranted to examine the health implications of chronic exposure to acute unfair treatment, which may be associated with heightened racialization of Latinos following 9/11, and particularly in the years following 2008. For example, as discussed in Chapter 3, the driver's license was an important symbol of deportability that social agents and institutions engaged in racialization processes. Women described the lack of a driver's license as a chronic stressor that was the consequence of a state-level immigration policy and encounters of discrimination from clerks who issue driver's licenses. Thus, women's narratives illustrated one way in which stressors that have been conceptualized as acute stressors may fold across dimensions of stress.

Third, previous studies have found a health protective effect of residence in ethnic enclaves for particular Mexican American subgroups (e.g., by gender or age) (Eschbach, Ostir, Patel, Markides, & Goodwin, 2004; Gerst et al., 2011; Kershaw et al., 2013; Shaw & Pickett, 2011). However, in this post-9/11 context, an examination is warranted of the health effects of heightened anti-immigrant sentiments and restrictive immigration policies in neighborhoods with a relatively large Latino population. Such research may enhance understanding of the influence of this racializing context on the health of Latino communities. For example, to the extent that such neighborhoods experience heightened surveillance and associated social and economic stress, some health-promoting features of residing in an ethnic enclave may be attenuated.

Fourth, qualitative research may provide insights into how Latinos are racialized in this immigration context, and how, if at all, racialization processes vary by immigrant generation or other Latino subgroups (e.g., gender, socioeconomic position, age, country of origin or descent).

Qualitative research to this end may enhance understanding of possible mechanisms that buffer Latinos against adverse health consequences associated with restrictive immigration policies and anti-immigrant sentiments, or whether these health effects have yet to be realized or manifest in other health outcomes.

Fifth, future research should consider other strategies for examining the health implications of heightened racialization. Self-reported measures of everyday and acute unfair treatment are one approach for assessing inequalities that unfold from and reinforce racialization processes. These measures assess interpersonal and institutional discrimination, respectively. Additionally, an investigation is warranted regarding the association of health with racial and ethnic differences over time in other indicators, such as differential rates of job loss, income, or wealth; differential returns on educational attainment; the over-concentration of acute or chronic stressors; and interactions with police, immigration-related detentions, and deportations – measures that may also assess systematic racialization. In addition, an examination of systematic differences in declines in health by race and ethnicity over this period, absent of, or above and beyond, psychosocial indicators of stress is also needed.

Implications for Public Health Practice

These findings also indicate several implications for public health practice. In this study, Latinos reported increases in reports of acute forms of discrimination such as that from social agents representing governmental and health care institutions such as police, immigration officials, educators, and medical providers, respectively. Results indicate a need for interventions to improve the culture, practices, and policies within the institutions within which these actors are embedded to promote equitable policies, opportunities, and interactions when individuals and communities engage with these institutions and officials who represent these

institutions. The *Dismantling Racism* or *Undoing Racism* intervention is designed to raise awareness of racialization processes that are embedded within institutions in an effort to facilitate the identification and implementation of strategies to promote equity within and through these institutions (Griffith, Yonas, Mason, & Havens, 2010). A promising strategy may be to adapt this intervention to the organizational and institutional context of institutions that affect access to social and economic resources for Latinos in Detroit. Additionally, ascribed statuses and identities such as ethnicity, gender, socioeconomic position, and nativity, and the intersections of these statuses and identities may be engaged in experiences of discrimination reported here. Findings indicate a need for interventions that promote the development of positive identities and that foster identity-based support.

Conclusions

This study adds to an emerging body of evidence suggesting heightened inequalities in the fundamental determinants of health following systematic increases in racialization of Latinos in the current and protracted post-9/11 context of prolonged escalations in restrictive immigration policies and anti-immigrant sentiments. It considers implications for health, with a particular focus on Latinos. These findings suggest that relative to NLWs, Latinos in Detroit, MI report increases in acute forms of discrimination over a period following 9/11. We also found support for the hypothesis that heightened discrimination against Latinos contributes to declines in cardiovascular health, notably systolic and diastolic blood pressure for Latinos when accounting for nativity. Given that this racialized context towards Latinos has not attenuated over the past decade, and at this particular moment does not show promise of improving, it remains of critical importance to consider the social and health implications of this sociopolitical context for Latinos and other racialized groups that experience growth through immigration. As

Latinos are the largest and fastest growing racialized group in the US (Humes et al., 2011; Passel et al., 2011), and health care expenditures in the US continue to comprise a large share of the US GDP (Schoeni, House, Kaplan, & Pollack, 2008), strategies to undo the racialization processes that have unfolded in the past fourteen years, and inequalities that are symptomatic of these processes, are of critical importance not only for promoting and protecting the health and well-being of Latinos, but also for ensuring the social and economic well-being of the country.

Chapter 6 CONCLUSIONS, SYNTHESIS, AND RECOMMENDATIONS

Y desde que pues haz te cuanta que lo del DREAM Act⁶ fue mis alas para poder seguir volando porque desde que llegue a este país ya no podía hacer nada. Ya no podía hacer nada ya era prácticamente este, no podía hacer nada, ¿que, que podía hacer? (And since then, would you believe that the DREAM Act⁶ was my wings to continue to fly because since I arrived to this country I couldn't do anything. I couldn't do anything anymore it was practically um, I couldn't do anything, what, what could I do?)

Leticia, 1st Generation Mexican American
Resident of Southwest Detroit, MI

Entonces eso es el miedo, y los niños [dicen], 'mama por favor, mama una policía, mama una policía.' Entonces están con un angustia. Es un angustia... ahí viene ya la enfermedad, ya no tienen salud, ni los niños ni uno como adulto.

(This is the fear, the kids say, 'mama please, mama a police, mama a police.' They are so anxious. It's distressing... that is where illness comes from, no one is healthy anymore not the kids, not the adults.)

Marisol, 1st Generation Mexican American
Resident of Southwest Detroit, MI

STUDY RATIONALE

In the years following 9/11, an increase in restrictive immigration policies and practices and anti-immigrant sentiments has negatively affected immigrants of color and their co-ethnics (DeGenova, 2004, 2007; Golash-Boza, 2012; Magana-Salgado, 2014). These restrictive immigration policies and anti-immigrant sentiments are daily experiences and salient threats for Latino immigrants (Dreby, 2013; Golash-Boza, 2012). These impacts extend beyond immigrants themselves, to affect co-ethnics residing in the US, many of whom are long-term residents or

⁶ Participant's reference is to her approved relief from deportation through the DACA program.

were born in the US (Golash-Boza, 2012; Golash-Boza & Hondagneu-Sotelo, 2013). The influence of post-9/11 anti-immigrant policies and sentiments on the health of Latinos has been understudied (Gee & Ford, 2011; Viruell-Fuentes et al., 2012). In addition, Viruell-Fuentes and colleagues (2012) highlight the need for studies that examine how health inequities among Latinos intersect with other social statuses such as gender, socioeconomic position, and immigrant generation.

The purpose of this dissertation was to examine how processes of racialization intersect with restrictive immigration policies and anti-immigrant sentiments to shape the fundamental determinants of health among Latinos, with Detroit, MI as a case study. This research considers variations in experiences of racialization by social statuses and implications for health patterns among Latinos. Thus, the dissertation builds on literature examining Latinos' experiences with racialization processes (Dreby, 2013; Viruell-Fuentes, 2007, 2011), Latino immigrants' experiences with restrictive immigration policies that have unfolded in the years following 9/11 (Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Toomey et al., 2014; White, Blackburn, et al., 2014; White, Yeager, et al., 2014), and studies examining changes in sociopolitical contexts and their association with changes in health (Kaplan et al., 2008; Lauderdale, 2006; Miranda et al., 2011).

The section that follows summarizes and synthesizes the contributions of the three analytic chapters from this dissertation to the broader literature on this topic. Following these brief summaries, I consider: strengths and limitations of the research presented; areas for future research; implications of these findings for public health research, practice, and policy; next steps in practice and policy; and conclusions.

