“Street Race” and Discrimination:

Advancing Critical Race Praxis for Diverse Latinx Communities and Beyond

ABSTRACT

Objective: Health scholars have established the existence of a causal link between exposure to racial discrimination and adverse health outcomes. Yet, most research on Latinx communities does not investigate how perceptions of discrimination may vary among Latinxs according to how they feel their race is perceived by others. To address this gap, our study draws from critical race theory in population health to analyze a new a multi-dimensional measure of racial status- “street race.”

Methods: We analyze data from the 2015 Latino National Health and Immigration Survey (n=1,493). Our main dependent variable is everyday discrimination and our explanatory variables are five mutually exclusive categories of street race. Our analytical approach estimates a series of logistic regressions intended to disaggregate the street race measure to better understand everyday discrimination experiences across street race categories, using ascribed as White as the reference category.

Results: We find that Latinxs who are racialized on the street as Black and Arab/Middle-Eastern relative to White are more likely to have experienced discrimination because of their race/ethnicity and are also more likely to have experienced discrimination in their place of employment, by police, in the housing market, as consumers while shopping, and while receiving medical care.

Conclusion: Our study adds to a growing body of scholarship that explains the link between the social subordination of Latinxs through heightened racialization, discrimination and surveillance and population health. Applying a Public Health Critical Race Praxis (PHCP) approach through a dynamic measurement of street race contributes both to advancing methodologic rigor and to developing structural interventions that interrupt health inequities among a growing Latinx population.

Introduction

Research has consistently documented the link between health outcomes and various experiences with discrimination among diverse populations.[1,2,3,4,5] While the links between discrimination and adverse health outcomes are clear, a major gap in the literature exists in empirical studies that interrogate experiences with racial discrimination within heterogeneous Latinx communities.[6] Like gender, race operates as a visual social marker that often overpowers all other social statuses (e.g. socioeconomic status, ethnicity, national origin, tribal status, ancestry, etc.). How others in positions of power racialize individuals and entire communities, is often the basis of privilege for those at the top of the racial pyramid and racial discrimination for visible minorities that fall to the bottom of the color line. To address this conceptual, ontological and methodological challenge, we use "street race" as an innovative multidimensional measure of racial status, to examine if perceptions of discrimination vary among Latinxs according to how they believe others categorize their race. Our analyses build on our previous research study of the importance of multidimensional question formats,which examines the relationship between "street race" and other multidimensional measures of race (e.g., self-reported and ascribed race) and intersectionality in predicting physical and mental health outcomes for diverse Latinx men and women.[7]

Contextualizing Socially Assigned Race

While once widely debated, most scholars now agree that the notion of race is a socio-political construct with real world implications. Within the framework of race being socially constructed, social science research is now providing various approaches to measure race such as self-identification, social-assigned race, ascribed race, and phenotype (i.e. skin color, hair texture). Much of the research interested in exploring disparities across racial/ethnic groups has typically relied on asking respondents to self-identify their race/ethnicity in surveys.[8,9,10,11] While this

approach has proven its value over time, some contend that people make a determination about an individual's race before asking them how they self-identify. [12,13,14,15,16,17]

The notion that others may define your race regardless of your own identity is known as "socially assigned race" or "ascribed race" has proven to be a very important measure in predicting the level of discrimination an individual will encounter as well as their health outcomes. In her groundbreaking work, Jones et al. (2008) demonstrated that if respondents self-identified as Hispanic, Native American, or mixed-race, but were socially assigned as White, they were more likely to report very good and excellent health compared to respondents who self-identified as the same race, but who were ascribed as non-White (i.e. White advantage of health). [18] In the most recent work on ascribed race among Latinos, Vargas et al. (2016) attempt to unpack the response category of ascribed as Mexican and show that Latinos who are ascribed as Mexican report the highest levels of discrimination. Moreover, they show that once you separate respondents who are ascribed Mexican into those who are misclassified as Mexican (ascribed as Mexican but not of Mexican origin) those misclassified as Mexican report the highest level of discrimination.[19] This study is also unique in that it is the first to use ascribed race and national origin to understand discrimination experiences among Latino populations.

