Fall 2021

Interpersonal Discrimination and Older Latinx Adults in the United States

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by

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Submitted in Partial Fulfillment of the Requirements

For the Degree of Doctor of Philosophy in

Sociology

College of Arts and Sciences

University of South Carolina

2021

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Dedication

I dedicate my dissertation to communities experiencing discrimination and their families.

I also dedicate this dissertation in loving memory of Veneranda Mazzotta Muscimarro.

Acknowledgments

My dissertation became a reality with the continued support of many individuals. I would like to extend my deepest gratitude to all of them.

My dissertation chair, Dr. Andrea K. Henderson, thank you for pushing me, asking hard questions, and gracing me with your knowledge. Your insightful feedback sharpened my thinking and brought my work to a higher level. On a personal note, thank you for your dedicated friendship and generous love.

Distinctive gratitude to my dissertation committee for your support and mentorship. Dr. Jason L. Cummings (Loyola University Chicago), thank you for your rigorous standards, quiet patience, and uplifting conversations. Dr. Jaclyn S. Wong (University of South Carolina), thank you for your unwavering encouragement, methodological precision, and genuine feedback. Dr. Katrina M. Walsemann (University of Maryland), thank you for challenging research opportunities, your guidance, advice, and our many time-consuming phone calls. Special thanks to Dr. Hatice Akca, Dr. Mia Brantley, Dr. Shauna Cooper, Dr. Jae Downing, Dr. Calley Fisk, Dr. Patrick Grzanka, Dr. Lucy Ingram, and Dr. Emily Mann for your guidance and kindness.

I would like to thank NORC at the University of Chicago, StAR Lab (formally African American Youth Lab) and the Carolina Consortium on Health, Inequalities, and Populations (CHIP). Thanks to the University of South Carolina Graduate School and the Department of Sociology for providing me with the financial means to complete this

dissertation. Thank you to the Chicago, Columbia, and Dayton public transport providers and public librarians for providing dependable transportation and workspaces, respectively.

To Elaine Mazzotta Dues deepest appreciation for your dependability and care during this tedious process. Thank you to Cayla Vera Dues for the many coffees, Thomas Dues for the dinner conversations, and Raquel & Kelly Dues for your honesty. Thank you to my steadfast friends: Heather Angell, Matt Cochran, Alejandro Flores, Meredith Mathews, Jennifer and Tom McNicholas, Mariel Razalan, Nathan Rouse, Aja Shamblee, Brittany Wilkinson, and the Wolfe family. To all other family, friends, and colleagues that lent me your time and energy—sincerest thank you.

Abstract

Discrimination is a chronic source of stress among Latinx adults in the United States (Lopez et al. 2017; Williams 2012). Limited research, however, considers differences within ethnicity-nativity, the influence of important psychosocial mechanisms such as sense of control, and the ways interpersonal discrimination may extend beyond the individual, known as vicarious effects (Wofford et al. 2019). For my chapters, public data comes from the Health and Retirement Study (HRS), a nationally representative longitudinal study of Americans aged 50 and older. My three dissertation chapters proceed in the following manner: Chapter 1 provides information to better understand Latinx adults beyond the monolithic categorization by examining experiences of interpersonal discrimination for US-born Mexican adults, US-born Latinx adults of other ethnicities, foreign-born Mexican adults, and foreign-born Latinx adults of other ethnicities. This fills a research gap by providing more detailed information on how racialized stress, via interpersonal discrimination measures, vary by ethnicity and nativity for older Latinx adults. For Chapter 2, I contribute to a better understanding of psychosocial resources, specifically sense of control (i.e., perceived constraints and mastery), which may explain the impact of discrimination on mental health (mediation) and/or protect against the adverse effects of interpersonal discrimination on depressive symptoms (moderation). I also stratify by ethnicity to better assess how these measures of sense of control might work differently across groups. This contributes to a broader

understanding of mechanisms that might buffer the adverse consequences of discrimination on mental health, beyond previously researched social support measures. Finally, Chapter 3 contributes to the family literature by examining Latinx marriages. Specifically, I considered the way spouse's experiences of interpersonal discrimination influences the depressive symptoms of their partner. Understanding dyadic relationships for older Latinx marriages is especially important as limited information considers older Latinx adults and their families. Using the stress process and linked lives theory, actor effects were found, but no partner effects were found—this may be explained by the familioso framework. Future research within discrimination, health, and family literature should continue to consider the specific processes influencing the wellbeing of Latinx individuals.

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List of Abbreviations

CES-D .....Center for Epidemiological Studies-Depression

HRS .....Health Retirement Study

LB ..... Leave-Behind Questionnaire

Chapter 1

Introduction

Long before Trump's hostile immigration rhetoric and policies, Latinx adults have been concerned about their place in America (Lopez et al. 2017). Racial discrimination – i.e., treating someone unfavorably because of their race or personal characteristics associated with race - is a common experience for many Latinx adults in the United States (Lopez et al. 2017; Williams 2012). Recent evidence suggests that 52 percent of Latinx adults report being victims to racial microaggressions and discrimination (Robert Wood Johnson Foundation 2017). Such experiences cut across a variety of life domains, including education, housing, and employment, as well as in the various public spaces like workplaces and stores (Pérez et al. 2008). Moreover, Latinx adults who experience discrimination are at greater risk for depressive symptoms, major depression, and psychological distress (Pérez et al. 2008; Araújo and Borrell, 2006). While research on discrimination and its impacts on health is widely investigated (Williams 2014; Yoo et al. 2009; Gee 2008; Pérez, et al. 2008; Krieger 2000, 2004; Kessler et al. 1999) less is known about the discrimination-health relationship at the intersection of age and ethnicity-nativity among Latinx adults and their family relationships.