CHAPTER SUMMARIES, SYNTHESIS OF FINDINGS, AND NEW CONTRIBUTIONS TO THE LITERATURE

Experiences of Racialization in a Northern Border Community

Chapter 3 analyzed typologies of women's experiences of racialization within the context of restrictive immigration policies and practices, variations in these experiences by social statuses, and implications for health. This analysis was based on in-depth interviews with fifty Mexican, Mexican American, and Central American women in the first, 1.5, and second generations who lived in Southwest Detroit. Analyses focused on women's descriptions of their own experiences, as well as those of their families and social networks.

Two major themes arose in women's narratives as they described the institutionalized basis of their experiences with racialization processes post 9/11. These are organized in Chapter 3 according to the agents involved in processes of racialization. The term "official othering" was used to describe authorities' engagement in othering to assess documentation status and their exercise of their authority based on these assessments. "Peer othering" was used to describe everyday interactions between women and non-officials who they encountered in various domains in life, such as their neighbors, co-workers, and salespeople, who also engaged symbols of deportability in their day-to-day interactions. As with official othering, that enacted by peers served to assess documentation status, but also functioned to construct and reinforce differences between peers who engaged in othering and women and their network members. Encounters of peer othering heightened women's and their co-ethnics' sense of deportability and affected their social relationships, networks, and sense of belonging.

Social agents who engaged in othering used symbols of deportability to assess documentation status and thus women's and their co-ethnics' difference and vulnerability to deportation. Symbols of deportability that emerged from women's accounts included lack of a

valid driver's license, residence in Southwest Detroit, speaking Spanish or having a Spanish accent, nativity outside of the US, and members of social networks who lacked or could not prove documented status. These symbols were actively manipulated by the officials and peers with whom women interacted, and by the women themselves as they navigated the context of those interactions.

Women's experiences with immigration policies, practices, and sentiments illustrated the relational and dynamic processes of racialization with which women and their network members contended and negotiated. That is, women's narratives suggest: the complex interplay of immigration policies that target racialized groups; gendered, racial, and ethnic stratification of positions of authority; variations by the domain in which othering occurred; the type of resources and threats that each position of power within each domain conferred; and the protective factors and vulnerabilities that women and their network members negotiated in these processes. For example, peer othering heightened risk that peers would contact police or immigration enforcement agents, which could lead to immigration-related detention or deportation. Likewise, othering from officials made salient emphases on documentation status as a source of vulnerability, which was in turn engaged by peers.

Women's encounters with racialization processes influenced, and were influenced by, the experiences of members of their social networks. The content of the "other" group also varied according to the typology of othering. That is, the "other" group in encounters with authorities was persons lacking documented status. In encounters with peers, the "other" group included Latinos, immigrants, and immigrants lacking documented status. Social agents often obscured the boundaries between these statuses and identities. Thus, the complexity of these processes of racialization is the blurring of boundaries between groups, creating and shifting the ground that

women must navigate. These experiences illustrated the web of interactions involving policies, institutions, and social agents and the complexities involved in navigating the different forms of othering and their implications, such as immigration enforcement or restricted access to social and material resources necessary to promote health and well-being.

Dynamic Responses to Processes of Racialization and Implications for Health

Building off findings from Chapter 3, Chapter 4 examined women's responses to processes of racialization that they negotiated in their northern border community. This chapter described several typologies or types of responses in which women engaged in interactions with officials and peers. Women's use of these typologies drew upon their social identities and multiple resources. In response to processes of racialization, women engaged the same symbols of deportability in these interactions, using those symbols to subvert, interrupt, obscure, or otherwise limit the adverse effects that those symbols might otherwise have on their lives and health, and that of their family and friends. This process was one with high stakes, and required continual vigilance on the part of women as they negotiated these encounters.

Health Implications of Processes of Racialization

Based on women's descriptions of processes of and responses to racialization, as discussed in Chapters 3 and 4, these dynamic responses to racialization processes has implications for women's and their network members' health. The mechanisms by which these strategies intersect with processes of racialization to affect health may be quite complex. For example, some responses to processes of racialization have both health enhancing and health threatening potentials. How these health implications unfold may depend on contextual factors and individual and network resources. The paragraphs that follow discuss several mechanisms by which these processes may affect health.

Driver's Licenses and Fundamental Determinants of Health

Women's efforts to obtain a driver's license served as an attempt to gain access to resources that were restricted as a result of processes of racialization. Based on women's accounts, the use of driver's licenses in racialization processes emerged as a fundamental determinant of health that shaped access to the opportunity to remain in the US, employment opportunities, identification, family cohesion, and economic and physical mobility. As such, lack of a valid driver's license enhanced social and economic vulnerabilities. The driver's license was also a symbol of deportability engaged in racialization processes. Therefore, success in obtaining a driver's license may moderate the association of lacking documented status with health risks by improving access to social and economic resources. However, effortful and unsuccessful attempts to obtain a driver's license and women's contention with racialization processes reinforced by clerks could exacerbate the health vulnerabilities associated with lacking documented status and a valid driver's license.

Vigilance and Stress

Vigilance to racialized stressors is associated with adverse health outcomes (Hicken et al., 2013; Hicken et al., 2014; Williams & Mohammed, 2009). Thus, vigilance to the sources and effects of processes of racialization may be one mechanism by which experiences with restrictive immigration policies and practices affect health. However, the vigilant strategies that women and their network members engaged to mitigate the effects of processes of racialization may have complex associations with health.

For example, efforts to limit contact with peers as a strategy to prevent the adverse consequences of peer othering (e.g., immigration enforcement) may contribute to social isolation. Evidence indicates that receipt of social support may be salubrious (Uchino, 2006;

Umberson & Montez, 2010). Thus, strategies to limit contact with peers may be health protective in that they prevent encounters that may affect access to social and material resources. However, this strategy may strain access to social networks that could be leveraged in other responses to processes of racialization and thus buffer the health consequences.

Hiding an Undocumented Identity

Strategies to resist the symbolic construction of an “other” included efforts to construct a social identity that was different from women’s or their network members’ identity or social statuses (Goffman, 1963). This identity management process may enhance access to social and material resources that are restricted from persons who lack documented status. Thus, strategies to hide an undocumented identity may enhance health through improved access to social and economic resources conferred by the documented identity. However, the active and effortful construction of that identity may be a chronic and effortful response that has longer-term health risks.

Limiting Activities

Women with more limited resources and greater vulnerability to immigration enforcement were more likely to limit their activities to mitigate the effects of racialization. These strategies may have complex implications for health. For example, ceasing to work for pay may prevent the escalation of workplace exploitation to contact with immigration officials. However, this strategy may also reduce income, contributing to economic disadvantage for women and their families, and thus adversely affect health (N. E. Adler & Rehkopf, 2008; N. E. Adler & Stewart, 2010). In addition, restricting activities to those that were necessary to fulfill essential caregiving and/or employment responsibilities may prevent experiences with racialization processes. However, this strategy may also undermine processes that foster the

development of social networks. Thus, limiting activities and visibility may be internalizing responses that may mitigate the effects of racialization but also adversely affect health.

Engaging Social Support

Social support was important for other vigilant strategies that women engaged, such as giving rides to network members who limited their activities. Women's engagement of social support, through both giving and receiving support, varied according to the context and resources on which they or their network members could draw. A substantial body of evidence suggests that receiving social support can be health enhancing (Uchino, 2006, 2009; Umberson & Montez, 2010). While limited evidence has considered the health implications of giving social support, providing social support may be both health enhancing and health threatening (Piferi & Lawler, 2006; Warner et al., 2010). Women in this study described being able to support others as health promoting. For example, providing emotional or instrumental support may be an externalizing response to racialization processes in an effort to support network members and the broader community. Other evidence indicates that social support is complex and depends on the context and resources on which women and their networks can draw (Thoits, 2011; Viruell-Fuentes & Schulz, 2009). For example, in this study, some women were concerned about bothering others and therefore were selective of when they asked for support. Other women who took in family members affected by immigration policies also adopted caregiving and financial responsibilities that may be sources of economic vulnerability and stress.

