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Correlates of Interpersonal Ethnoracial Discrimination Among Latino Adults with Diabetes: Findings from the REACH Detroit Study

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ABSTRACT

The purpose of this study is to identify the social and economic correlates of reported experiences of interpersonal ethnoracial discrimination among Latino adults in Detroit. We examine whether the correlates of interpersonal ethnoracial discrimination vary according to the domain of discrimination and compare findings for individual domains of discrimination to a composite measure of experiences of discrimination. This study suggests that the frequency of reported discrimination is moderately high, and relatively common among Latinos with diabetes who live in Detroit. The findings demonstrate that immigration and ethnicity-related factors, such as greater comfort speaking Spanish and being born in the United States, were persistent correlates of more frequent encounters of interpersonal ethnoracial discrimination. Implications for social work research and practice are presented.

Introduction

Discrimination is associated with poor mental, general, and cardiovascular health for Latinos (Williams & Mohammed, 2009). As 17% of the U.S. population (U.S. Census Bureau, 2014), Latinos are the youngest, largest, and fastest-growing ethnoracial minority group in the United States (Passel, Cohn, & Lopez, 2011; U.S. Census Bureau, 2014). Decades of migration from Latin American countries or territories to the continental United States, as well as births, contribute to this growth of the Latino population (Passel & Cohn, 2008). This growth of the Latino population coincides with increases in anti-immigrant and anti-Latino sentiments that are reflected in policies such as increases in immigration enforcement concentrated in Latino communities (Cox & Miles, 2013; Golash-Boza, 2012; Golash-Boza & Hondagneu-Sotelo, 2013) and the exclusion

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of many immigrants from health insurance expansions under the Affordable Care Act (ACA). These policies may reinforce marginalizing sentiments and treatment towards Latino and immigrants (Chavez, 2013). Anti-immigrant and, by extension, anti-Latino sentiments and policies may both reflect and reinforce experiences of discrimination that Latinos encounter in their day-to-day lives. Indeed, several studies report a moderately high prevalence of discrimination reported by Latinos (Borrell et al., 2010; Gee, Ryan, Laflamme, & Holt, 2006; LeBrón et al., 2014; Perez, Fortuna, & Alegria, 2008).

Previous studies have found that older age, stronger ethnic identity, higher educational attainment, and higher income, as well as migration to the United States at younger age and longer length of U.S. residence (for immigrants) are correlated with greater frequency or prevalence of discrimination in studies involving national samples of Latinos (Borrell et al., 2010; Perez et al., 2008) and one study of discrimination among Latinos in Detroit, Michigan (LeBrón et al., 2014). The majority of these studies are based on national samples of Latinos, precluding an assessment of patterns that may be specific to the contexts in which participants live. In addition, few studies (LeBrón et al., 2014) have reported the correlates of discrimination, particularly after accounting for social and economic factors such as age and educational attainment. Furthermore, limited research (LeBrón et al., 2014; Perez et al., 2008) has considered the correlates of discrimination in a sample of Latino adults while accounting for social characteristics unique to Latinos relative to other groups that do not experience significant growth through immigration, such as immigrant generation, length of U.S. residence (for immigrants), and language use. We consider these associations for a sample of Latino adults with diabetes who live in Southwest Detroit, a predominantly Latino community within the largely African-American city of Detroit.

The interpersonal ethnoracial discrimination scale used in this study (Williams, Yu, & Jackson, 1997) assesses microaggressions (e.g., receiving poor service, being treated with less respect, treated as if not smart), as well as more overt experiences of discrimination (e.g., harassment, threats, or unfair treatment) that participants attributed to their ethnoracial identity. Sue and colleagues (2007) defines racial microaggressions as “brief and commonplace verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (p. 271). This study aims to extend the microaggressions literature by examining the patterning of reported experiences of subtle and overt forms of discrimination in the day-to-day lives of Latinos.

The purpose of this study is to identify the social and economic correlates of reported experiences of interpersonal ethnoracial discrimination among Latino adults in Southwest Detroit, Michigan, who completed baseline interviews between 2009 and 2013. In addition, we examine whether the correlates of interpersonal ethnoracial discrimination vary according to the domain of

discrimination and compare findings for individual domains of discrimination to a composite measure of experiences of discrimination. Participants' experiences of receiving poor service, being treated with less respect, or being treated as if they are not smart, and encounters in which persons act afraid of the participant are conceptualized as facets of interpersonal discrimination that may be conceptualized as microaggressions. In contrast, being threatened or harassed and receiving unfair treatment may better capture overt experiences of discrimination. Thus, we query the patterning of these experiences of interpersonal ethn racial discrimination by social and economic factors. First, in separate models, we examined correlates of discrimination for each of the six items that assessed different domains of experiences of interpersonal ethn racial discrimination in routine experiences. Second, we examined the association of social and economic factors with interpersonal ethn racial discrimination, using a composite scale that included all six discrimination items.