Despite their growing presence in the US, little is known about older Latinx population and their overall health, social, and economic needs as well the salient macro- and micro-level factors that affect their lives and families (Helms 2013). In 2017, Latinx

populations age 65 and older included 4.2 million people and is projected to grow to 19.9 million people in 2060 (U.S. Census Bureau). Furthermore, due to migration patterns and birth rates, Mexican adults are the largest and fastest growing segment of the Latinx population in the U.S. (Buriel 2012). Mexican adults have unique experiences compared to other Latinx groups because of their distinct place in the immigrant landscape via their proximity to the United States and the changing racial stratification system based on colorism and pigmentation occurring in the US (Bonilla-Silva 2006), which influences the racial identity of "Mexican," including past and recent targeted anti-Mexican immigration rhetoric. For these reasons, understanding the unique racialized experiences and health needs of Mexican adults in general, but older Mexican adults in particular, is imperative.

This dissertation aims to bridge the gap in our understanding of the impact of discrimination within the Latinx adult population at the nexus of age and ethnicity. Specifically, this dissertation is comprised of three separate chapters that explores interpersonal discrimination and its impact on the mental health of the older Latinx population and their family members by asking the following questions: 1) Does interpersonal discrimination vary by ethnicity and nativity among older Latinx adults (i.e., U.S.-born Mexican adults, U.S.-born Latinx adults of other ethnicities, foreign-born Mexican adults, and foreign-born Latinx adults of other ethnicities)? 2) Does sense of control (i.e., perceived constraints and mastery) mediate and/or moderate the relationship between interpersonal discrimination and depressive symptoms among older Latinx adults? 3) Is there a cross-spousal association between interpersonal discrimination and

depressive symptoms for opposite-sex, Latinx, married couples and does this vary by gender?

This dissertation integrates the stress process and life course theory to explore the lived experiences of older Latinx adults and its specific impact on mental health. Previous stress process research has noted that individuals that are exposed to multiple hardships, such as discrimination, tend to suffer from poorer mental and physical health (Umberson 2007; Flores et al. 2008; Williams et al. 1997). The minority status stress model describes the excess stress, compared to general stress, that minoritized groups are exposed to as a result of minority status (Allison 1998; Slavin et al. 1991). A central stressor in the minority status stress model is interpersonal discrimination. Interpersonal discrimination, the bias actions that occurs when individuals interact with others in public and private spaces, impacts minorities both directly and indirectly via differential exposure to racialized forms of stress and differential vulnerability to stress given differences in psychosocial and socioeconomic resources (Williams et al. 1997). Furthermore, understanding coping mechanisms that might offset the adverse consequences of discrimination is imperative. Key principles of the life course approach are to locate individual development, including social relationships, life transitions, events, and human agency in cultural and historical contexts (Bekteshi et al. 2020; Wood et al. 2018). While the link between discrimination and race/ethnicity is well researched (Krieger 2014; Gee et al. 2012; Williams 2012), it remains less clear how aging shapes perceptions and trajectories of stress, including racialized stress, later in life. For the purposes of this dissertation, I integrate the stress process (and minority status stress model) and life course theory to better understand the impacts of discrimination in the lives and health of

older Latinx—specifically across ethnicity-nativity, considering sense of control, and within partnered relationships.

Chapter 2

Examining interpersonal discrimination across ethnicity-nativity

Recent evidence suggests that 52 percent of Latinx adults report being victims to racial microaggressions (i.e., every day, subtle, intentional or unintentional interactions or behaviors that communicate bias toward historically marginalized groups) and discrimination (Robert Wood Johnson Foundation 2017; Yearwood 2013). Racial discrimination – i.e., treating someone unfavorably because of their race or personal characteristics associated with race - is a common occurrence for Latinx adults in the U.S. (Lopez e al. 2017; Williams 2012). In another nationally representative study, one in three Latinx adults report they or someone close to them has experienced discrimination in the past 5 years because of their racial/ethnic background (National Survey of Latino 2002). Key to understanding interpersonal discrimination in the lives of U.S. Latinx adults is examining the unique ways ethnicity (or nationality) and nativity, along with other salient demographics, impacts perceptions of interpersonal mistreatment. Previous research has considered the importance of ethnicity-nativity for assessing discrimination and finds that younger and middle-aged Mexican adults report discrimination frequently (Molina et al. 2013). Furthermore, research finds that foreign-born Latinx adults report less experiences of discrimination compared to their U.S.-born counterparts (Alegria et al., 2007; Gee et al. 2006; Loh and Richardson 2004; Carrasquillo et al. 2000) yet studies focus on younger and mid-age individuals solely,

and do not consider the nexus between ethnicity *and* nativity their impact on interpersonal discrimination among Latinx adults living in the U.S. (Araújo and Borrell 2006; Finch and Vega 2003; Pérez et al. 2008; Ryan, Gee, and Laflamme 2006; Viruell-Fuentes 2007). The present research fills this gap by analyzing interpersonal discrimination among older US-born Mexican adults, older foreign-born Mexican adults, older US-born Latinx adults of other ethnicities, and older foreign-born Latinx adults of other ethnicities.