Engaging in Co-Ethnic Othering

Resistance to racialization through engaging in co-ethnic othering may be both health enhancing and health threatening. For example, this strategy may protect the perpetrator of othering from vulnerabilities associated with the construction of an "other" by preventing them

from experiences of othering based on ascribed statuses. However, this process may also adversely affect health over time as they struggle to navigate their identities in the context of policies and practices that target racialized groups and officials and peers who promulgate othering.

Engaging in Immigration Advocacy

Engaging in immigration advocacy may be conceptualized as an externalizing response to processes of racialization. This response may reduce stress attributed to these processes and enhance social networks. However, this strategy may simultaneously expose women and their co-ethnics to different types of stress that derive from increased visibility.

Maintaining a Positive Ethnic Identity

Resisting labels and content associated with identity may be health enhancing through efforts to assert and affirm one's identity. However, the extent to which women and their network members can do so may vary according to the resources on which they can draw. Further, several women perceived strategies to exercise and affirm their identity, such as listening to Spanish language music in the car as enhancing their risk interactions with police or immigration officials. Thus, the health implications of this strategy may depend on the resources that women can engage to prevent or resist racialization when engaging in this response.

Women's accounts suggest that the health implications of processes of and responses to racialization processes may be complex and vary according to contextual factors and resources available to individuals and their social networks. Specifically, those with fewer resources to prevent, mitigate, or resist racialization processes may be less able to buffer the health consequences of processes of racialization.

Associations between Increases in Discrimination and Cardiovascular Health Inequities

To test the hypothesis suggested by several women's descriptions of their experiences of heightened discrimination following 9/11, in Chapter 5 I tested whether there are differences in discrimination by race and ethnicity from 2002 to 2008. Specifically, I tested the hypothesis that relative to non-Latino whites, Latinos would report increases in discrimination over this period. In multivariate models, compared to non-Latino whites, Latinos reported a significant increase in lifetime acute unfair treatment and non-Latino blacks reported a significant increase in everyday unfair treatment. These findings are influenced by a reduction among non-Latino whites in unfair treatment over time. The ideologies linked with heightened discrimination towards Latinos and non-Latino blacks relative to non-Latino whites over this period may vary. For example, increases in anti-immigrant sentiments and policies that racialize immigrants and their co-ethnics (Golash-Boza, 2012; Miller, 2014) coincide with an escalation of the forms of acute discrimination that Latinos reported. This period has also been characterized by increasing violence, racist policies (e.g., voter ID laws), incarceration, and surveillance of non-Latino blacks, as well as micro aggressions and indignities towards non-Latino blacks (Alexander, 2012; Western & Pettit, 2010).

In addition, to test the hypothesis that encounters with discrimination may be associated with poorer health over time, in Chapter 5 I also tested whether increases in discrimination from 2002 to 2008 were associated with changes in cardiovascular health. Specifically, I tested the hypothesis that increases in everyday and acute unfair treatment over this period for Latinos would be associated with greater increases in blood pressure for Latinos relative to non-Latino whites. In multivariate models, these increases in lifetime acute unfair treatment for Latinos were not differentially associated with changes in blood pressure for Latinos compared to non-Latino whites.

Chapter 5 also assessed the association of increases in unfair treatment with blood pressure after accounting for the nativity for Latinos. In models restricted to Latinos, increases in lifetime acute unfair treatment were associated with increases in systolic and diastolic blood pressure for US-born and immigrant Latinos, after accounting for nativity. These findings of an increase in blood pressure for Latinos given increases in lifetime acute unfair treatment, after accounting for nativity, may be understood in the context of systematic differences in acute unfair treatment over time by nativity. In 2002 and 2008 US-born Latinos had a higher unadjusted mean lifetime acute unfair treatment score than Latino immigrants. In addition, in 2008 Latino immigrants reported higher levels of unadjusted lifetime acute unfair treatment than in 2002, close to the level reported by US-born Latinos in 2002 and 2008. In contrast, the higher unadjusted lifetime acute unfair treatment score for US-born Latinos in 2008 did not differ from that reported in 2002. The marginally significant difference by nativity in lifetime acute unfair treatment scores, and the higher increase in lifetime acute unfair treatment for Latino immigrants from 2002 to 2008 may contribute to the finding of significant association of lifetime acute unfair treatment with blood pressure for Latinos after accounting for nativity. That is, models that do not adjust for nativity may not account for the systematic variation in unfair treatment patterns over time within this Latino sample. Thus, the association between changes in discrimination with changes in blood pressure may be obscured if models are not properly specified to account for these systematic differences in the patterning of reported discrimination by nativity.

Relative to non-Latino whites, from 2002 to 2008 there was not a significant difference in the rate of change in everyday unfair treatment or acute unfair treatment in the past year reported by Latinos. Results indicating that Latinos reported significant increases in lifetime acute unfair

treatment over this period compared to non-Latino whites, but not everyday unfair treatment or acute unfair treatment in the past year, may be understood in the context of several restrictive immigration policies that have unfolded in the years following 9/11. Some of these changes may be captured in the acute unfair treatment index, which assesses individuals' encounters with governmental institutions (e.g., police, education) and industries (e.g., place of employment, financial, housing, medical care) regulated by the government. Such experiences may affect educational, occupational, economic, and housing opportunities and civil liberties.

Further, for Latinos, compared to non-Latino whites, changes in everyday unfair treatment and acute unfair treatment in the past year were not associated with differential changes in blood pressure from 2002 to 2008. These findings contrasted against results indicating that, after accounting for nativity, increases in lifetime acute unfair treatment were associated with elevations in blood pressure in models that were restricted to Latinos. These results may be understood in the context of the health implications of the different typologies of discrimination captured in these measures. Whereas the everyday unfair treatment scale captures everyday indignities and micro aggressions, the acute unfair treatment index captures processes that reflect the fundamental determinants of health and thus may profoundly alter life trajectories and health (Link & Phelan, 1995; Phelan et al., 2010).

Findings from this quantitative inquiry resonate with women's narratives of contending with and navigating dynamic processes of racialization. That is, a substantial subset of women interviewed for Chapters 3 and 4 described increased immigration enforcement in their community in the years following 9/11, as well as increased surveillance from other officials and peers. The finding that Latinos reported an increase in lifetime acute unfair treatment relative to non-Latino whites from 2002 to 2008 is consistent with these reports.

The finding that increases in lifetime acute unfair treatment were associated with increases in systolic and diastolic blood pressure for US-born and immigrant Latinos reflects the accounts of women across generations who were contending with processes of racialization. That is, women's narratives illustrated how women across social statuses, such as immigrant generation and documentation status, were vulnerable to and vigilant against othering from officials or peers. In addition, women's experiences were influenced by, and they influenced, the experiences of their network members. Thus, policies and practices that target immigrants and promulgate surveillance and ethnic profiling may adversely affect immigrants and their co-ethnics.

The unfair treatment measures used in the quantitative analyses reported in Chapter 5 may not capture the complex and dynamic processes of racialization with which women contend. For example, women described the influence of network members' experiences and resources on their own experiences with racialization processes. The focus of these measures on the experiences of an individual, as well as the absence of domains related to restrictive immigration policies in recent years (e.g., othering from Secretary of State clerks), may contribute to an underestimation of changes in discrimination over this period and implications of these changes in discrimination for changes in health. Further, these scales fail to capture the extent to which these encounters are problematic or troublesome to the person who experiences them.

This study found evidence indicating that relative to non-Latino whites, from 2002 to 2008 Latinos reported increases in lifetime acute unfair treatment, but not in everyday unfair treatment or acute unfair treatment in the past year. Findings regarding the implications of increases in discrimination for a worsening of cardiovascular health were modest. That is, findings regarding the influence of differential rates of change in discrimination with changes in

blood pressure for Latinos relative to non-Latino whites were null and therefore did not provide support for this hypothesis. However, in models restricted to Latinos that accounted for nativity, increases in lifetime acute unfair treatment were associated with elevations in blood pressure. Evidence from the qualitative inquiry indicates that post-9/11 processes of racialization have implications for access to the resources that affect health. The broader health implications of processes of racialization that have unfolded in the years following 9/11 may have yet to manifest.