Methods

Sample

Data for this analysis are drawn from the third cohort of the REACH Detroit Partnership diabetes self-management intervention study. Participants in this study were recruited from a Latino-centered federally qualified health center (FQHC) from which they received health care and related services. Patients of the FQHC who had physician-diagnosed type 2 diabetes; did not have severe conditions that might limit their participation in the intervention, including blindness, deafness, treatment for cancer, or a terminal illness; were age 18 or older; lived in Southwest Detroit; and received medical care from the FQHC were recruited to participate in this diabetes intervention. Data for this analysis were from baseline interviews with REACH Detroit participants that were completed between 2009 and 2013, prior to the implementation of the intervention. The University of Michigan Institutional Review Board approved all study protocols prior to data collection.

Measures

Interpersonal ethn racial discrimination

Interpersonal ethn racial discrimination, the outcome variable, was adapted from the Everyday Unfair Treatment Scale developed by Williams and colleagues (1997), which assesses the occurrence and frequency of discrimination in routine encounters. These questions were edited to assess experiences of discrimination that participants attributed to their ethnicity. Specifically, participants were asked how often they experienced any of five discriminatory situations that were linked to their Hispanic or Latino ethnicity (i.e., "because

you are Hispanic or Latino”). These items included being treated with less courtesy or respect than other people, receiving poorer service than other people at restaurants or stores, people acting as if they think that you are not smart, being threatened or harassed, and being treated unfairly or badly. In addition, participants were asked about the frequency with which they were treated unfairly or badly because of the language that they speak or their accent. Responses to these items ranged from never (1) to always (5). Each of these items was included in separate models as the outcome variable. In addition, we constructed an interpersonal ethnoracial discrimination scale that is the mean of these six items. The Cronbach’s alpha for this scale was 0.87. We also conducted tests of sensitivity using a five-item measure of interpersonal ethnoracial discrimination, which only included items that attributed the experience of discrimination to Hispanic or Latino identity.

Participant social and economic characteristics

Social and economic characteristics that were included as independent variables were age, assessed in years; gender (woman or man); marital status (married/partnered or another status); educational attainment (high school graduate or less than high school education); employment status (employed or not employed); country of origin or descent (Mexican, Mexican-American, or Chicano or another Latino subgroup); a combined measure of nativity and length of U.S. residence (for immigrants: less than 10 years, 10 to 19 years, 20 years or more; referent group was U.S.-born participants); language preference; and health literacy. Spanish-language comfort was assessed by a question that asked participants the language in which they felt most comfortable speaking. Response options were Spanish, English, Spanish and English about the same, and neither English nor Spanish. We then created a binary variable: persons who are more comfortable speaking Spanish and those comfortable speaking English, either, or neither (referent group). Health literacy was assessed by participants’ response to the question of how often they have someone like a family member, hospital worker, clinic worker, or caregiver help them to read health care materials. We then created a binary variable, categorizing those who reported that they sometimes, often, or always received assistance and those indicating never or rarely received assistance (referent group).

Analysis

Exploratory data analysis techniques were used to assess the distribution of the independent variables. Correlations of predictors were used to investigate possible multicollinearity. Means and frequencies were calculated to determine how to include predictors in the models. Multiple linear regression was used to assess the associations among interpersonal ethnoracial discrimination and

age, gender, marital status, educational attainment, employment status, country of origin or descent, nativity, length of U.S. residence, Spanish-language comfort, and health literacy. To address the first research question, regarding the correlates of each domain of interpersonal ethnoracial discrimination with participants' social and economic background, each individual item within the discrimination scale was entered separately into the regression model and the association with participant social and economic characteristics was assessed. In tests of the second research question, regarding the correlates of interpersonal ethnoracial discrimination when the domains of discrimination were in a combined scale, the outcome variable was the mean scale. Analyses were conducted using Stata 13.0.

Findings

Participant characteristics

Summarized in Table 1 are participant characteristics. The average age was 48.9 years ($SD = 10.6$ years). Approximately one-third of participants were men (39.2%), employed (38.5%), or had a high school education or higher (32.7%). The majority of participants were married or partnered (70.6%) or were more comfortable speaking Spanish (81.0%). All participants identified

Table 1. Participant characteristics, REACH Detroit Cohort 3 ($N = 222$).

	<i>N</i>	Percentage	Mean	<i>SD</i>
Age (years)			48.85	10.58
Men	87	39.2		
Employed	85	38.5		
High school graduate	70	32.7		
Married or partnered	156	70.6		
Latino subgroup				
Mexican, Mexican-American, or Chicano	178	80.2		
Other Latino origin or descent	44	19.8		
Immigrant	181	82.3		
Length of U.S. residence				
Less than 10 years	40	18.1		
10 to 19 years	79	35.8		
20 years or more	68	30.8		
Lifetime	34	15.4		
Most comfortable speaking Spanish	179	81.0		
Health literacy: Sometimes, often, or always get assistance reading health care materials	106	48.0		
Interpersonal Ethnoracial Discrimination ^a				
Treated with less respect (because Latino)			2.08	1.05
Receive poorer service (because Latino)			1.70	0.92
Think you are not smart (because Latino)			1.90	1.06
Threatened or harassed (because Latino)			1.33	0.77
Treated unfairly (because Latino)			1.62	0.96
Treated unfairly (because of language/accents)			1.95	1.17
Interpersonal Ethnoracial Discrimination Scale			1.76	0.77

^aFor each discrimination item, 1 = never, 2 = hardly ever, 3 = sometimes, 4 = often, and 5 = always.

as Hispanic or Latino. Eighty percent (80.2%) of participants identified as Mexican, Mexican-American, or Chicano and 19.8% identified with another Latin American territory or country of origin or descent. Puerto Rico and Central American countries were among the other most-common Latin American territories or countries with which participants identified. The majority of participants were immigrants (82.3%). Among immigrants, 18.1% had resided in the United States for less than 10 years, 35.8% had lived in the United States for 10 to 19 years, and 30.8% reported living in the United States for 20 years or longer. Approximately half (48.0%) of participants reported that they received support in reading health care-related materials.