With few exceptions (see Calzada et al. 2019, Otiniano et al. 2014, Pérez et al. 2008) studies focus on Latinx adults as a monolithic racial group. Behind the "Hispanic" category is an assumption of ethnic homogeneity. The construction of the "catch all" category of Latinx (or Hispanic) oversimplifies and makes invisible the important sociohistorical differences of Latinx adults in the US. (Massey 2007; Portes and Rumbaut 2006). Important differences, including migration patterns, English proficiency, and socioeconomic and educational statuses, exist before arrival to the U.S. and can change over time in the United States. Thus, studying Latinx adults as a single "racialized" group provides an incomplete picture of the unique and varied experiences of Latinx adults in the U.S. For example, differences between ethnicity – i.e., country of origin - may ultimately lead to different perceptions and reports of interpersonal discrimination (Pearson 2008). Due to the sensationalism of the Mexican-American border, mechanisms of exclusion and marginalization directed at Mexican adults have grown harsher in recent years (Massey 2007). Since racial experiences and perceptions of minorities are related to their wider world view, this shift might influence Mexican adults' relationship with

interpersonal discrimination. As a result, a further understanding of the multifaceted identities of Latinx adults is needed.

This study integrates insights and concepts from life course, and the stress process, to understand interpersonal discrimination among older Latinx adults in the U.S., particularly at the intersection of ethnicity and nativity. Particular to life course theory, the link between discrimination and race/ethnicity is well researched (Krieger 2014; Gee et al. 2012; Williams 2012), but it remains less clear how aging shapes perceptions and trajectories of stress, including racialized stress. Key principles of the life course approach are to understand the importance of change. For example, discrimination may change in nature or intensity as individuals age (Krieger 2014; Gee et al. 2012; Williams 2012). As Latinx adults age they transition (i.e., exit and enter) social systems related to education, labor markets, and health care, which might impact their exposer and experiences of discrimination. Furthermore, discriminatory experiences may further vary by sociohistorical frameworks and particular migration patterns (Krieger 2014; Gee et al. 2012; Williams 2012) also concepts related to life course theory. Particular to the stress process theory, interpersonal discrimination is contingent on social location and structural contexts that expose individuals to varying levels of stressors (Pearlin 1989) that disrupt multiple facets of an individual's life including social statues, role, and activities (Lopez et al. 2017; Williams 2012; Pearlin et al. 1997). Understanding the particular structured ways that interpersonal discrimination might vary for older Latinx adults, across ethnicity and nativity, can expand our knowledge for preventative measures.

2.1 Importance of Age: Older Latinx adults in the U.S.

Most research on discrimination focuses on early to mid-life Latinx adults, thereby leaving an important gap in the literature. Among older individuals residing in the U.S., Latinx adults are the fastest growing group, and the number of older Latinx adults (aged 65 and older) is projected to grow from four million in 2016 to roughly twenty million by 2060 (US Census 2000). At an individual level, older Latinx adults may undergo several important life transitions such as retirement, changes in religious involvement, declining health or cognitive functioning, and the loss of loved ones (Henderson et al. 2021; Balota et al. 2000). Older Latinx adults, however, disproportionately face several additional challenges that may lead to growth in inequalities, including retirement insecurity, limited access to social programing and health care resources, interpersonal and structural discrimination, and increased isolation (Halloway et al. 2017; Larson et al. 2017; Hilton et al. 2012). Despite the changing demographics among aging cohorts, research focused on older Latinx adults remains limited (Cobb et al. 2020). With some exceptions, we know however, that younger Latinx adults (18-24) are more likely to report interpersonal discrimination than older Latinx adults (Cobb et al. 2020; Ward et al. 2019; Pérez et al. 2008). Possible explanations for these differences may be unrecognition - and therefore underreporting - of discrimination and a lifetime of undiagnosed trauma resulting in the normalization of interpersonal mistreatment, as well as unique support systems that may offset the adverse effects of discrimination (Cobb et al. 2020; Ward et al. 2019; Pérez et al. 2008). Moreover, many of the measurements in the interpersonal discrimination scale aren't targeted to older

individuals that may be retired/not working and older Latinx adults are often times not targeted by the police (i.e., threatened or harassed) at this stage in the life course.

Life course theory may be particularly useful to understanding the health experience of older Latinx adults given its focus on time (i.e., transitions and trajectories), and place (i.e., circumstances and contexts). Policies, as well as beliefs and behaviors, related to immigration do not remain static, but change with social, political, and economic shifts, which may shape the experience (i.e., period or cohort effects) of particular groups. For example, older Mexican adults, who immigrated to the U.S. post-1970s, may have experienced economic hardship prior to migrating to the U.S. that may influence their perceptions and appraisal of discrimination (Lopez and Stanton-Salazar 2001). In the 1970s, Mexico underwent a historic debt crisis that shaped individual experiences, migration patterns, family interactions, and world views. The presidency of Luís Echeverría Alvarez, and the subsequent devaluation of the Mexican economic market, (Lopez and Stanton-Salazar 2001) pushed many Mexican individuals across the border into the United States. Mexican adults that migrated to the U.S. during this period may have a different perception of discrimination, and their relationship to the U.S. and its promises (i.e., meritocracy and "American Dream"), due to their unique experiences. Specific to place, Mexican individuals share a land border with the United States (Massey 2008; Gamio 1969) allowing for geographical contiguity, which enabled labor recruitment through programs such as the Braceros Program, beginning in 1942, but also continuity in cultural norms and values that other immigrant groups are not afforded (Massey 2008). Lastly, policies, as well as beliefs and behaviors, related to immigration do not remain constant, but change, which therefore may shape the experience of

particular groups. Such distinct experiences offers both advantages and disadvantages to older Latinx adults. Understanding these distinct experiences, help further distinguish the unique experiences of older Latinx adults.