LIMITATIONS AND STRENGTHS

Limitations

Dynamic Processes of Racialization

These qualitative and quantitative investigations are characterized several limitations. Findings based on interviews regarding women's and their network members' experiences with immigration policies and practices should be understood within the context of several limitations. First, these findings are based on the narratives of a sample of Mexican and Central American women in a largely low-income neighborhood along the US-Canada border and in a city that has experienced substantial economic disinvestment (Schulz et al., 2002; Sugrue, 1996) and during a period of changing immigration policies (e.g., DACA, DAPA, driver's license) ("Five Things To Know About How President Obama's Executive Action Impacts Undocumented Immigrants," 2014; Michigan Immigrant Rights Center, 2014; U.S. Department of Homeland Security, 2012). The immigration and social policy landscape is a continuously changing terrain. These findings should be understood within the time period of this inquiry, this community, and the sociopolitical context.

Second, the racialization processes discussed in this study are relational and dynamic and, as women described, intersect with gender, socioeconomic position, and immigrant generation, and other social locations. This study examines the gendered nature of these experiences through the perspectives of women, while not including an analysis based on men's descriptions. Evidence presented in the background section of this study suggests that men are much more likely to experience deportation than are women (Golash-Boza & Hondagneu-Sotelo, 2013). Given the differential implications of these policy and social trends for men, research that examines more closely men's experiences of these policies, and their implications for men's experiences and health is warranted.

Third, this sample included a small number of Central American participants. The majority of women in this sample identified as Mexican or Mexican American, while one woman was from Honduras and another was from Nicaragua. This may be attributed to the snowball sampling approach to recruit participants for this study. Any generalizations based on this sample of two women from Central American countries may be premature. However, the accounts of these two Central American women offered important initial insights into the structural differences in Mexican and Central American immigrant women's experiences with processes of racialization. Future research is necessary to examine, with greater depth and a larger sample, Central Americans' experiences with immigration policies and broader processes of racialization to understand implications for health.

Longitudinal Association of Changes in Discrimination with Changes in Health

The quantitative inquiry, regarding the racial and ethnic differences in changes in discrimination over a period following 9/11, and the associations of these changes for differences in changes in blood pressure by race and ethnicity, is also characterized by several limitations.

First, data for this study are drawn from 2002 and 2008, time points that straddle the “tipping point” in the post-9/11 escalation of racialization of Latinos (DeGenova, 2004, 2007; Golash-Boza, 2012; Hines, 2002; Viruell-Fuentes, 2011). For this analysis, data were not available prior to 9/11, preventing an assessment of the association of race and ethnicity with discrimination before 9/11. In addition, in the context of the economic recession (2007-2009), racialization of Latinos surged again, and thereafter has remained high. As data were not available beyond 2008, the consequences of heightened racialization of Latinos in this more recent anti-immigrant context may not be fully captured.

Second, the measures of discrimination used in this study may not adequately capture the changing context of racialization in the US, particularly the experiences of Latinos in a post-9/11 environment. Women’s narratives suggest that these measures may not sufficiently cover the forms of and domains in which discrimination occurs in the years following 9/11. For example, several women across social statuses described experiences of othering from clerks who issued driver’s licenses. Further, the driver’s license emerged as a symbol of deportability engaged in racialization processes and a resource that women used to respond to these processes. Given that Michigan’s (and other states’) policy to deny driver’s licenses to persons who cannot prove their documented status were implemented in response to 9/11, this component of racialization processes that operate to restrict access to resources is not captured in everyday or acute unfair treatment measures. Thus, these unfair treatment measures may not fully assess changes in processes and intensity of racialization.

Third, the discrimination measures used in this study only asked about unfair treatment experienced by the participants, and thus may not fully assess unfair treatment experienced by the participants’ families, kin networks, or broader community. As identified in Chapters 3 and

4, women's experiences and resources influenced their network members' experiences with and responses to processes of racialization. Likewise, the experiences and resources of members of their social networks influenced women's experiences with and responses to racialization. Other factors that emerged as potentially important in the qualitative inquiry that were not captured in the quantitative inquiry include the psychosocial resources available to women, whether they had driver's licenses, social support, and other resources with which to respond to racialization processes. Women's narratives suggest that these factors may be important to experiences of and responses to processes of racialization. However, these factors were untestable in a quantitative dataset. In addition, due to their dynamic and negotiated nature, these relationships are difficult to capture due to the limitations of quantitative analyses or may require examination using more dynamic analytic methods.

Fourth, this study is based on a small sample of Latinos, non-Latino blacks, and non-Latino whites. There were only 59 Latinos with data available at both time points. This precluded robust examinations of variations in longitudinal associations of changes in discrimination with changes in cardiovascular health by more refined Latino subgroups (e.g., gender, socioeconomic position, country of origin or descent, age).

Fifth, data were based on HEP participants who had data at both time points and thus did not move out of their residence in Detroit from 2002 to 2008. In an effort to test the central research questions regarding heightened discrimination against Latinos and implications for cardiovascular health, this study was restricted to participants who had data at both time points (i.e. 2002 and 2008). Only 32% of the Latino sample interviewed in 2002 was re-interviewed in 2008. This raises the question of characteristics and experiences of Latinos who were no longer living at their residence, and why they moved from their 2002 residence. HEP Community

Survey participants who were re-interviewed were significantly older than those who were only interviewed in 2002. In addition, compared to participants with data only from 2002, those who were re-interviewed were more likely to have household incomes above the federal poverty level, have lower levels of educational attainment, and to be married or living with a partner. Participants with data at both time points reported lower levels of unfair treatment and were more likely to have high blood pressure and had higher levels of SBP and DBP than participants who were only interviewed in 2002. It is possible that participants moved due to financial circumstances and/or surveillance from immigration enforcement. Thus, it is plausible that this study may underestimate the changes in discrimination over this period and the health effects of increased discrimination. That is, those who may have experienced more intense consequences immigration enforcement or other changes in Detroit may not be included in the analyses presented. Thus, these findings regarding heightened discrimination of Latinos, which are in turn associated with increases in systolic and diastolic blood pressure, may only be generalizable to Latinos who did not change residence over this period.

Sixth, this analysis may underestimate the effects of changes in discrimination on health for several reasons. First, this study assessed effects of changes in discrimination on blood pressure over a six-year period. Some chronic effects of discrimination on health may take a longer period of time to manifest. Thus, the health implications of increases in discrimination over this period may be underestimated. Second, this analysis only assessed the association of changes in discrimination with changes in blood pressure. Blood pressure is only one of several potential health outcomes influenced by changes in discrimination. For example, other studies have found that increases in discrimination are associated with increases in waist circumference (Cunningham et al., 2013; Hunte, 2011), a worsening of self-rated health (Schulz et al., 2006),

and higher levels of depressive symptoms (Schulz et al., 2006). Assessments of implications of increases in discrimination for mental health and metabolic conditions over a period in which there has been an increase in policies and sentiments that target racialized groups are needed.

Strengths

Despite these limitations, the research presented in this dissertation is characterized by several strengths. First, these investigations join a small but emergent body of evidence that examines the influence of restrictive immigration policies and anti-immigrant sentiments on the health of Latinos (Gee & Ford, 2011; Viruell-Fuentes et al., 2012). Findings presented here describe specific pathways through which immigration policies and practices following 9/11 may influence health. These findings are consistent with the hypothesis that Latinos have encountered increases in racialization during this period, and provide limited evidence that these changes in discrimination have had adverse effects on health.