The mean frequency of discrimination ranged from 2.08 ($SD = 1.05$) for participants' experiences of being treated with less respect because the participant was Hispanic or Latino to 1.33 ($SD = 0.77$) for experiences of being threatened or harassed because of Hispanic or Latino ethnicity. The mean interpersonal ethnoracial discrimination score for the six-item measure was 1.76 ($SD = 0.77$). Two-thirds (68.5%) of Latinos in this sample reported that they had encountered interpersonal ethnoracial discrimination.

Treated with less respect

Tests of the first research question, regarding the association of participants' social and economic characteristics with specific domains of interpersonal ethnoracial discrimination, are presented in Table 2. We first assessed the association of participants' social and economic characteristics with the frequency with which participants reported that they were treated with less respect than others (Table 2, Model 1). Trends suggest that compared to U.S.-born Latinos in this sample, immigrants reported less frequent encounters with being treated with less respect. However, these differences only reach statistical significance for Latino immigrants who had lived in the United States for 10 to 19 years ($b = -0.79$, $SE = 0.34$, $p = 0.02$). Relative to those who did not report a preference for speaking Spanish, those who were most comfortable speaking Spanish ($b = 0.80$, $SE = 0.30$, $p = 0.01$) reported significantly more frequent experiences of being treated with less respect than others. Age, gender, marital status, educational attainment, employment status, country of origin or descent, and the engagement of others in health literacy encounters were not significantly associated with reports of being treated with less respect.

Received poorer service

Table 2, Model 2, presents tests of the association between social and economic factors and the reported frequency of receiving poorer service than others. Relative to counterparts with lower levels of educational attainment, having at

Table 2. Interpersonal ethnoracial discrimination items regressed on participant social and economic characteristics, REACH Detroit Cohort 3 (N = 222).

	Treated With Less Respect		Received Poorer Service Than Others		Treated As if Not Smart		Threatened or Harassed		Treated Unfairly		Treated Unfairly—Accent or Language	
	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	b	SE	b	SE	b	SE	b	SE	b	SE	b	SE
Intercept	2.24	0.46	1.93	0.40	2.20	0.46	1.74	0.33	2.19	0.41	2.37	0.50
Age (years)	-0.01	0.01	-0.01	0.01	-0.01	0.01	-0.01	0.01	-0.01	0.01	-0.02	0.01
Man	-0.16	0.16	0.04	0.14	-0.12	0.16	0.01	0.12	-0.22	0.14	-0.14	0.17
Married or partnered	0.08	0.16	0.14	0.14	0.10	0.16	0.05	0.12	-0.08	0.15	<0.01	0.18
High school education or higher	0.17	0.17	0.25	0.15	0.34	0.17	0.05	0.12	0.05	0.15	-0.10	0.19
Employed	0.20	0.16	-0.17	0.14	0.20	0.16	0.06	0.11	0.08	0.14	0.21	0.17
Mexican	-0.03	0.18	0.24	0.16	-0.02	0.18	0.91	0.13	0.15	0.16	-0.10	0.20
Lived in U.S. for less than 10 years	-0.50	0.36	0.17	0.31	-0.51	0.36	0.16	0.26	-0.70	0.33	-0.30	0.40
Lived in U.S. for 10 to 19 years	-0.79	0.34	0.02	0.30	-0.80	0.35	0.02	0.25	-0.98	0.31	-0.50	0.38
Lived in U.S. for 20 years or longer; less than lifetime	-0.52	0.33	0.12	0.29	-0.63	0.33	0.06	0.24	-0.73	0.30	-0.39	0.36
Most comfortable speaking Spanish	0.80	0.30	0.01	0.26	0.78	0.30	0.01	0.22	0.84	0.27	0.91	0.33
Health literacy assistance	0.24	0.16	0.12	0.14	0.24	0.16	0.13	0.11	0.16	0.14	0.10	0.17
R-Square	0.07		0.09		0.08		0.07		0.09		0.08	

Notes. SE = standard error. Men referenced to women; high school graduate referenced to less than high school education; employed referenced to unemployed; Mexican, Mexican-American, and Chicano participants referenced to participants who did not identify as Mexican, Mexican-American, or Chicano; length of residence for immigrants (<10 years, 10 to 19 years, 20 or more years) referenced to U.S.-born participants; most comfortable speaking Spanish referenced to Spanish language not preferred; health literacy assistance referenced to never or rarely receiving assistance. Bolded estimates indicate estimates that are statistically significant at the $p = 0.05$ level.