2.2 Importance of Nativity: Foreign-born vs U.S.-born Latinx adults

The cohort of foreign-born adults aged 65 and older is growing, and anti-immigrant hostility may both directly and indirectly impact this population. Current estimates suggest that in 2020, 13-14.3% of foreign-born adults in the U.S. are aged 65 and older (Pew Research Center 2019). This number is predicted to grow to 23.3 % by 2060 (Pew Research Center 2019). Migration patterns impact both sending and receiving communities, as well as a change in attitudes toward immigrants in new host countries. For example, polls show a rise in hostile feelings towards foreign-born individuals (Pew Research Center 2000). In 2000, 38% of Americans agreed that "immigrants today add burden on our country because they take our jobs, housing, and health care" (Pew Research Center 2000). Five years later the percentage rose to 44%, as anti-immigrant sentiment surged, and in 2006 hostile feelings towards immigrants rose to 52% (Pew Research Center 2006). Similarly, the percentage of Americans who rated immigration as, "a moderately big or big national problem" increased from 69% in 2002 to 74% in 2006 (Kohut and Suro 2016). Such hostilities highlight the importance of examining racialized stress, including interpersonal discrimination, in the lives of foreign-born individuals. These attitudes display a significant shift in the views on immigration in the United States, with the increased publicity of foreign-born Mexican adults at the center of this dialogue. Particular to Mexican adults, Finch and colleagues (2000) find that more acculturated, foreign-born Mexican adults – defined by English language ability and

higher education – report higher rates of discrimination, compared to less acculturated, foreign-born Mexican Americans. This might suggest more exposure and proximity to American culture that may cause Mexican adults to perceive more discrimination (Pérez et al. 2009; Pearson 2008; Finch et al. 2000). Therefore, understanding perceptions of discrimination and how nativity influences such perceptions may expand our understanding of interpersonal discrimination among Latinx adults (Pearson 2008; Araújo and Borrell 2006; Finch and Vega 2003; Gee et al. 2006; Pérez et al. 2008; Ryan, Gee, and Laflamme 2007; Viruell-Fuentes 2007).

2.3 Importance of Ethnicity: Older Mexican Adults in the U.S.

Given their unique history and proximity to the U.S., Mexican adults have become a distinct "racial" group within America's racial imagination, thereby resulting in unique experiences of interpersonal discrimination. Mexican individuals are the second largest minority group in the United States, with approximately 28 million people, and constitutes two-thirds of the entire Latinx population in the U.S. (U.S. Census 2017). Given the distinct nature of Mexican migration, and Mexico's proximity to the U.S., all Latinx individuals have at times been mischaracterized monolithically as "Mexican" (White et al. 2020; Bonilla-Silva and Glover 2004). Evidence finds that being ascribed "Mexican" increases the likelihood of experiencing discrimination relative to being ascribed another ethnicity (Ortiz and Telles 2012; Pérez et al. 2008; Alegria et al. 2007). Previous research finds 34 to 40 percent of Mexican adults report interpersonal discrimination, which is much higher than other Latinx groups, such as Cubans (Pérez et al. 2008; Alegria et al. 2007). Furthermore, perceived stress, including higher levels of general stress due to discrimination, has been related to chronic health problems among

Mexican adults (Farley et al. 2005), as well as higher rates and chronicity for depressive symptoms (Vargas et al. 2016; Gonzales et al. 2010), and heightened levels of cortisol (Busse and Campos 2017).

Mexican individuals are the only immigrant group with a history of uninterrupted immigration into the United States lasting more than a century (Bonilla-Silva and Glover 2004; Portes and Rumbaut 2001). Events, such as Mexican individuals' long and continued history as migrant labor and the conquest of the original (Mexican) inhabitants in the U.S. southwest, have resulted in a familiarity in the public immigration (Bonilla-Silva and Glover 2004). As previously mentioned, Mexican adults in the U.S. have a unique history to the U.S. that may shape their perceptions of interpersonal discrimination. Additionally, critical race scholarship argues that Mexican adults face both interpersonal and institutional forms of discrimination that cause them to lag educationally and economically, even after several generations in the United States (Ortiz and Telles 2012). Consequently, this results in limited access to middle class employment, a predominance of low-wage working-class jobs and limited economic and educational opportunities (Lopez et al. 2017). Such distinct experiences highlight the necessity of closely examining differences in racialized stress among Mexicans and other members of the Hispanic/Latinx community.

Given the previous discussion on the importance of examining interpersonal discrimination among older Latinx adults in the U.S. across ethnicity-nativity, this paper tackles the following aim: Describes the impact interpersonal discrimination has on older Latinx adults and whether it varies by ethnicity-nativity (i.e., U.S.-born Mexican adults,

U.S.-born Latinx adults of other ethnicities, foreign-born Mexican adults, and foreign-born Latinx adults of other ethnicities).