Second, these studies address a gap in this emerging literature by examining how these processes unfold for Latinos in a northern border community. This study was conducted in Detroit, MI, a city and state situated along the US-Canada border, and a city that is characterized by a sizable Latino population (Data Driven Detroit, 2011, 2013). Few studies have examined racialization of Latinos in the Midwest (Dreby, 2013; Theodore, 2013), and particularly in border communities along the US-Canada border (see (Viruell-Fuentes, 2007, 2011; Viruell-Fuentes & Schulz, 2009 for exceptions). The preponderance of evidence regarding the health of Latinos emerges from the southwest (Ayon et al., 2011; Hardy et al., 2012; Menjivar & Abrego, 2012; Toomey et al., 2014), southeast (Bauer, 2009; White, Blackburn, et al., 2014; White, Yeager, et al., 2014), and northeast (R. H. Adler, 2006; C. Cleaveland & Ihara, 2012; Dreby, 2013; Hacker et al., 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011) regions

of the US. This study extends understanding of Latinos' experiences following 9/11 and health implications to another region of the US for which immigration enforcement has escalated and restrictive immigration policies have been implemented. Without such inquiries, researchers, practitioners, and policy makers may only consider the anti-immigrant context as affecting Latinos in states and communities along the US-Mexico border that are also affected by border policies and/or states (e.g., Arizona and Alabama) that have enacted multiple-measure restrictive immigration policies that have received much attention from the media. Thus, findings from this study suggesting heightened racialization of Latinos and mechanisms by which these processes may affect health may inform public health practitioners, researchers, and policy makers of the implications of this post-9/11 context for Latinos in northern border communities. These findings may also inform researchers, practitioners, and policy makers about the health implications of anti-immigrant policies and practices for Latinos in other communities that are acutely affected by the heightened presence of immigration enforcement agencies and by single-measure restrictive immigration policies, such as policies to deny driver's licenses to persons who lack or cannot prove their documented status.

Third, the majority of existing studies regarding the influence of post-9/11 immigration policies and sentiments towards immigrants focus on the experiences of immigrants and children of immigrants (R. H. Adler, 2006; Ayon et al., 2011; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; Hardy et al., 2012). Latino immigrants, who comprise 37% of the Latino population in the US (Motel & Patten, 2013), have been adversely affected by these policies. These adverse effects are not limited to Latino immigrants, but also affect the 63% of Latinos who were born in the US (Motel & Patten, 2013). However, limited scholarship has considered the health implications of post-9/11 anti-immigrant policies and sentiments on the

health of US-born Latinos, who may also be targets of these policies, or whose network members may be affected by these policies. This study considers the experiences of Latinos in the first, 1.5 and second generations with immigration policies and sentiments and implications for health. Women's narratives and findings that Latinos reported increases in lifetime acute discrimination over a post 9/11 period suggest that US-born and immigrant Latinos have experienced heightened racialization. Likewise, their narratives indicated that other social statuses, such as documentation status, age of migration to the US, period of migration, and statuses of members of women's social networks influenced their experiences with processes of racialization. Women's accounts illustrated some of the mechanisms by which these processes may affect health. Further, the quantitative inquiry found that increases in discrimination were associated with increases in blood pressure for US-born and immigrant Latinos.

Fourth, the qualitative inquiry considers the influence of Latinas' social networks on these experiences. Understanding the influence of social networks on processes of racialization enhances our understanding of differences in experiences and differential health implications that may be obscured in studies that fail to account for these factors. Women's accounts illustrated that processes of racialization affected not only themselves, but also persons within their networks. Likewise, the vulnerabilities, protections, and other resources of members of their social networks influenced their experiences of racialization and responses to these processes. The preponderance of public health research, particularly quantitative inquiries, often examine the influence of social and environmental factors by considering the experiences of individuals. However, given that women's experiences were interconnected with those of others, the complexity of their experiences and responses to racialization may be underestimated. Consequently, examinations of differences in experiences and differential health implications

may not fully capture the complex interplay of processes of racialization with social networks and implications for health.

Fifth, the analysis of the association of changes in discrimination with changes in health provides evidence consistent with the hypothesis that Latinos experienced increases in discrimination from 2002 to 2008. A major strength of this study is that it is among the first of its kind to empirically test change over time in self-reported discrimination, as assessed by everyday and acute unfair treatment measures in a sample that includes Latinos. This study explicitly examined these changes over a period in which there was an increase in anti-immigrant sentiments and restrictive immigration policies. The use of repeated measures allowed for the investigation of whether Latinos experienced heightened increases in discrimination and its adverse effects on blood pressure, compared with NLWs over the same period. The statistical method used in these analyses, GEE, reduces bias in longitudinal analyses by controlling for measured and unmeasured covariates, because each participant is designated as her or his own control. As such, GEE may be a robust method for assessing the causal association of increases in discrimination with changes in blood pressure.

These findings join qualitative evidence of the heightened racialization of Latinos in this post-9/11 context (Bauer, 2009; Golash-Boza, 2012; Hacker et al., 2012; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckman, et al., 2011; Hardy et al., 2012; Menjivar & Abrego, 2012), and evidence of a chilling effect, or decline in safety net program utilization, among eligible Latina immigrants and US-born Latina women in a post-9/11 xenophobic context (Toomey et al., 2014; White, Blackburn, et al., 2014; White, Yeager, et al., 2014). This study joins this scholarship intending to build the body of evidence of heightened inequalities

unfolding from racialization of Latinos in a context of protracted increases in restrictive immigration policies and anti-immigrant sentiments.

FUTURE RESEARCH

Social Location, Racialization, and Health Patterns among Latinos

There are several possible directions for future studies empirically assessing the health implications of heightened racialization of Latinos following 9/11 suggested by the findings presented here. Viruell-Fuentes and colleagues (2012) have called for an examination of the intersection of social locations and identities, such as gender, socioeconomic position, and immigrant generation, with health patterns among Latinos. Qualitative findings presented here were based on women's narratives of their and their co-ethnics' experiences with racialization processes. The limited number of Latinos in the quantitative inquiry precluded examination of variations in changes in discrimination and the associations of these changes with changes in cardiovascular health for Latino subgroups. As suggested by the qualitative results reported here, the intersections of these social statuses as they shape the experiences of men and other Latino subgroups (e.g., nativity, immigrant generation, country of origin or descent, age) may shape how these processes unfold, and ultimately their implications for health. Studies involving a larger sample of Latinos with data collected over multiple time points over protracted periods of shifting sentiments and immigration policies may be able to disaggregate the Latino sample by important subgroups. In addition, studies examining the influence of other resources such as social support and ethnic identity on these associations are warranted.

Central Americans' Experiences with Racialization Processes and Health

The qualitative inquiry included a small sample of Central American women, possibly due to the snowball sampling strategy employed in this study. These women's accounts

illuminated the structural differences in their experiences with racialization processes relative to those of Mexican or Mexican Americans. Specifically, the two Central American women in this sample had a greater vulnerability to these processes and more limited resources to leverage in responding to racialization processes. Research involving a larger sample of Central Americans is warranted to enhance understanding of the health implications of racialization processes for this heterogeneous population. In addition, there are other more dynamic documentation statuses (e.g., temporary protected status), geopolitical histories, and reasons for migrating that vary by Central American country, gender, socioeconomic position, and other statuses (Abrego, 2014). Thus, work that focuses on particular Central American groups by country of origin or other subgroups are warranted.

Ethnic Enclaves and Community Health

Previous studies have found a health protective effect of residence in ethnic enclaves for particular Mexican American subgroups (e.g., by gender or age) (Eschbach et al., 2004; Gerst et al., 2011; Kershaw et al., 2013; Shaw & Pickett, 2011). However, one factor that emerged from the qualitative analysis was women's perceptions that they encountered heightened surveillance and thus heightened vulnerability, as a result of residence in ethnic enclaves. Further examination is warranted of the health effects of heightened anti-immigrant sentiments and restrictive immigration policies in neighborhoods with a relatively large Latino population. Research regarding the health implications of ethnic enclaves for populations that are targeted by immigration policies may enhance understanding of the influence of this post-9/11 context on the health of Latinos who reside in communities where there is a sizable Latino population. For example, to the extent that such neighborhoods experience heightened immigration-related

surveillance and associated social and economic stress, some health-promoting features of residing in an ethnic enclave may be attenuated.