least a high school education ($b = 0.25$, $SE = 0.15$, $p = 0.09$) was marginally associated with reporting more frequent encounters of receiving poorer service. Immigrants who had lived in the United States for less than 10 years ($b = -0.58$, $SE = 0.31$, $p = 0.07$), 10 to 19 years ($b = -0.76$, $SE = 0.30$, $p = 0.01$), and 20 years or more ($b = -0.57$, $SE = 0.29$, $p = 0.05$) reported less frequent experiences of receiving poorer service than others, when compared to their U.S.-born counterparts. These differences between U.S.-born Latinos and Latino immigrants reached statistical significance for immigrants residing in the United States for 10 to 19 years and were marginally significant for immigrants residing in the United States for less than 10 years or 20 years or more. Compared to participants who did not express a preference for speaking Spanish, greater comfort speaking Spanish ($b = 0.67$, $SE = 0.26$, $p = 0.01$) was associated with significantly more frequent reported encounters of receiving poorer service than others. In addition, older age ($b = -0.01$, $SE = 0.01$, $p = 0.06$) was marginally significantly associated with less frequent reports of receiving poorer service than others. There was no significant association of gender, marital status, employment status, country of origin or descent, and engaging the assistance of others in health literacy encounters.

People act as if they think you are not smart

Table 2, Model 3, presents tests of the association of participants' social and economic characteristics with reports of being treated as if they are not smart. Relative to participants with lower levels of educational attainment, participants with at least a high school education ($b = 0.34$, $SE = 0.17$, $p = 0.05$) reported marginally significantly more frequent experiences of being treated as if they were not smart. Immigrants who lived in the United States for 10 to 19 years ($b = -0.80$, $SE = 0.35$, $p = 0.02$) reported significantly less frequent encounters of being treated as if they are not smart, relative to U.S.-born participants. Similarly, immigrants who lived in the United States for at least 20 years ($b = -0.63$, $SE = 0.33$, $p = 0.06$) were marginally significantly less likely than U.S.-born participants to report such treatment. Findings were in a similar direction for participants who lived in the United States for less than 10 years ($b = -0.51$, $SE = 0.36$, $p = 0.16$), although these differences were not statistically significant. Compared to their counterparts, participants who were most comfortable speaking Spanish ($b = 0.78$, $SE = 0.30$, $p = 0.01$) reported more frequent experiences of being treated as if they are not smart. Older age ($b = -0.01$, $SE = 0.01$, $p = 0.07$) was marginally associated with less frequent reports of being treated as if they are not smart. Gender, marital status, employment status, and country of origin or descent, and engagement of reading assistance in health contexts were not associated with participants' reports of being treated as if they are not smart.

Threatened or harassed

Summarized in Table 2, Model 4 are findings from tests of the association of participants' social and economic characteristics with reported frequency of being threatened or harassed. Older age ($b = -0.01$, $SE = 0.01$, $p = 0.02$) was significantly associated with less frequent reports of being threatened or harassed. Relative to U.S.-born Latinos, Latino immigrants who lived in the United States for 10 to 19 years ($b = -0.60$, $SE = 0.25$, $p = 0.02$) reported significantly less frequent accounts of being threatened or harassed. In contrast, there was no difference in these associations for immigrants living in the United States for less than 10 years ($b = -0.35$, $SE = 0.26$, $p = 0.19$) or for 20 years or more ($b = -0.40$, $SE = 0.24$, $p = 0.10$) relative to U.S.-born Latinos. As with other domains of discrimination, participants who were more comfortable speaking Spanish ($b = 0.61$, $SE = 0.22$, $p = 0.01$) were more likely to report being threatened or harassed relative to participants who did not prefer to speak Spanish. Gender, marital status, educational attainment, employment status, country of origin or descent, and utilizing assistance reading health-related items were not associated with reports of being threatened or harassed.

Treated unfairly or badly due to Hispanic/Latino ethnicity

Results from tests of the correlates of being treated unfairly or badly due to Hispanic or Latino ethnicity are presented in Table 2, Model 5. Relative to their U.S.-born counterparts, immigrants reported significantly less frequent experiences of being treated unfairly across each classification of length of U.S. residence (less than 10 years: $b = -0.70$, $SE = 0.33$, $p = 0.03$; 10 to 19 years: $b = -0.98$, $SE = 0.31$, $p < 0.01$; 20 or more years: $b = -0.73$, $SE = 0.30$, $p = 0.02$). In addition, those most comfortable speaking Spanish ($b = 0.84$, $SE = 0.27$, $p < 0.01$) were more likely to report being treated unfairly relative to those who did not indicate a preference for speaking Spanish. Older age ($b = -0.01$, $SE = 0.01$, $p = 0.05$) was marginally significantly associated with less frequent reports of unfair treatment. Gender, marital status, educational attainment, employment status, country of origin or descent, and engaging health literacy assistance were not associated with reports of unfair or bad treatment due to their ethnicity.