2.4 Data

I use the Health and Retirement Study (HRS), a nationally representative longitudinal study of Americans ages 50 and older, to address my research aims. The HRS has been administered biennially since 1992 and includes a representative sample of approximately 40,000 people in the United States. The HRS is supported by the National Institute on Aging and the Social Security Administration. The survey was established to provide a national resource for data on the changing health and economic conditions associated with aging at the individual and population levels. Analysis will utilize assessments of interpersonal discrimination collected in the Leave Behind Questionnaire (LB) in 2014 and 2016 (Sonnega 2014). The LB is collected biennially on a rotating random 50% sample of the core panel. I use data from the 2014 and 2016 psychosocial and lifestyle questionnaire because it oversamples race-ethnic minorities to boost the size of the minority samples. My final dataset consists of merged data from the LB 2014 and 2016, tracker file from November 2020, and RAND Longitudinal file from 1992-2016. I merge the data using the unique identifier of household ID (HHID) and personal ID (PN). Crosstab checks confirmed a successful merge. Of the 1761 eligible respondents, 132 respondents were lost due to missing data for discrimination and depressive symptoms, proxy reports, inconsistent Latinx ethnicity responses, and/or missing data weights, therefore the final analytic sample for this study comprises 1629 Latinx individuals—U.S.-born Mexican adults (n=478), U.S.-born Latinx adults of other ethnicities (n=195),

foreign-born Latinx adults of other ethnicities (n=479), and foreign-born Mexican adults (n=477).

Dependent Variable

Interpersonal Discrimination. Six items assess the experiences of interpersonal discrimination. The items were adapted from the Everyday Discrimination Scale (Williams et al. 1997) in which respondents were asked*, In your day-to-day life how often have any of the following things happened to you:* (1) treated with less courtesy or respect than other people, (2) received poorer service than other people at restaurants or stores, (3) people act if you are not smart, (4) people act as if they are afraid of you, (5) threatened or harassed, (6) received poorer service or treatment than other people from doctors or hospitals. Items are reverse coded on a 0-5-point scale, starting from zero 5= Almost every day, 4=At least once a week, 3=A few times a month, 2= A few times a year, 1=less than once a year, 0=Never. Items were averaged so that higher scores reflect greater interpersonal discrimination (Rogers et al. 2015; Sutin et al 2016). Discrimination measures were analyzed individually and as a scale. For the discrimination scale, final score was set to missing if more than three items had missing values (Alpha=.83).

Key Independent Variables

Ethnicity. Ethnicity is measured by a follow-up question to those that answered, "yes" to, *Did [First Name] consider [himself/herself] Hispanic/Latino?* The type of ethnicity is assessed using the following question: *Would you say you are Mexican American, Puerto Rican, Cuban American, or something else? Choose all that apply.* In the "masked" version of this variable available in the HRS public use data set, Ethnicity was recoded as 1 = Mexican/Chicano; 7 = Other (including Puerto Rican and Cuban

American) to protect participant confidentiality. For purposes of this study, Ethnicity is coded into two mutually exclusive categories (1=Mexican American/Chicano; 0=Other ethnicities). Those that responded to the ethnicity question with, "don't know," "not ascertained," or "refused" (n=11) were dropped from the final sample. Means difference tests were analyzed across ethnicity-nativity categories ($p < 0.000$).

Nativity. Nativity is measured by the following question, *Is respondent U.S.-born?* There are two responses, yes and no. These categories were crosstab with ethnicity to confirm respondent self-identified as Mexican American/Chicano or Latinx adult of other ethnicity *and* U.S. or foreign-born.

Covariates

The analysis controls for several of the respondents' characteristics including cohort, gender, age, marital status, education, employment status, and language of interview as these may all be associated with discrimination. Age was measured in years. Education was assessed as less than high school, high school diploma/GED (referent), some college, or a college degree or higher. Employment status is dichotomous, not in labor force and in labor force (referent). Gender is also dichotomous with women as the referent group compared to men. Language of interview variable is the preferred language of the interview: Spanish-speaking or English-speaking (referent). Please see Table 1.1 for more information on these variables.

2.5 Statistical Analysis

To better understand the differences between older foreign and U.S.-born Mexican adults and Latinx of other ethnicities, I use cross-sectional data. Descriptive statistics are used to describe the features of the data. I restrict my sample to Latinx

individuals that self-identify as U.S. or foreign-born and "Mexican American/Chicano" or "Other." I begin with weighted descriptive statistics stratified by ethnicity-nativity (i.e., U.S.-born Mexican adults, U.S.-born Latinx adults of other ethnicities, foreign-born Mexican adults, and foreign-born Latinx adults of other ethnicities). Next, I run a series of Poisson regression models focusing on the impact of ethnicity-nativity net of covariates on interpersonal discrimination. Poisson regression is used for numerical, continuous data. The data fits my assumptions. Goodness of fit tests were conducted using the Pearson chi-squared and deviance test statistics. I conclude that the model fits reasonably well because the goodness-of-fit chi-squared test is not statistically significant and closer to one. Model 1 includes the categories of ethnicity-nativity, without my covariates. Model 2 is the same analysis, including categories of ethnicity-nativity, as well as all covariates. The following pattern continues for the six measurements of interpersonal discrimination: Model 1 without covariates and Model 2 including covariates. Data management and weighted descriptive statistics were conducted using Stata version 16/SE.

2.6 Results

Descriptive statistics are reported in Table 1.1. I find on average that older U.S.-born Latinx adults of other ethnicities report most frequently experiencing interpersonal discrimination based on the full scale (0.94) and older U.S.-born Mexican adults report the second highest (0.55), older foreign-born Mexican adults (0.45) and older foreign-born Latinx adults of other ethnicities report the least (0.42). Assessing individual measures of interpersonal discrimination, I find that the general pattern remains consistent with older U.S.-born Latinx adults of other ethnicities experiencing

discrimination with the highest frequency, followed by U.S.-born Mexican adults, foreign-born Mexican adults and foreign-born Latinx adults consistently across all domains (treated with less courtesy, received poorer services in restaurants and stores, people act like you are not smart, people act afraid, threatened or harassed, received poorer treatment in hospitals and by doctors). In general, older U.S.-born Latinx adults of other ethnicities report the highest average for the following discrimination measures: "treated with less courtesy or respect than other people" (1.70) and "people act as if you are not smart" (1.29). Similarly, older U.S.-born Mexican adults (0.94 and 0.81) and older foreign-born Mexican adults (0.80 and 0.70) both report the most discrimination on average within "treated with less courtesy or respect than other people" and "people act as if you are not smart," respectively.