Other Assessments of Changing Sociopolitical Context and Latino Health

Future research should consider other strategies for examining the health implications of heightened racialization of Latinos following 9/11. Self-reported measures of everyday and acute unfair treatment are one approach for assessing inequalities that unfold from and reinforce racialization processes. These measures assess interpersonal and institutional discrimination, respectively. Investigations are warranted regarding the association of health with racial and ethnic differences over time in other indicators, such as differential rates of job loss, income, or wealth; differential returns on educational attainment; the over-concentration of acute or chronic stressors; and interactions with police, immigration-related detentions, and deportations – measures that may also assess systematic processes of racialization. In addition, further research examining the extent to which there is evidence of systematic differences in declines in health by race and ethnicity over this period, absent of, or above and beyond, psychosocial indicators of stress is also needed.

PUBLIC HEALTH IMPLICATIONS

The qualitative inquiries presented in this dissertation enhance understanding of women's and their co-ethnics' experiences with processes of racialization linked with restrictive immigration policies and practices and anti-immigrant sentiments. Women's social statuses and those of their network members shaped their experiences with and responses to processes of racialization, including othering from officials and peers, and thus the effects of these processes. Processes of racialization and their institutionalization into inequalities are fundamental

determinants of health (Link & Phelan, 1995). These processes drive a range of intermediate and proximate factors associated with inequalities. Women's understanding of the critical nature of these processes is evidenced in their concerted efforts to navigate, disrupt, and otherwise guard against the processes of racialization itself, and the social and economic inequities that emerged from that basis. Women skillfully engaged the symbols of deportability to deflect social agents' power to enact these inequalities. Hence, these findings illustrate women's experiences of the processes of racialization and the skill with which they negotiated the meanings and symbols that are central to these processes in efforts to protect their own interests and ultimately the health of themselves and their families.

Understanding women's and their network members' experiences with and responses to processes of racialization elucidates potential pathways linking anti-immigrant policies and sentiments with health for Latinos. Women's and their network members' responses to these processes had the potential to be health enhancing and/or exacerbate health risks in the short and long term. Implications of these experiences and responses for health may vary according to resources on which women and their network members can draw, conditions under which they engage in these responses, and the period of inquiry regarding health implications. Women's accounts of othering from officials and peers in their assessments of documentation status and thus deportability, and their experiences of restricted access to social and material resources indicate that immigration policy is health policy.

The majority of the evidence to date that has examined the implications of immigration policies for the determinants of health of Latinos has focused on the effects of multiple-measure restrictive immigration policies enacted by states (Hardy et al., 2012; Toomey et al., 2014; White, Blackburn, et al., 2014; White, Yeager, et al., 2014). Other studies have considered the

influence of heightened immigration enforcement from federal agencies as they unfold in local communities in the northeastern region of the US (R. H. Adler, 2006; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011). Other regions are less well studied. Michigan's policy to deny driver's licenses to persons who cannot prove their documented status was central to many of women's and their co-ethnics' experiences of and responses to these processes. As many states have implemented similar policies since 9/11, findings from this study may be generalizable to the experiences of Latinos in other states, which often are not discussed in the context of immigration policy.

Public health literature, training programs, interventions, and policy makers have been largely inattentive to the contextual factors that affect the fundamental determinants of health and health outcomes of Latinos (Gee & Ford, 2011; Viruell-Fuentes et al., 2012). Moreover, public health communities have given limited attention to the fundamental determinants of health of Latinos in Midwestern and northern border communities. Most studies regarding Latinos' experiences with immigration policies are from the northeastern (R. H. Adler, 2006; Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011), southeastern (Bauer, 2009; C. Cleaveland & Ihara, 2012; White, Blackburn, et al., 2014; White, Yeager, et al., 2014), and southwestern regions of the US (Ayon et al., 2011; Hardy et al., 2012; Toomey et al., 2014). There is a paucity of research regarding Latinos' experiences with immigration policies in Midwestern communities (Dreby, 2013; Theodore, 2013), and specifically in northern border communities. This qualitative investigation illuminates how federal and state immigration policies may intersect in a northern border community to affect the fundamental determinants of health for Latinos. Women's accounts indicated that ethnic profiling and surveillance from officials, concerns that experiences could escalate to contact with immigration officials, and

navigation of Michigan's driver's license policy affected their experiences with racialization processes. These findings illustrate the importance of considering the local context in which immigration policies and sentiments unfold for understanding factors that may contribute to variations in health patterns among Latino immigrants and their co-ethnics (Acevedo-Garcia & Almeida, 2012; Dreby, 2013). This inquiry has the potential to inform public health practitioners, researchers, and policy makers of the implications of this post-9/11 context for Latinos in northern border or other communities that are acutely affected by the heightened presence of immigration enforcement agencies and by single-measure restrictive immigration policies, such as Michigan's policy to deny driver's licenses to persons who cannot prove their documented status. These findings may help public health professionals to develop contextually sensitive health equity interventions and health equity policies. For example, interventions that enhance access to social and economic resources that are constrained through racialization processes may buffer the health consequences of these processes. In addition, interventions to affirm identities and promote identity support may also offset the health implications of these processes of inequalities.

A central theme in women's accounts was the influence of their experiences with racialization processes on their family members and other co-ethnics. Additionally, women's narratives illustrated that the experiences of and/or vulnerability to these processes among members of their social networks also affected their experiences and responses. While these themes were implicit in other qualitative inquiries about Latino immigrants' encounters with immigration policies (Hacker, Chu, Leung, Marra, Pirie, Brahim, English, Beckmann, et al., 2011; White, Yeager, et al., 2014), findings from this study illustrate the profound influence of social networks

in which individuals are embedded on their experiences of and responses to racialization processes, and implications for health.

Findings from the quantitative inquiry support for the hypothesis that Latinos experienced an increase in lifetime acute unfair treatment over a period following 9/11, and that these increases in lifetime acute unfair treatment are associated with increases in blood pressure for US-born and immigrant Latinos. These findings lend support to scholarship positing that post-9/11 anti-immigrant policies, practices, and sentiments may adversely affect the health of Latinos (Gee & Ford, 2011; Viruell-Fuentes et al., 2012). Together, findings from the quantitative and qualitative investigations illustrate the influence of the post-9/11 context on the fundamental determinants of health for Latinos.

These findings also suggest that understanding of health patterns among Latinos and the contribution of social contexts, such as ethnic enclaves, to these health patterns, may be profoundly altered in the aftermath of 9/11. Thus, public health practitioners, researchers, and policymakers must consider this dynamic anti-immigrant context for the current and future health of Latinos. In addition, findings presented in this dissertation indicate that it is not only Latino immigrants who are affected by immigration policies and practices and other changes following 9/11, but also their US-born co-ethnics.

Results presented here may to inform interventions intending to reduce and eliminate inequities in health and health behaviors among Latinos by enhancing understanding of the dynamic nature of processes of racialization with which Latinos are contending. Findings from the qualitative inquiry indicating that women's experiences influenced, and were influenced by, those of their network members may also inform the development of multi-level interventions. That is, findings suggest that public health interventionists need to consider health in the context

of policies, practices, and responses to these policies. Interventions would also be improved by designing interventions that are sensitive to the realities that individuals are embedded in and affected by and that affect their networks.

IMPLICATIONS OF FINDINGS FOR POLICY

Scholars (Frieden, 2010; House et al., 1990; Schulz & Northridge, 2004; Williams & Mohammed, 2013) posit that interventions that address the fundamental determinants of health have the greatest potential for improving the health of the population and for reducing health inequities. Thus, government-funded interventions to promote health and well-being and improve health equity are best situated to change the social environment in which individuals, families, and communities are embedded. Findings from this dissertation suggest that immigration policies, including policies to deny driver's licenses to persons who cannot prove their documented status, are health policies with far reaching implications for health. Understanding them as such expands the scope of potential interventions toward the end of promoting more equitable health, social and economic outcomes in the US.