Treated unfairly or badly due to language spoken or accent

Tests of the association of social and economic characteristics with unfair treatment due to language use are presented in Table 2, Model 6. Relative to those who did not prefer to speak Spanish, those who indicated that they were more comfortable speaking Spanish ($b = 0.91$, $SE = 0.33$, $p = 0.01$) reported significantly more frequent experiences of being treated unfairly or badly due to

their language use or having an accent. Older age ($b = -0.02$, $SE = 0.01$, $p = 0.06$) was marginally significantly associated with reports of unfair treatment due to language use or having an accent. In contrast to findings for other domains of interpersonal ethnoracial discrimination, there was no difference in frequency of reports of unfair treatment due to language use or having an accent for those who were born in the United States relative to immigrants. These findings were consistent across years of U.S. residence for immigrants. Gender, marital status, educational attainment, employment status, country of origin or descent, and health literacy were not associated with reports of being treated unfairly due to language use or having an accent.

Interpersonal ethnoracial discrimination scale

Finally, tests of the correlates of interpersonal ethnoracial discrimination, as assessed by a six-item scale, are presented in Table 3. Increased age ($b = -0.01$, $SE = 0.01$, $p = 0.02$) was associated with significantly less frequent reports of interpersonal ethnoracial discrimination. These patterns also differed for immigrants relative to U.S.-born participants, although the strength of the association varied according to length of U.S. residence for immigrants. Specifically, immigrants who resided in the United States for 10 to 19 years ($b = -0.74$, $SE = 0.25$, $p < 0.01$) and those who lived in the United States for 20 or more years ($b = -0.54$, $SE = 0.24$, $p = 0.02$) reported significantly less frequent encounters of interpersonal ethnoracial discrimination than their U.S.-born counterparts. Immigrants who lived in the United States for less than 10 years ($b = -0.49$,

Table 3. Interpersonal ethnoracial discrimination scale regressed on participant social and economic characteristics, REACH Detroit Cohort 3 ($N = 222$).

	b	SE	p-value
Intercept	2.11	0.33	<0.01
Age	-0.01	0.01	0.02
Man	-0.10	0.11	0.39
Married or partnered	0.05	0.12	0.68
High school education or higher	0.14	0.12	0.27
Employed	0.10	0.11	0.40
Mexican	0.03	0.13	0.80
Lived in U.S. for less than 10 years	-0.49	0.26	0.06
Lived in U.S. for 10 to 19 years	-0.74	0.25	<0.01
Lived in U.S. for 20 years or longer	-0.54	0.24	0.02
Most comfortable speaking Spanish	0.77	0.22	<0.01
Reading assistance	0.16	0.11	0.16
R-Square	0.10		

Notes. SE = standard error. Men referenced to women; high school graduate referenced to less than high school education; employed referenced to unemployed; Mexican, Mexican-American, and Chicano participants referenced to participants who did not identify as Mexican, Mexican-American, or Chicano; length of residence for immigrants (<10 years, 10 to 19 years, 20 or more years) referenced to U.S.-born participants; most comfortable speaking Spanish referenced to Spanish language not preferred; health literacy assistance referenced to never or rarely receiving assistance. Bolded estimates indicate estimates that are statistically significant at the $p = 0.05$ level.

SE = 0.26, $p = 0.06$) also reported less frequent experiences of interpersonal ethnoracial discrimination than U.S.-born participants, and these associations were marginally significant. Furthermore, participants who reported that they were most comfortable speaking Spanish ($b = 0.77$, SE = 0.22, $p < 0.01$) reported significantly more frequent interpersonal ethnoracial discrimination than their counterparts. Results presented here suggest that gender, marital status, educational attainment, employment status, country of origin or descent, and health literacy assistance were not significantly associated with interpersonal ethnoracial discrimination. Findings were similar in tests of sensitivity using a five-item scale.

Discussion

Contribution to the literature

These findings suggest that at least two-thirds of Detroit-based Latinos in this diabetes intervention study experienced interpersonal ethnoracial discrimination. This study indicates that the correlates of interpersonal ethnoracial discrimination in a sample of adult Latinos with diabetes vary according to social characteristics linked with immigration-related factors and language use. Specifically, U.S. nativity and greater comfort speaking Spanish were associated with more frequent reports of interpersonal ethnoracial discrimination across each domain. These findings are consistent with other literature (Borrell et al., 2010; LeBrón et al., 2014; Perez et al., 2008). However, in this study, the strength of these differences was contingent upon the length of U.S. residence of Latino immigrants when compared to their U.S.-born counterparts. Specifically, immigrants who lived in the United States for 10 to 19 years at the time of the survey generally reported less frequent discrimination than their US-born counterparts and immigrants who had lived in the United States for less than 10 years or at least 20 years. To our knowledge, this U-shaped association in the frequency of reported discrimination by length of U.S. residence has not been documented in the literature. In addition, as found in other studies (Borrell et al., 2010; LeBrón et al., 2014; Perez et al., 2008), reports of interpersonal ethnoracial discrimination were less frequent with older age. Trends also suggest that higher educational attainment was associated with more frequent accounts of receiving poorer service than others and being treated as if one is not smart. However, the strength of this association did not hold for other domains of interpersonal ethnoracial discrimination, nor when considering the association of educational attainment with discrimination when assessed as a scale. With the exception of this variation in the association of educational attainment with specific domains of discrimination, the social and economic correlates of each domain of discrimination, as well as the interpersonal ethnoracial

discrimination scale, were consistent. In the paragraphs that follow, we discuss the implications of these findings regarding the persistent association of nativity and language use with more frequent discrimination, trends suggesting that older age is correlated with less frequent accounts of discrimination, findings that suggest that certain domains of interpersonal ethn racial discrimination are patterned by educational attainment, and considerations for using the discrimination scale relative to specific domains of discrimination when evaluating the patterning of interpersonal ethn racial discrimination.