Other covariates provide important information on the sample. The majority of U.S.-born respondents opted to receive the questionnaire in English (93% and 92.4%), while the majority of foreign-born respondents opted to receive the questionnaire in Spanish (85.9% and 74.2%). The majority of the sample is married. Education attainment varies, but foreign-born Mexican adults are the least formally educated (66.1% with less than a high school diploma) and U.S.-born Latinx adults of other ethnicities are the highest educated (18.5% with college degrees and above). The sample is split somewhat evenly for those that are not working vs. those in the labor force. Also, the gender of the sample across all four ethnicity-nativity groups has a slightly higher proportion of women compared men.

Poisson models are reported in Table 1.2. Surprisingly - given the significance of Mexican adults as a racialized target group - U.S.-born Latinx adults of other ethnicities

report the highest levels of discrimination compared to U.S.-born Mexican adults. This is consistent for the full interpersonal discrimination scale and each individual measure of discrimination net of covariates. First, Model 1 examines the association between ethnicity-nativity on interpersonal discrimination only. U.S.-born Latinx adults of other ethnicities (0.74, p<.000) report significantly more discrimination than US-born Mexican adults (-0.62, p<.000). Foreign-born Mexican adults and foreign-born Latinx adults of other ethnicities are insignificant. In Model 2, controlling for important sociodemographic, U.S.-born Latinx adults of other ethnicities (0.69, p<.000) report significantly more discrimination than U.S.-born Mexican adults (0.47). Foreign-born Mexican adults and foreign-born Latinx adults of other ethnicities remain insignificant.

The subsequent models individually analyze the six discrimination measures without covariates (Model 1) and with covariates (Model 2). Similar findings were found for individual measures of interpersonal discrimination: U.S.-born Latinx adults of other ethnicities have a higher relative risk for interpersonal discrimination compared to U.S.-born Mexican adults. Foreign-born Mexican adults and foreign-born Latinx adults of other ethnicities remain insignificant for individual measures of interpersonal discrimination.

2.7 Discussion

Interpersonal discrimination is an important determinant of life chances among Latinx adults in the United States. Particularly, interpersonal discrimination is a common reality shaping Latinx' relationships, health, and life satisfaction, but little work has looked at the intersection of nativity, ethnicity and age. This paper examines interpersonal discrimination by considering older Latinx adults across ethnicity-nativity,

specifically by U.S.-born Mexican adults, U.S.-born Latinx adults of other ethnicities, foreign-born Mexican adults, and foreign-born Latinx adults of other ethnicities. Results find that U.S.-born older Latinx adults of other ethnicities report greater experiences of interpersonal discrimination compared to U.S.-born Mexican adults. Given the current racialization and monolithic catch-all of "Mexicans" within American discourse, I expected U.S.-born Mexican adults to report greater experiences of interpersonal discrimination compared to U.S.-born Latinx of other ethnicities.

Using the stress process and life course theory, why might U.S.-born Latinx adults of other ethnicities report greater experiences of interpersonal discrimination compared with U.S.-born Mexican Americans? Due do data limitations and the inability to disentangle "other ethnicity" category it is impossible to discern the degree to which discrimination varies among the Puerto Rican and Cuban populations; the second and third largest Latinx populations in the United States. However, U.S.-born Latinx adults of other ethnicities like Puerto Ricans may be more familiar with racialized norms, including systems of white supremacy and xenophobia. The results highlight that both ethnicity and nativity shape experiences of interpersonal discrimination for older Latinx adults in unique ways, but the experience of discrimination does not seem to vary within the Mexican population regardless of place of birth. This contributes to a more detailed understanding of interpersonal discrimination of older Latinx adults in the U.S.

There are a number of limitations to the present study. First, as previously mentioned, due to data limitations I do not know who makes up the U.S.-born Latinx adults of "other ethnicities," thereby limiting what we can know about the experience of interpersonal discrimination among older Latinx adults in the United States. Second,

responses to the question "how many years have you resided in the U.S.?" yield limited response rates for Latinx adults within the HRS and was not included in analysis. This is an important variable to consider because varying length of time spent in the U.S. may be associated with recognition and experiences of discrimination. Additionally, it would be important to know if the respondent spent any significant amount of time residing in another country. Lastly, we are limited to the experiences of discrimination fixed by the Everyday Discrimination scale, however there may be additional measures of interpersonal discrimination uniquely experienced by Latinx adults in the U.S. that is overlooked by the current measure. Future work should look to investigate specific forms of racialized stress experienced by Latinx adults in the U.S.

This study makes contributions to discrimination and stress research in several important ways. First, this study advances our understanding of the experiences of older Latinx adults. Although it has significant limitations, it also points to the unique experience of older Hispanic/Latinx of "Other Ethnicities" and the need for additional quantitative and qualitative work to examining the role of racialized stress in older life. In addition, future research should consider including additional measures of discrimination to better understand the ways these mechanisms interact with older Latinx adults, specifically. Moving beyond understanding Latinx adults as a monolithic group and considering the particular nature of individuals by ethnicity-nativity is necessary for the wellbeing of older Latinx adults in the U.S.