These findings may inform policy by demonstrating the health implications of immigration enforcement policies and practices, in particular, Michigan's policy to deny driver's licenses to persons who cannot prove their documented status. Findings of network effects of processes of and responses to racialization may enhance understanding among policy makers that policies targeting individuals affect families, members of social networks, and broader communities. Further, individuals, families, networks, and communities will engage in strategies to prevent or mitigate the effects of these policies on their everyday lives and well-being.

There are several practical steps that could be taken to address the health equity implications of immigration policies. First, the driver's license emerged as a fundamental

determinant of health for women and their network members who could not get or renew their driver's license following Michigan's policy to deny licenses to persons who could not prove their documented status. Women's accounts illustrate that returning this policy to its previous form would enhance mobility, provide a validated form of identification, extend access to social and economic resources, eliminate a symbol of deportability that is often engaged in processes of racialization, and reduced stress associated with processes of racialization that engage the driver's license. Thus, extending driver's licenses to persons who lack documented status would likely promote health and reduce health inequities, with health effects manifesting rather immediately.

Women's accounts illuminated the profound and relatively immediate health enhancing effects of approval of DACA applications. These factors included the ability to get or renew a driver's license, opportunities to pursue education and employment, and reductions in stress associated with processes of racialization that target undocumented immigrants. In addition, the effects of this program extended to family members and other social relations. These findings suggest that in the short-term, renewing this program and extending it to other immigrants who may lack documented status may have profound improvements in the fundamental determinants of health for undocumented immigrants and their networks. However, Link and Phelan (1995) posit that if we do not address the fundamental determinants of health, interventions intending to mitigate the more proximal determinants of health may contribute to a shift in health inequities from one particular health outcome to different health outcomes. Thus, policies that provide deferred action to persons who lack documented status may only mitigate the effects of processes of racialization as they may only provide a liminal social position to undocumented immigrants. Hence, it is imperative that we extend pathways to citizenship to persons who lack documented

status if we are to reduce and eventually eliminate social inequalities that contribute to health inequities among Latinos. Further, other policies (e.g., funding of public education, voter ID laws, the policing of communities of color) and practices beyond immigration policies undermine efforts to promote the full citizenship of Latino citizens and other marginalized groups. Thus, in addition to immigration policies that provide pathways to citizenship, also needed is continued development and implementation of social policies to institutionalize full societal participation of racialized populations.

Given findings that this context affects immigrants, their children, and co-ethnics, we must also ensure that considerations of policies go beyond conceptualizing immigrants as individuals, but also consider the influence of immigration and other policies on the networks in which they are embedded. These considerations of immigration policies must focus not only on federal level immigration policies, but also the health equity implications of policies implemented at the state and municipal levels.

Implications for Policy in Detroit

The next phase of this research will involve disseminating findings to the residents of Detroit and with current organizations and coalitions working to improve the social, economic, and political circumstances of Latinos who live in Detroit. Given federal inaction on immigration reform, there may be several opportunities for state and community policies that disrupt racialization processes. Central to these opportunities is a discussion of strategic efforts in which existing collaborations in Detroit already engaging or could engage to improve the circumstances of Latinos residents. These collaborations may discuss policy opportunities and identify stakeholders to engage or consider in pursuing these opportunities. Though these policy strategies should be driven by existing coalitions and organizations that are most familiar with

the circumstances affecting Latinos in Detroit and the policy environment in the city and state, the following paragraphs propose several policy opportunities that may be successful for disrupting racialization processes and associated health implications identified in this dissertation.

First, these collaborations may consider engaging in dialogues with city, county, and state police who have jurisdiction in and around Detroit to encourage them to honor existing, and to engage in new, agreements to not inquire about documentation status during encounters with residents in order to enhance trust in local law enforcement. This strategy is particularly promising for alleviating the threat of immigration enforcement via contact with police. Along these lines, several counties, and municipalities, and the state of Colorado have successfully advocated for law enforcement agencies to opt out of immigration-related detainers or holds for persons who are apprehended by city, county, or state police and are suspected to lack documented status (Immigrant Legal Resource Center, 2015). Additionally, other counties and a few states across the country have opted out of the Secure Communities collaboration between county-level law enforcement and ICE ("New York Quits Secure Communities Immigration Enforcement Program, Andrew Cuomo Announces," 2011). Thus, there are several potential state and county policy avenues that immigration advocates may consider to restrict the spread of the tentacles of the immigration enforcement system.

Second, these collaborations may consider strategies to implement alternative forms of identification to disrupt Michigan's driver's license policy as critical component of racialization processes that are unfolding in Detroit. For example, the communities of New Haven, CT; San Francisco, CA; Oakland, CA; and Mercer County, NJ; and more recently the state of New York have implemented policies to enable all residents to obtain a city, county, or state ID,

respectively. These ID policies seek to improve access to social and economic resources as well as the right to have one's identity recognized when interacting with governmental agencies and non-governmental institutions who restrict access to resources based on ability to present a valid form of government ID, whether through de jure or de facto practices. More locally, Washtenaw County will be implementing a county ID in May, 2015. This ID will be available to all residents of Washtenaw County, including those who lack documented status. In Detroit, the implementation of a municipal ID that would be available to residents who lack documented status may enable them to access goods and services that require governmental identification. However, as lack of a driver's license has become a stigmatizing symbol engaged in racialization processes, possession of a municipal ID by only persons who lack a driver's license may function similarly. This stigma would be reduced if persons with documented status also obtain and actively use their municipal ID, a move that is advocated by some involved with such efforts.

Third, this collaboration may consider strategies to educate policy makers, advocates, and potential allies about the high levels of immigration enforcement and loss of civil liberties in this northern border community and state. Such discussions may facilitate organizing strategies to establish constitutional protections for all residents of Michigan. As documented allies have become disturbed when learning that the entire state of Michigan falls within the 100-mile Constitution Free Zone, coalitions may consider harnessing the outrage of allies in efforts to rein in border policies that undermine civil liberties protected by the Constitution. Along these lines, these collaborations may engage in power mapping strategies to identify opportunities for intervention with authorities such as clerks at the Secretary of State's office, social welfare caseworkers, police, and/or immigration officials.

My potential role in these strategies may begin by presenting and discussing findings from this dissertation with existing organizations and collaborations. These discussions may identify policy opportunities for which collaborations would prioritize their efforts. Such conversations may also identify strategic roles that I can fill in bringing data to coalitions and organization, institutions involved in dynamic processes of racialization, and policy makers who enact policies that racialize groups.

CONCLUSIONS

The findings presented in this dissertation suggest that current policies and practices related to immigration have profound health implications for Latinos across multiple immigrant generations and other social statuses. These implications include sequelae such as psychosocial stress and health related behaviors as well as fundamental factors such as socioeconomic position, for which there is a strong evidence of associations with health outcomes (N. E. Adler & Stewart, 2010; Link & Phelan, 1995; Phelan et al., 2010). Public health researchers, practitioners, and policy makers must become attuned to ways in which immigration policies and surveillance from immigration officials and other authorities, as well as individuals outside of these institutions, may affect the fundamental determinants of health for Latinos. Without attention to these factors in assessments of health implications of these processes, public health researchers, practitioners, and policy makers may not fully capture complex and dynamic processes of racialization, the interplay of these processes with resources (e.g., driver's license, social support, social networks) and across contexts, variations in responses to racialization, and effects across networks.

These findings begin to build an evidence base related to the health implications of this post-9/11 context for immigrant and US-born Latinos in a northern border community. Miller

(2014) posits that the increase in immigration enforcement along the northern border in the years following 9/11, and increases in immigration enforcement along the southern border are templates on which immigration enforcement systems may build as they expand immigration enforcement on the interior region of the US and other northern border communities. As these “borders” become more elastic, as Miller (2014) argues, these findings may be more generalizable than originally anticipated. Thus, the findings presented here may inform health impact assessments of the influence of expanded or enhanced immigration enforcement, not only through immigration officials, but also through increased attention to documentation status among other officials and non-officials. Findings from this dissertation suggest that immigration policies, including policies to deny driver’s licenses to persons who cannot prove their documented status, are health equity policies.