To better contextualize socially assigned race, we develop a new measure called "street-race" that asks respondents how they are racialized on the street. We believe this line of query grounds respondents to their respective community and allows us to contextualize the lived experiences of minority populations at the micro level. Moreover, socially assigned race may have more meaning for Latinos compared to other groups as their phenotype varies from light skin-blue eyes to dark skin afro texted hair and everything in between. We then hypothesize that Latina/o respondents who are viewed by others on the street as being white are less likely to report experiences with discrimination than all other street race categories. Our analysis intends to advance

our understanding of the bounds of racial classification by exploring the further specification of street race within the Latina/o pan-ethnic umbrella. In this case, what are the consequences associated with being street race white, as opposed to street race Latino, Arab, Black, or Mexican? This research addresses how pan-ethnic aggregation may mask important variations that are traditionally treated as noise (modeled in the error term) in quantitative analysis.

Public Health Critical Race (PHCR) praxis

Our theoretical guideposts and holistic research process are anchored in the key tenets of Public Health Critical Race praxis developed by legal scholars, critical race theory aims to advance emancipatory scholarship that provides a paradigmatic shift from mainstream race studies. [20,21,22,23] A fundamental pillar of critical race theory is the understanding that white supremacy has an evolving and enduring nature that permeates the individual, institutional, and structural levels of contemporary society. [22] "HealthCrit" scholars have created synergies between the key tenets of critical race theory and public health equity praxis (continuous reflection and action).[9,24]As an empirical study that aims to contribute to "HealthCrit," we relied on the following principles and processes throughout our study: race consciousness, contextualizing pathways, contemporary origins, centering the margins, and praxis.

Race consciousness

Critical race theory identifies color blindness as a key mechanism for the maintenance of white privilege and white supremacy at the individual, institutional and structural levels in society. [21,22,23]We argue that denying the existence of a color line among Latinx communities can result in color blind data, which can ultimately undermine our ability to advance equity-based policy for Latinxs and serve to maintain structures of white privilege. Accordingly, we extend the color conscious principle to both our research study analysis as well as to our own embodied social

locations in systems of privilege. As Latinx scholars we are deeply committed to critical self-awareness and on-going reflexivity about our own intersectional social positions, knowledge and praxis. We recognize that although we all identify as Latinx, we each occupy varying and different racialized social statuses or street races along the color line, and depending on the context, whether in the U.S. or abroad, we may be racialized as street race Black, street race Mexican and street race Arab or street race White. As scholars committed to social action research, we are viscerally committed to on-going self-reflexivity and accountability in terms of "checking our privileges" in terms of our own street race, gender, nativity/legal status, sexual orientation and social class origins and current socioeconomic status. At every stage of research and praxis we recognize how our experiences of oppression and privilege shape our ontologies and core values for scholarship - activism aimed at advancing social justice.

Contemporary Origins

PHCR praxis acknowledges the systemic, ingrained, endemic and ordinariness of racism that operates at every level of society-- from everyday interactions, to institutional arrangements, laws, and structural realities such as settler colonialism, the dynamics of the racialized prison industrial complex and militarization of the U.S.-Mexico border region. Racial realism grapples with the centrality of history and context and the permanence, rearticulations, but yet enduring nature of racism to sustain structural inequities.

To begin the process of dislodging racist and essentialist definitions of race, it is important to present a visual conceptual model that depicts how racialization, and the mundane nature of everyday racial discrimination can become embodied and shape health outcomes. Our conceptual model builds on Williams and Mohammed (2013) model of racism as a fundamental cause of health outcomes. [25] Below Figure 1 is a visual representation of our logic model that illustrates the

pathways by which racialization can result in experiences with everyday discrimination and eventually manifest in health outcomes.