Nativity and length of U.S. residence

Findings indicate a differential pattern of discrimination based upon whether Latino participants were born in the United States or were immigrants. The strength of these associations was contingent upon the length of U.S. residence of Latino immigrants. Specifically, consistent with findings from Perez and colleagues (2008), U.S.-born Latinos in this sample reported more frequent encounters of interpersonal ethn racial discrimination than Latino immigrants. In this study, for each domain of discrimination attributed to Hispanic or Latino ethnicity, immigrants who lived in the United States for 10 to 19 years were significantly less likely to report discrimination than U.S.-born Latinos. Findings were in a similar direction, although attenuated, when U.S.-born Latinos were compared to immigrants living in the United States for nine years or less, or for 20 years or more. More frequent experiences of interpersonal ethn racial discrimination among U.S.-born Latinos relative to Latino immigrants may reflect differential exposure to processes of constructing, navigating, and resisting ethn racial meanings and inequalities associated with these processes and/or familiarity with frameworks for processing and coping with these experiences (Almaguer, 2009; Omi & Winant, 2015). For example, based on interviews with Mexican and Mexican-American women who lived in Detroit, Viruell-Fuentes (2007) found that U.S.-born and immigrant women described their encounters with discrimination differently. In addition, immigrant women in that study tended to have more insular interactions within their ethnic enclave, and with familiar others, whereas U.S.-born women's lives were embedded in their ethnic enclave, and also in institutions outside of their ethnic enclave. Thus, these findings may be attributed to different opportunities for interaction with people outside of their ethnic enclaves and/or different ways of understanding and coping with discriminatory experiences.

Among immigrants, there was a U-shaped relationship between length of U.S. residence and interpersonal ethn racial discrimination. Specifically, findings indicate lower reported interpersonal ethn racial discrimination for immigrants who had resided in the United States for 10 to 19 years relative to U.S.-born Latinos, but not immigrants who lived in the United

States for less than 10 years or more than 20 years. These patterns may be attributed to cohort effects of immigration policies or contexts of reception when participants migrated to the United States. For example, immigrants who had lived in the United States for 10 to 19 years at the time of the study would have arrived in the United States between 1990 and 2003. This period was characterized by increasingly restrictive sentiments and policies toward Latino immigrants leading up to and following the passage of the 1996 Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Each of these policies reinforced anti-Latino and anti-immigrant sentiments, set in motion restricted access to social and economic resources, and restricted opportunities to establish residency or citizenship. However, the 1990–2003 period was less hostile toward Latino immigrants than more recent years (Chavez, 2013). Indeed, in 2005 and 2006, the newly created Department of Homeland Security began to implement new, restrictive immigration enforcement activities within the United States, and anti-immigrant sentiments, which have often been conflated with anti-Latino sentiments, have continued to rise (Chavez, 2013; DeGenova, 2004, 2007; Golash-Boza, 2012). Given these policy shifts, some immigrants who migrated to the United States from 1990 to 2003 may have had better opportunities for improving their immigration status than those who migrated to the United States after 2004.

This U-shaped relationship suggests that further research is needed to disentangle these patterns. Indeed, Perez and colleagues (2008) report that relative to Latino immigrants who lived in the United States for a shorter period, Latino immigrants who lived in the United States for the majority of their lives were more likely to report discrimination. Several factors may contribute to the differences in results presented here relative to findings by Perez and colleagues (2008). First, the present study engaged a different measure, namely length of U.S. residence, whereas Perez and colleagues (2008) examined the age of migration among Latino immigrants. Thus, in this study, the U-shaped association of length of U.S. residence with discrimination may reflect cohort-specific differences in immigration policies and sentiments toward immigrants. Second, this study adjusts for age and educational attainment, factors that may affect both the reporting of discrimination as well as the frequency or domain of discrimination that Latinos may experience and report (LeBrón et al., 2014; Viruell-Fuentes, 2007, 2011). Third, the study by Perez and colleagues (2008) engaged data from a national sample of Latinos. In contrast, this study drew on reports from Latinos in Detroit who have diabetes. It is possible that there are important contextual differences in experiences of discrimination, as well as resources on which Latinos can draw to process and/or address their experiences. For example, participants' residence in an ethnic enclave within Detroit and/or receipt

services from a Latino-focused FQHC with bilingual staff may contribute to the findings reported in this study. Future studies are warranted that involve a sizable sample of U.S.-born and immigrant Latinos and that go beyond measuring immigrant generation to include more sophisticated measures of length of U.S. residence and context of reception and residence in the U.S. Additionally, studies are warranted that examine the association of reported discrimination with immigration-related policies and ideologies and other features of the social, economic, and political context of the U.S. and communities in which participants live.