In conclusion, the failure to allow pathways for immigrants and their co-ethnics to become full members of society contributes to persistent social inequalities for Latino families, children, and communities, for the youngest, largest, and fastest growing racialized population in the US. There is abundant evidence to suggest that these social inequalities will be reflected in health inequities for Latinos. Developing policies and other interventions that promote the full integration of Latino immigrants and their co-ethnics will be essential to the promotion of more equitable health outcomes in the US.

APPENDIX A

Our Story, Our Health Study (Nuestra Cuenta, Nuestra Bien Estar) Semi-Structured Interview Guide

NOTE: The interview guide below reflects the main interview questions and is subject to slight change.

1. Great, thank you. Tell me a little bit about why you agreed to participate in this study.

Background

Great. Let's start with some questions about where you grew up and move on to what you do today.

2. Place of birth: Tell me a bit about where you grew up and where your family came from. Please just talk generally.

Prompts:

- a. Where were you born?
 - i. (If born in the United States) Which family members first moved to the United States (e.g., parent(s), grandparent(s), great-grandparent(s))?
- b. What is your ethnic heritage? (e.g., Mestizo, Chicana/o, Tejana/o, Salvadoran, Mexican, Guatemalan, Honduran, etc.)

3. Current life: I would like you to tell me a little bit about your life as it is now. What do you do now?

Prompts:

- a. Do you go to school? What do you study?
- b. Do you work? What kind of work do you do?
 - i. How long have you worked there?
 - ii. How long have you worked in this industry?
- c. Do you have children? How many children do you have?
- d. Who do you live with or stay with now?

Health & Wellbeing

Now I am going to ask you some questions about your life overall.

4. How would you describe your life? Your wellbeing?

Prompts:

- a. How would you describe your health?
 - i. Do you have any health issues?
 - ii. Why do you think you have [health condition]?

Experiences in Public

Now I would like to ask you about your experiences when you are out in public.

5. Tell me about your daily experiences out in public (e.g., on the street, at a park, on the sidewalk, when driving, at the store, etc.). How often do you go out in public? How safe do you feel when you go out in public?

Prompts:

- a. Tell me about what makes you feel safe (or unsafe) when you go out in public.
- b. Have you had any negative experiences when you've been out in public?
 - i. (If so) Can you give me an example?
- c. Where did this happen (e.g., in your neighborhood, someplace else)?

6. Tell me about your experiences when you go outside of your neighborhood. When do you leave your neighborhood? Where do you go? How do you feel when you leave your neighborhood?

Prompts:

- a. Tell me about what makes you feel safe (or unsafe) when you leave your neighborhood.

7. (If mentioned feels unsafe outside) Tell me about what you do to get through the experiences or concerns that you mentioned about feeling unsafe outside.

Prompts:

- a. How do you make sense of these experiences?
What do you do to deal with these experiences? Are you people that you talk with about these experiences?

Immigration

Now I would like to ask you about your experiences within the last 10 to 12 years.

8. Over the last 10 to 12 years we have seen a lot of laws created that have focused on arresting and penalizing immigrants in the United States who may not have documentation, preventing people from entering the United States without documentation, and greater enforcement of immigration laws. Has this affected you?

You don't need to mention your documentation status or any names of particular people.

Prompts:

- a. Tell me more about that. (e.g., where did this happen, who?)
- b. How does this make you feel?
- c. If mention someone being deported or having trouble establishing residency, probe about what prompted these challenges (e.g., administrative or legal error, stopped by police, etc.)

9. Sometimes people or groups have made negative statements about immigrants. Has this affected you? If so, how has this affected you? You don't need to mention your documentation status or any names of particular people.

Prompts:

- a. Have you overheard or heard any negative comments about immigrants?
 - i. (If so) How have the comments affected you?
 - ii. (If so) How do you respond or cope with these experiences?
- b. At work? (If applies)
- c. At school? (If applies)
- d. When getting health care?
- e. In interactions with authorities like the police and immigration officials?
- f. Your family?
- g. Your neighborhood?
- h. Your community?
- i. How does this make you feel?

10. (If mentioned affected by immigration context) Tell me about what you do to get through the experiences or concerns that you mentioned related to people's comments about immigration or immigration enforcement. Please remember that you don't need to mention any names or your documentation status.

Prompts:

- a. How do you make sense of these experiences?
- b. What do you do to help yourself deal with these experiences?
- c. Are there people that you talk with about these experiences?

11. How, if at all, has your family been affected by these practices and thoughts towards immigrants?

12. Have you had any experiences when you felt that you were treated badly because you are Hispanic or Latina? (If so) Tell me about some of those experiences.

Interactions with Other Racial or Ethnic Groups

13. How much interaction do you have with other racial or ethnic groups, like Whites or Anglos, African Americans or Blacks, Arab Americans, or Chaldeans, among other

groups? Have you had any experiences when you felt that you were treated badly because you are Hispanic or Latina? (If so) Tell me about some of those experiences.

Prompts:

- a. In what contexts have you interacted with other racial or ethnic groups? (e.g., work? School? Restaurants?)

Immigration Enforcement-Stress Process

Now I would like to ask you a few more questions about immigration enforcement. For these questions, you don't need to mention your documentation status or any names.

14. Has anyone ever asked you about your documentation status? (If so) Tell me about that experience.

Prompts:

- a. Where did this happen?
- b. Who asked you?
- c. Why do you think they asked you?
- d. How often has this happened?

15. Have you ever witnessed someone else being asked about their documentation status? (If so) Tell me about that experience. Please remember that you don't need to mention any names.

Prompts:

- a. What was this person (or their) relationship to you?
- b. Where did this happen?
- c. Who asked them?
- d. Why do you think they asked them?
- e. How often have you seen this happen to others?

16. How likely do you think it is that someone would question your documentation status? Please remember that you don't need to mention your documentation status or any names.

Prompts:

- a. (If not likely) Tell me more about why you think that someone would not question your documentation status.
- b. (If likely) Tell me more about what makes you think that someone would question your documentation status.
 - iii. Who would question your documentation status (e.g., friends, doctor, police officer, immigration agent)?
- c. What do you think would happen?
- d. How does that make you feel?

- e. Do you think that this is an experience that you can prevent?
 - iv. What, if anything, do you do to help prevent or reduce the likelihood of experiences like this?
- f. What, if anything, do you think you can do to prepare for experiences like this when they do happen?
- g. What, if anything do you do to prepare yourself for the possibility of being questioned about your documentation status?

17. A few years ago, the Michigan Secretary of State issued a policy to deny driver's licenses to immigrants who may lack documentation. Do you know anyone who has been affected by this policy? If so, how have they been affected?

Responses to Experiences

18. Tell me about the things that make your everyday experiences better or not so bad.

19. Are there things you tell yourself or do to make things not so bad? Tell me about the strategies that you use to make things not so bad.

President Obama & 9/11

Now I am going to ask you a couple of questions about your thoughts.

20. If you could tell President Obama one thing, what would you tell him?

Prompt:

- a. Tell me a little bit about why you would tell them this.

21. If you could tell your state representative one thing, what would you tell her?

Prompt:

- a. Tell me a little bit about why you would tell them this.

22. If you could tell an immigration official one thing, what would you tell him or her?

Prompt:

- a. Tell me a little bit about why you would tell them this.

23. Do you remember September 11th? (If so) What do you remember about it?

- a. **How, if at all, have you been affected by 9/11?**
- b. **In what ways, if any have things changed in this community since September 11th?**

Conclusion of Open-Ended Questions

Now I would like to know about some other aspects of your life.

24. Is there anything else that you would like to tell me about the topics that we discussed today?

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