<Figure1 about here>

Our conceptual model represents the causal mechanisms and embodiment processes that may undergird the relationship between street race as a social status and reported perceived discrimination. We understand that racism at the individual, institutional and structural levels are part and parcel of key pathways for the manifestation of adverse health outcomes. We contribute a new ontological and conceptual tool for interrogating the intra-categorical variations that occur with the process of racialization for Latinxs.[26] We argue that as a measure of embodied social status, "street race" is particularly important for interrogating experiences with everyday discrimination and health outcomes. How one believes one is racialized in a given context is a strong predictor of exposure to racism and accompanying adverse health impacts. Another value-added benefit of the "street race" question is that it invites participants to self-reflect on the relational and social constructed nature of race and racialization. This could help clarify the socially constructed and relational nature of race and power at the individual, institutional, and structural levels. It is our hope that this critical insight can dismantle myths about race as biology, genes or some other static characteristic of human-being.

Centering the Margins

PHCR praxis eschews majoritarian narratives about "objective research" and acknowledges that whether implicit or explicit, all research is political. We embrace counter-narratives of the status quo through centering the voices of racially marginalized communities. As scholars from the margins, we recognize that our experiential and subjugated knowledge stem from our own unique embodied experiences of living as visible minorities and/or as queer. Our distinct and collective

experiences compel us to shift our gaze from mainstream research approaches that locate unequal health outcomes in individual behaviors and/or biological, genetic or other innate individual-level biomedical explanations, to the cumulative and interconnected racialized-gendered social determinants of health such as employment, education, housing, and built-environment. [26]

We also center the margins in our methodological approach by intentionally creating a survey solely focused on Latinx communities, both immigrant and nonimmigrant. In a departure from conventional approaches that conceptualize and operationalize Latinxs communities not as a monolithic group in both quantitative, qualitative, and mixed method analyses, but as a diverse group with multiple national origins, ethnic backgrounds, languages, and street races. We did not include any other comparison racial groups. Instead we explore the complexities across diverse Latinx communities.

The current study builds on the new bourgeoning research on socially assigned race and discrimination through the lens of critical race within public health framework. Our analysis sharpens the measurement of discrimination and race/ethnicity in three specific areas within the extant literature: 1) identification of contributors of discrimination with the relatively lesser studied Latina/o population; 2) the role of street race (how others view you on the street) on discrimination; and 3) how street race maps onto various types of discrimination experienced in everyday life. The results of this analysis will advance our collective knowledge of the central concept of discrimination by providing some perspective on how being viewed on the street drives discrimination experiences within the largest minority population in the United States expanding the role of critical race scholarship within the public health field. [20]

Data and Methods

Our data is from the 2015 Latino National Health and Immigration Survey (LNHIS), which is uniquely designed for the specific purpose of examining the relationship between race/ethnicity and

Latinx health and well-being. The survey sample includes a total of 1,493 Latinxs (989 phone interviews, 504 Internet) and of these 530 were non-registered voters. The non-voter sample was added for the specific purpose of increasing our ability to explore the relationship between street race and health for non-citizen Latinxs, who are typically excluded from registered voter samples.

Measures

The primary outcome variables of interest are everyday experiences with discrimination using survey questions from the LNHIS. Respondents are asked five questions to contextualize their discrimination experience. These include: "*Have you ever……Been unfairly fired or denied a job or promotion? Been treated unfairly by the police or law enforcement? Been unable to get a home or apartment because someone unfairly refused to sell or rent to you or your family? Been treated unfairly at restaurants or stores, such as being ignored, treated badly, or followed? Been treated unfairly at a doctor office, clinic, or hospital"?* The response categories for this measure are 0= No and 1= Yes. We also estimate a model that includes the question, "*Have you ever been treated unfairly because of your race, ethnicity, or national origin here in the United States*?" This measure is specific to racial/ethnic discrimination, making it ideal for our analysis. To provide context on this outcome, a 2007 study by the Pew Hispanic Center shows that among Latinx adults, 31 percent responded that they or a family member had experienced discrimination in 2002, 38 percent responded that they experienced discrimination in 2006, and 41 percent responded that they or a family member had experienced discrimination in 2007.[27]