Language use

The results of this study also indicated that Latinos who were more comfortable speaking Spanish reported more frequent interpersonal ethnic discrimination than their counterparts who did not indicate a preference for speaking Spanish. Comfort speaking Spanish may reflect strength of ethnic identity, nativity, and knowledge of Spanish, English, or other languages. Accordingly, these findings may reflect encounters of discrimination based on ethnicity and/or language use. We conceptualized language preferences as assessing the language that participants may be more likely to engage in day-to-day experiences in which they may encounter discrimination, which may be linked with each of the aforementioned factors.

If comfort speaking Spanish is strongly correlated with nativity or length of U.S. residence for immigrants, then it would be anticipated that the association of comfort speaking Spanish with interpersonal ethn racial discrimination would be similar to patterns for nativity and length of U.S. residence. That is, given the negative association of being born outside of the United States with the frequency of interpersonal ethn racial discrimination, we would expect Spanish-language use to follow a similar pattern. However, greater comfort speaking Spanish was associated with more frequent discrimination, and U.S.-born Latinos reported more frequent discrimination than immigrants, particularly immigrants who had resided in the United States for 10 to 19 years. There are several plausible explanations for divergent patterns between the association of greater comfort speaking Spanish and nativity and length of U.S. residence with interpersonal ethn racial discrimination. Although conceptually possible, there was a small ($r = 0.15$ to 0.28) correlation between Spanish-language preference and length of U.S. residence for Latino immigrants and a moderate correlation between Spanish-language preference and U.S. nativity ($r = -0.78$). Although evidence indicates that Spanish-language use declines with length of U.S. residence for Latino immigrants, and with immigrant generation (Rumbaut, Massey, & Bean, 2006; Taylor, Lopez, Martínez, & Velasco, 2012), these low to moderate correlations may reflect participants' residence in an ethnic enclave, which

may contribute to the vibrancy of and support for speaking Spanish in this sample. Second, this positive association of Spanish-language comfort with frequency of discrimination may reflect discrimination in which the perpetrator may engage based on the participants' language use. Indeed, language use is observable and easier to discern, and therefore to discriminate against in routine encounters, compared to other identities and statuses, such as length of U.S. residence or nativity.

Age

Consistent with the literature (Borrell et al., 2010; LeBrón et al., 2014; Perez et al., 2008), we also found that frequency of reports of discrimination declined with increasing age, after accounting for social and economic factors. The persistence of these findings in this study and across the literature suggests a need for further research regarding the association of age, immigrant generation, and length of U.S. residence with interpersonal ethnoracial discrimination in samples that involve a sizable number of Latinos. The consistency of this finding, even after accounting for nativity and length of U.S. residence, suggests that social factors associated with age may pattern the risk of discrimination and/or participants' reporting of discrimination. For example, it is plausible that younger Latinos may have more frequent encounters of discrimination either based on their age or based on the structure of their lives, such as their greater likelihood to conduct activities outside of the home (e.g., occupational- or caregiving-related activities) in which they may experience discrimination. In contrast, older participants may engage with others outside of their network or conduct activities outside of their home on a less frequent basis. In addition, this study queried about the frequency of these experiences in participants' day-to-day lives. As this question was not bound by a particular time, the question may have prompted participants to reflect on a more recent time period in their life, rather than their experiences over multiple months, years, or decades. As such, younger participants—who may have more frequent encounters with others—may draw upon their more recent experiences when responding to these questions. In contrast, older participants may also telescope to their more recent encounters—rather than experiences beyond the period to which they are reflecting—which may be patterned on their occupational and caregiving statuses.

Educational attainment

While marginally significant, trends suggested that higher educational attainment was patterned with more frequent encounters of receiving poorer service than others or being treated as if participants were not smart. This finding that educational attainment was patterned with these domains of

discrimination, but not other domains, suggests that these encounters may occur in contexts in which educational attainment is salient, such as schools, workplaces, or encounters that may infer ascribed intelligence or knowledge. For example, participants with a high school education or more may be drawing on their experiences in the workplace. In addition, the patterning of high school education with receipt of poorer service may reflect dynamics of socioeconomic status. For example, these experiences may occur in settings in which persons with higher income or educational attainment may engage. Alternatively, these findings may reflect participants' anticipation of respect or good treatment on the basis of their educational achievements, which may not have been met in these settings (James, 1994; James & Thomas, 2000; Sellers & Neighbors, 2008). In addition, the positive association of educational attainment with reports of discrimination may be attributed to differential exposure to frameworks for understanding processes and experiences of discrimination. Exposure to such frameworks may be gained through educational institutions or the engagement in dialogues, activities, and social movements to understand and address discrimination.

Domains of interpersonal ethnoracial discrimination and interpersonal ethnoracial discrimination scale

This study sought to disentangle whether the correlates of discrimination varied according to the domain. Given that some of the discrimination items capture microaggressions and others capture overt forms of discrimination, it was important to assess for variation in the correlates of these domains of discrimination. We found that, in general, the correlates of interpersonal ethnoracial discrimination were consistent across each domain that constitutes the interpersonal ethnoracial discrimination scale, with the exception of the strength of the association of educational attainment. These findings suggest that scales that assess multiple dimensions of experiences of discrimination in routine encounters generally capture the correlates of discrimination, although they may obscure important differences depending on the context.