Table 1. 1: Sample characteristics of HRS Latinx older adults in the 2014/16 leave-behind HRS sample, weighted estimates n = 1629

	Range	U.S.-Born Mexican adults n = 478	U.S.-Born Latinx adults of other ethnicities n = 195	Foreign-Born Mexican adults n = 477	Foreign-Born Latinx adults of other ethnicities n = 479
Discrimination					
Interpersonal discrimination, full scale	0-5	0.55 (0.77)	0.94 (0.93)	0.45 (0.76)	0.42 (0.68)
Treated with less courtesy or respect than other people	0-5	0.94 (1.30)	1.70 (1.63)	0.80 (1.28)	0.76 (1.21)
Received poorer service than other people at restaurants or stores	0-5	0.61(1.10)	0.90(1.13)	0.47 (0.98)	0.42 (0.92)
People act if you are not smart	0-5	0.81 (1.24)	1.29 (1.52)	0.70 (1.21)	0.67 (1.16)
People act as if they are afraid of you	0-5	0.37 (0.85)	0.69 (1.31)	0.31 (0.92)	0.32 (0.89)
Threatened or harassed	0-5	0.26 (0.71)	0.61 (1.22)	0.23 (0.80)	0.17 (0.67)
Received poorer service or treatment than other people from doctors or hospitals	0-5	0.32 (0.75)	0.53 (0.95)	0.23 (0.68)	0.20 (0.57)
Covariates					
Cohort					
War Baby (WB)	0-1	37.0%	23.5%	24.7%	34.9%
Post-WWII	0-1	62.9%	76.4%	75.4%	65.1%
Gender					
Women	0-1	58.2%	62.1%	58.5%	61.5%
Men	0-1	41.7%	37.9%	41.5%	38.5%
Age	50-100	66.3 (10.7)	61.7 (9.8)	62.8 (10.0)	65.3 (11.1)
Marital Status					
Married	0-1	68.5%	60.2%	79.7%	64.3%
Not Married/Widowed/Divorced	0-1	31.6%	39.8%	20.3%	35.6%
Education					
Less than a high school	0-1	28.1%	18.5%	66.1%	37.5%
High School/GED	0-1	35.8%	29.4%	21.6%	27.4%
Some College	0-1	26.8%	33.7%	7.0%	21.5%
College and above	0-1	9.2%	18.5%	5.2%	13.6%
Employment Status					
Not in Labor Force	0-1	56.2%	54.8%	49.5%	50.6%
In Labor Force	0-1	43.8%	45.2%	50.5%	49.4%
Language of Interview					
Spanish-speaking	0-1	7.0%	7.6%	85.9%	74.2%
English speaking	0-1	93.0%	92.4%	14.2%	25.8%

Notes: reference group is italicized, Used merge file of HRS including: TRK Nov 2020, RAND Longitudinal 2016, LB 2014 and 2016

Table 1.2 : Net effects of ethnicity-nativity and covariates on interpersonal discrimination scale and items, Poisson models, weighted estimates, n=1629

	Interpersonal discrimination index		Treated with less courtesy or respect than other people		Received poorer service than other people at restaurants or stores		People act if you are not smart		People act as if they are afraid of you		Threatened or harassed		Received poorer service or treatment than other people from doctors or hospitals	
	Model 1 β (SE)	Model 2 β (SE)	Model 1 β (SE)	Model 2 β (SE)	Model 1 β (SE)	Model 2 β (SE)	Model 1 β (SE)	Model 2 β (SE)	Model 1 β (SE)	Model 2 β (SE)	Model 1 β (SE)	Model 2 β (SE)	Model 1 β (SE)	Model 2 β (SE)
Ethnicity-Nativity														
US-born Latinx adults of other ethnicities[1]	0.74 (0.13)***	0.68 (0.13)***	0.69 (0.13)***	0.64 (0.13)***	0.55 (0.18)**	0.50 (0.18)**	0.68 (0.14)***	0.62 (0.15)***	0.87 (0.23)***	0.80 (0.24)**	1.19 (0.23)***	1.15 (0.23)***	0.80 (0.22)***	0.79 (0.22)***
Foreign-born Mexican adults	-0.03 (0.15)	0.08 (0.18)	-0.04 (0.14)	0.13 (0.17)	-0.11 (0.20)	0.06 (0.25)	-0.00 (0.15)	0.02 (0.18)	-0.04 (0.23)	0.26 (0.29)	0.25 (0.27)	0.32 (0.31)	-0.01 (0.26)	-0.17 (0.35)
Foreign-born Latinx adults of other ethnicities	-0.15 (0.14)	-0.10 (0.16)	-0.19 (0.15)	-0.10 (0.16)	-0.28 (0.19)	-0.16 (0.25)	-0.06 (0.15)	-0.08 (0.16)	-0.02 (0.27)	0.24 (0.23)	-0.16 (0.30)	-0.12 (0.31)	-0.32 (0.25)	-0.46 (0.36)
Gender														
Women[2]		-0.25 (0.11)*		-0.21 (0.15)		-0.21 (0.15)		-0.23 (0.11)*		-0.70 (0.18)***		-0.36 (0.21)$^{+}$		-0.17 (0.19)
Age		-0.01 (0.01)		-0.03 (0.02)		-0.02 (0.02)		-0.02 (0.01)		-0.00 (0.02)		-0.01 (0.02)		-0.02 (0.27)
Cohort														
War Baby (WB) & older[3]		0.12 (0.24)		0.29 (0.32)		0.32 (0.33)		0.17 (0.22)		-0.13 (0.37)		-0.03 (0.49)		0.45 (0.47)
Marital Status														
Married[4]		-0.39 (0.10)***		-0.28 (0.15)*		-0.30 (0.16)*		-0.51 (0.11)***		-0.46 (0.19)*		-0.30 (0.21)		-0.30 (0.21)
Educational Attainment														
Less than high school[5]		-0.00 (0.17)		-0.02 (0.16)		0.04 (0.17)		0.03 (0.17)		0.09 (0.24)		0.10 (0.31)		0.08 (0.26)
Some college		0.14 (0.13)		0.08 (0.13)		0.22 (0.18)		0.08 (0.14)		0.29 (0.25)		0.23 (0.26)		0.12 (0.23)
College degree and above		0.02 (0.14)		0.04 (0.13)		0.02 (0.20)		0.06 (0.16)		0.02 (0.24)		-0.03 (0.28)		-0.00 (0.27)
Employment Status														
In Labor Force[6]		0.12 (0.12)		0.10 (0.12)		0.04 (0.17)		-0.14 (0.13)		0.20 (0.20)		-0.07 (0.26)		0.11 (0.27)
Language of Interview														
Spanish-speaking[7]		0.18 (0.13)		0.18 (0.16)		0.09 (0.24)		-0.03 (0.16)		0.42 (0.28)		0.10 (0.28)		-0.21 (0.34)
t-test														
Intercept	-0.62 (0.08)***	0.40 (0.80)	-0.53 (0.11)	0.29 (0.69)	-0.53 (0.11)***	1.03 (0.99)	-0.23 (0.10)*	1.28 (0.82)	-0.98 (0.14)***	-0.58 (1.72)	-1.47 (0.16)***	-0.61 (1.42)	-1.23 (0.13)***	0.47 (1.43)