Our main explanatory variables are five mutually-exclusive categories of street race. Our specific question on "street race" was: " *If you were walking down the street, what race do you think other Americans who do not know you personally would assume you were based on what you look like?*" It is important to note that this question specifies "other Americans" and does not probe about racial and ethnic background in the same question. The categories of Asian American (n=29),

Native American/American Indian (n=27), and some other race (n=60) are dropped due to small sample sizes. The five street-race categories are White, Latino, Black, Arab, and Mexican totaling 1,304 respondents.

We also control for measures which previous studies have correlated with discrimination experiences. [28,29,30,31] For demographic variables, we include standard measures of income, educational attainment, age, marital status, gender, and insurance coverage. To assess income, we have included several dummy variables representing different income categories: $20,000-$39,999; $40,000-$59,999; $60,000-$79,999; $80,000-$99,999; $100,000-$149,999; $150,000 and above, with less than $19,999 serving as the reference category. We also include a variable of "unknown" income in the model that includes respondents who did not report their income as a means of saving cases.

Statistical Analysis

Our analytic approach is focused on conducting various categorical regressions to determine if our measures of street race are correlated with discrimination experiences among a nationally representative sample of Latinx adults. Analyses were conducted using six logistic regression models for which the outcome gauges respondent experiences with discrimination. In the first model, we examine a broad measure of discrimination experiences using street race white as the reference category, controlling for multiple covariates. We run separate models for each discrimination experience to better understand the association between street-race on experiences with discrimination. Given the flexibility of multivariate logistic regression we can fit a models and hold all other covariates at their respective means or mode values.

We utilized survey weights to account for the complex survey design. Finally, we control for other demographic factors including U.S. citizenship and language of interview. We also include a

measure for whether respondents are of Mexican-origin, as this population has been found to have unique health outcomes relative to Latinxs from other backgrounds.[19] Summary statistics for all variables used in this analysis are listed in Table 1.

<Table 1 about here>

Results

We begin with a discussion of the distributions from our sample (which are provided in Table 1). After dropping missing data, we have a total sample of 1,194 respondents. The mean overall experienced discrimination indicator was 37 percent. For our measures of everyday discrimination, 26 percent of respondents reported discrimination or unfair treatment while shopping, 18 percent responded being treated unfairly by police, 17 percent felt they were fired or denied a job or promotion, 11 percent while seeking medical care, and 8 percent responded being refused to sell or rent their home or apartment. For our street race categories, 46 percent responded Latino/a, 24 percent responded Mexican, 22 percent responded white, and 4 percent responded Arab and Black as their street race.

The mean age in our sample is 46, and the majority of our sample has a high school education. Moreover, just over half of our sample completed the survey in English, and just under half of the sample was female. In regards to citizenship, 77 percent of our sample is a U.S. citizen (nine percent undocumented and 14 percent non-citizens with permanent residency), and 55 percent of our respondents are of Mexican origin. The mean skin color in our sample was medium skin color on a 1-5 point scale (very light to very dark).

Our first categorical regression models test the difference between street race on experiences with discrimination, controlling for a vector of variables. We then estimate models that

examine street race on everyday measures of discrimination. The results of our first set of models are depicted in Table 2. For parsimony, we only show the odds ratios from our analysis. Our first set of results in this table estimate a logit regression model that includes street race using white as the reference category, controlling for age, education, gender, marital status, income, citizenship, language of interview, skin color and Mexican ethnic origin. There is strong support for our primary theory, as we find that there are differences between street race Black and street race White on the probability of reporting experiences with discrimination. In fact, the odds of reporting discrimination are 2.9 times larger for respondents who perceive their street race as Black relative to White, holding all else constant ($p<0.01$). In this model, we also find higher educated Latinxs to experience discrimination, respondents who took the survey in English, U.S. citizens relative to non-citizens, and income differences in that relative to respondents who make less than $19,999 respondents who made between $20,000 and $59,999 are statistically less likely to report discrimination.