Limitations and strengths

As with all studies, this investigation is characterized by several limitations. First, the sizable, although moderate, sample size in this study precluded the use of more sophisticated assessments of social characteristics. For example, in this sample the limited variation in educational attainment, combined with a small sample size, prevented the use of a more nuanced measure of educational attainment. In addition, it was important to account for country of origin or descent in these analyses, as there are important differences in immigration policies and contexts of reception based on country of origin or

descent. In this study, 80% of participants identified as Mexican, Mexican-American, or Chicano. Therefore, we compared persons who cited Mexico as their country of origin or descent to other Latino subgroups. We acknowledge that there are important differences between groups that were categorized together as non-Mexican. For example, Puerto Ricans (5.4% of this sample) have U.S. citizenship, whereas some participants with ties to other Latin American countries or their family members may lack citizenship or residency status and experience different contexts of reception and opportunity than other Latinos with whom they are classified in this analysis. Second, although this study measures interpersonal ethn racial discrimination, it does not assess the context of discrimination that participants report, such as where the encounter(s) occurred and the perpetrator(s). This limitation prevents assessments of the implications of these experiences of discrimination for social and economic mobility or ethnic identity. In addition, this limitation precludes opportunities to consider policy and other structural interventions to reduce discrimination. Third, in each regression model, the R-square is modest, suggesting that this study does not account for all of the factors that need to be accounted for in understanding the patterning of discrimination. Future studies that account for other or more specific correlates of discrimination, and that have an adequate sample size to test for interactions, are warranted.

Despite these limitations, there are also several strengths of this study. First, this study extends the small literature (Borrell et al., 2010; Gee et al., 2006; LeBrón et al., 2014; Perez et al., 2008) regarding correlates of discrimination among Latinos. This is the first study of which we are aware that examines the correlates of discrimination by domain of discrimination. The results presented here extend the discrimination and microaggressions literature by disentangling the correlates of interpersonal ethn racial discrimination and evaluating the possibility of variations in these patterns according to the domain of discrimination. Second, this study considers interpersonal ethn racial discrimination attributed to ethnicity-related factors such as Hispanic or Latino identity and language use. Third, this study enhances understanding of patterns of discrimination among a sample of Latinos from a Midwestern urban community, from which few such studies (LeBrón et al., 2014) have originated. Fourth, given that Latinos in this sample were burdened by one of the leading chronic diseases among this population (Vega, Rodriguez, & Gruskin, 2009) and received health care from an FQHC in a post-ACA environment, these findings may be generalizable to other populations of Latinos similarly affected by chronic disease and challenges to accessing health care, for whom FQHCs help to mitigate these challenges. Indeed, more than half of participants identified as immigrants, for whom there may be wide variation in their immigration status. At the time of this intervention, health insurance expansions under the ACA were unfolding. While this policy expanded access to health insurance for many individuals and

populations, immigrants lacking particular immigration statuses (e.g., citizen, legal permanent resident for at least five years) were the only group that was explicitly excluded from opportunities to gain health insurance through new markets. Despite this exclusionary aspect of this health insurance policy, participants in this study had access to needed health care and other services through their connections with the FQHC. Thus, their affiliation with the FQHC may affect participants' experiences and reporting of discrimination in day-to-day encounters, such as when trying to access medical and social services.

Conclusions

This study suggests that the frequency of reported discrimination is moderately high, and relatively common among Latinos with diabetes who live in Detroit. A central conclusion from this analysis is that immigration and ethnicity-related factors, such as greater comfort speaking Spanish and being born in the United States, were persistent correlates of more frequent encounters of interpersonal ethnoracial discrimination. These findings are particularly important given the association of discrimination with health outcomes generally (Williams & Mohammed, 2009), and with factors associated with diabetes management and progression (LeBrón et al., 2014; March et al., 2015). Findings presented here suggest that discrimination is a critical stressor in the day-to-day lives of Latinos with diabetes. The prevalence and patterns of discrimination reported here illustrate the processes of marginalization that some Latinos navigate on a day-to-day basis.

This study has implications for social work research and practice, as findings provide insight into the patterning of experiences of microaggressions, discrimination, and ultimately marginalization among Latinos with a chronic condition for which service providers may assist Latino individuals and communities to navigate, cope with, and/or respond. In addition, these findings point to strategies that systems such as health care and social service institutions can engage to ensure that their institutions support equity and inclusion through their policies and practices. These findings indicate the need for interventions to foster more inclusive discourses and communities to promote the health and well-being of the youngest, largest, and fastest-growing ethnic minority population in the country (Passel et al., 2011; U.S. Census Bureau, 2014). Policies to support a more inclusive society are urgently needed to reduce the prevalence and frequency of discrimination on the basis of ethnicity and other marginalized identities. In addition, attention to and support of social movements to foster more inclusive dialogues and communities (McAdam & Snow, 1997), as well as interventions such as intergroup dialogues to foster better understanding of differences (Schoem & Hurtado, 2001), and mental health services to process experiences of difference and discrimination are urgently needed.

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