<Table 2 about here>

Our next five models estimate logistic regressions to examine the probability of experiencing everyday discrimination. These results unpack the various dimensions of discrimination experiences by street race categories. In examining discrimination in the employment sector, we find that street race Black respondents are 2.5 times more likely to experience employment discrimination relative to street race White respondents, holding all else constant ($p<0.01$). We also find that street race Latinx respondents are less likely to report employment discrimination relative to Latinxs who are viewed on the street as White. When estimating discrimination by the police, street race Black and Arab/Middle Eastern respondents are 2 times more likely to report unfair treatment relative to street race White respondents, holding all else

constant. Moreover, when examining housing discrimination, we find that street race Arab/Middle Eastern respondents are three times more likely to be treated unfairly in the housing sector relative to street race White respondents, holding all else constant. We also find that when estimating consumer discrimination or being treated unfairly while shopping or at a restaurant, street race Blacks, Arab/Middle Eastern, and Mexicans are more likely to have experienced discrimination relative to street race White respondents, holding all else constant. Lastly, when examining discrimination while receiving medical care, street race Latinxs are less likely to have experience unfair treatment relative to both street race White and Black respondents. We find no statistical differences between street race Black, Arab/Middle Eastern and street race White respondents.

Discussion

Overall, our study significantly contributes to the field of Critical Race Public Health Praxis (on-going reflection, action, practice and policy). While inquiries into the relationship between discrimination and health for heterogeneous Latinx communities have grown, no research has made CRT a central lens in Latinx population health research. During the 1980s and 1990s, Latinx legal scholars challenged the hegemonic assumptions about race neutrality and meritocracy and argued that laws and lawmaking should be understood and interpreted within their historical and cultural context. This scholarship was coined as LatCrit or Latino Critical Theory. [32] Immigration scholars have embraced a CRT approach in investigating relevant issues, such as racial profiling, anti-immigration sentiment and the increased militarization of the US–Mexico border, among other historical systemic inequities.[33]

Our findings regarding the increased likelihood of experiencing discrimination by those whose street race is Black or Arab/Middle Eastern are parallel to the current sociopolitical climate against these groups. According to official statistics from the Federal Bureau of Investigations (FBI), hate crimes against Muslims rose by 67% from 2014 to 2015.[34] Additionally, the mass

killings of Blacks by police have not only skyrocket in the past decade (178 were murdered so far in 2017) but have also sparked one of the most intersectional social movements in recent history – #BlackLivesMatter.

Implications for a Latinx Public Health Critical Race Praxis

Our findings suggest that the experiences of Latinxs in the U.S. are much more distinct and complex than the traditional conceptions of this growing diverse population. Research on Latinx communities should no longer assume that all individuals from Latinx communities experience the same racial status. It may seem counterintuitive that street race Latinxs are experiencing less discrimination in employment and medical care compared to street race White Latinxs. However, our finding points to the vast heterogeneity within Latinxs in terms of discrimination in employment, housing, access to and quality of medical care. More research is needed to unpack how these results differ by gender and sexual orientation. These distinct heterogeneous experiences have been subverted in mainstream measures of the Latinx populations and could possibly result in the uncovering of differences that are attributable to the growing expectations and demands for health care and employment protection. Thus, PHCR praxis can serve to intervene and disrupt the common misconceptions about Latinx communities by making the invisible visible and collecting street race as a value-added measure of racialization that is analytically distinct from national origin or ethnic background. Moreover, centering the margins and bringing forth these nuanced color conscious experiences further serves to give voice and empower marginalized communities, many of which are rendered invisible within the intersectionality of oppression and privilege. Our continued use of the term "people of color" or "racial and ethnic minorities" without acknowledging that there is a color line within these communities is antithetical to antiracist praxis.

Achieving health equity requires fighting against color blind logics and valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and

contemporary injustices, and the elimination of health and health care disparities.[35] PHCR praxis is a promising movement for advancing racial equity in health outcomes because it calls for focused action not only at the interpersonal level but also at the institutional, and structural and policy levels. Changing the national public discourse that relegates communities of color including diverse Latinx communities as sub-humans is the first step but certainly just a beginning step for interrupting systemic racism and other intersectional discrimination and injustices.[35] A racial equity theory of change shifts the publics' pejorative optics through the language, images, frames, and stories from Latinx communities living in the margins.[36] Connecting the historical traumas induced by legacies of slavery, colonization, genocide, xenophobia and islamophobia within diverse Latinxs and across other oppressed and groups is a strategy for dismantling the borders and walls, which undermine intersectional social movements. As racialized and color conscious versus color blind discourse, street-race distinctions may serve to unify diverse Latinx communities rather than divide through shared language, images, narratives, and cultural frames and that challenge the public's conventional wisdom about perceived street race. Solidarity through sustainable and organized coalition building such as those supported by a number of grassroots organizations and their allies aimed at truth telling, racial healing and transformation of multiple oppressed groups serves as the basis for a more just society where human value and dignity is the norm, not the exception.

Conclusion

Our study adds to a growing body of scholarship that offers multi-dimensional measures of race and racialization to explore the causal link between racial status as a marker of exposure to racial discrimination. It also underscores the reality that not all Latinxs are racialized the same way and therefore may not experience the same levels of racial discrimination based on what they look like in the public sphere. Given the current political and social narrative regarding Latinxs, street race may be an important measure for mapping distinct experiences along the color line continuum for

diverse Latinx groups. We hope that as a new measure of racialization, "street race" fosters additional research on the multi-dimensional measures of race and the on-going dynamics and rearticulations of white privilege, honorary white status, and racial inequities across heterogeneous Latinx communities. These findings have the potential to highlight the experiences of unique social locations within the diverse Latinx community that may remain invisible when the race of Latinxs are reported in the aggregate without regard to the fact that Latinxs are subjected to different levels of discrimination based on their "street race." Looking forward, if our goal is to mitigate avoidable health disadvantages and equalize power between under resourced communities burdened with intersecting social stigmas, then the novel measure of street race offers hope. As an innovative ontological approach and measure, it may serve other scholars in advancing health equity for heterogeneous Latinx communities as well as other socially marginalized communities.

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or the Robert Wood Johnson Foundation.

Data Deposition:

The data that support the findings of this study are available from the corresponding author, upon request.

Table 1: Summary Statistics using 2015 Latino Decisions National Latino Health and Immigration Survey (n=1,493).

Variable	Mean	Std. Dev.	Min	Max
Discrimination	0.37	0.48	0	1
Employment	0.17	0.37	0	1
Police	0.18	0.39	0	1
Housing	0.08	0.27	0	1
Consumer	0.26	0.44	0	1
Medical Care	0.11	0.31	0	1
Street Race Categories				
White	0.22	0.41	0	1
Latino	0.46	0.50	0	1
Black	0.04	0.20	0	1
Arab	0.04	0.19	0	1
Mexican	0.24	0.43	0	1
Female	0.62	0.49	0	1
Education[1]	5.52	2.36	1	10
Age	45.87	17.00	18	98
English[2]	0.58	0.49	0	1
US Citizen	0.77	0.42	0	1
Marital Status	0.53	0.50	0	1
Income Missing	0.21	0.41	0	1
Less than 20	0.20	0.40	0	1
Income: 20K-39K	0.21	0.40	0	1
Income: 40k-60k	0.13	0.33	0	1
Income: 60k -80k	0.09	0.28	0	1
Income: 80k-100k	0.06	0.24	0	1
Income: 100k-150k	0.07	0.25	0	1
Income: 150k+	0.04	0.19	0	1
Mexican Origin	0.55	0.50	0	1
Skin Color[3]	2.54	1.02	1	5

1. Education (1=Grade 1-8, 2=Some HS, 3=HS, 4=Some College, 5=College Grad, 6=Post-Grad)
2. Language of Interview (0=Spanish, 1-English)
3. Skin Color (1=Very Light, 2=Light, 3=Medium, 4=Dark, 5=Very Dark)

Table 2: Summary Statistics using 2015 Latino Decisions National Latino Health and Immigration Survey.

	Racial/Ethnic	Employment	Police	Housing	Consumer	Medical
VARIABLES	OR	OR	OR	OR	OR	OR
Reference Category: Street Race White						
Latino	0.889	0.610**	0.993	0.705	1.384	0.574**
Black	2.959***	2.548**	2.338**	0.619	3.191***	1.555
Arab	1.715*	1.571	2.442***	3.341***	3.855***	0.518
Mexican	1.162	0.686	1.085	1.061	2.423***	0.619
Female	0.786*	0.746*	0.431***	0.864	1.268*	1.275
Education[1]	1.135***	1.159***	0.946	0.900	1.008	0.953
Age	0.994	1.020***	0.987**	0.998	0.985***	0.983**
English[2]	2.003***	0.887	1.941***	2.131**	2.219***	0.689
US Citizen	1.576**	1.284	2.459***	0.997	1.930***	1.446
Married	1.036	0.666**	1.044	0.902	1.094	1.111
Reference Income: Less than 20						
Income Missing	0.810	1.149	0.766	0.181***	1.283	0.716
Income: 20K-39K	0.601**	1.153	1.101	0.413***	1.336	0.519**
Income: 40k-60k	0.579**	1.095	0.754	0.530*	1.229	0.883
Income: 60k - 80k	0.721	0.454*	0.637	0.280**	1.965**	0.876
Income: 80k-100k	0.885	0.825	0.563	0.430*	1.693*	0.793
Income: 100k-150k	0.759	0.841	0.560	0.304**	2.244**	0.573
Income: 150k+	0.509*	0.507	0.286**	0.715	2.306**	0.872
Mexican Origin	1.215	0.981	1.176	0.474***	1.360**	0.979
Skin Color[3]	1.038	1.148	0.994	0.898	1.091	1.265**
Constant	0.189***	0.035***	0.264***	0.449	0.051***	0.230**
Observations	1,189	1,187	1,196	1,194	1,196	1,194
Adjusted R-Square	0.0847	0.0677	0.0998	0.0867	0.104	0.0372

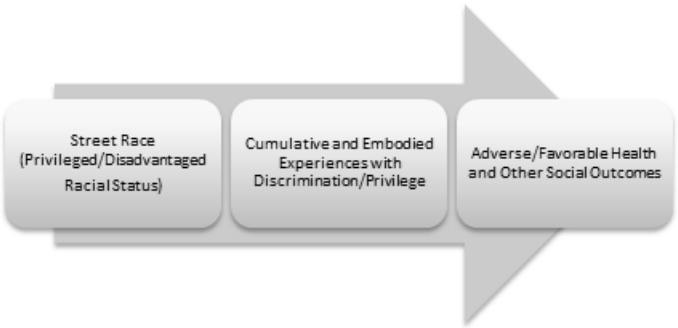
Notes: *** p<0.01, ** p<0.05, * p<0.1, Using Complex Survey Weights.

1. Education (1=Grade 1-8, 2=Some HS, 3=HS, 4=Some College, 5=College Grad, 6=Post-Grad)

2. Language of Interview (0=Spanish, 1-English)

3. Skin Color (1=Very Light, 2=Light, 3=Medium, 4=Dark, 5=Very Dark)

Figure 1: Contextualizing Pathways of Racialized Embodied Health Outcomes and Inequality



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