Notes: $^{+}$p<0.1 *p<.05, **p<.01, ***p<.001

Used merge file of HRS including: TRK Nov 2020, RAND Longitudinal 2016, LB 2014 and 2016, [1] The reference category is U.S.-born Mexican adults [2]The reference category is men, [3] The reference category is Post WWII, [4] The reference category is Not Married, Separated, Divorced, Widowed [5]The reference category is High School Diploma/GED, [6] The reference category is not in labor force, [7] The reference category is English speaking, [8] The reference category is no physician diagnosed health conditions

Chapter 3

Interpersonal discrimination and depressive symptoms: The mediating and moderating role of perceived sense of control for older Mexican adults and older Latinx adults of other ethnicities

Recent evidence finds that 52 percent of Latinx adults report being victims to racial microaggressions and discrimination (Robert Wood Johnson Foundation 2017). These experiences of discrimination are stressful and traumatic and may erode feelings of control that lead to worse mental health, including depression (Kessler, Mickelson, & Williams, 1999; Williams, Yu, Jackson, and Anderson, 1997). Sense of control is a multidimensional psychosocial construct comprised of both constraints (i.e., the extent one believes obstacles or factors beyond one's control interfere with reaching those goals) and mastery (one's sense of efficacy or effectiveness in carrying out goals) and may influence the ways individuals appraise and cope with discrimination (Lachman and Weaver 1998; Wolinksky and Stump 1996). For this reason, a sense of control may be especially important for understanding discrimination and its influence on mental health. Previous literature has not, however, considered the ways sense of control may impact interpersonal discrimination and mental health for older Latinx adults, despite sense of control being identified as an important aspect in other populations (Moradi and Hasan 2004; Lachman and Weaver 1998; Ruggiero and Taylor 1997). I seek to fill this gap by examining the mediating and moderating role of sense of control on the relationship

between interpersonal discrimination and depressive symptoms among older Latinx adults.

3.1 Discrimination & Stress in the lives of Latinx adults

One in three Latinx adults report they or someone close to them has experienced discrimination in the past 5 years because of their racial/ethnic background (National Survey of Latinos 2002). These experiences cut across a variety of life domains, including educational, housing, and employment opportunities (Pérez et al. 2008). Moreover, previous research has noted that individuals that are exposed to multiple hardships such as poverty, limited employment opportunities, crowded housing, reduced health care, and discrimination tend to suffer from poorer mental and physical health (Umberson and Reczek 2007; Flores et al. 2008; Williams et al. 1997). The minority status stress model describes the excess stress, compared to general stress, that minority groups are exposed to as a result of minority status (Allison 1998; Slavin et al. 1991). A central stressor that contributes to the minority status stress model is interpersonal discrimination. A growing body of literature finds that discrimination is a major stressor that directly and indirectly impacts the mental health of racial/ethnic minorities (Mays et al. 1996; Williams et al. 2003). Interpersonal discrimination contributes to higher rates of psychological distress and adverse mental health outcomes among socially disadvantaged populations (Thoits 1983). Moreover, social location based on race-ethnicity may alter the intensity and duration of stressful life events, the appraisal process, and the perceived access to resources for coping (Flores et al. 2008). Based on the minority stress model, racial-ethnic minorities face a multitude of stressors, particularly interpersonal discrimination, which intensify susceptibility to stress, thereby racial minorities live in a

prolonged state of vigilance that impacts their health. In this way, discrimination is a unique form of racialized stress and understanding the specific pathways connecting interpersonal discrimination to health as well as the specific coping mechanisms that might offset the adverse consequences of discrimination is imperative.

To date much of the research on discrimination among Latinx individuals has focused on young and/or mid-life adults or has ignored heterogeneity in the U.S. Latinx population. However, older Latinx are the fastest growing population and increasing their presence in the United States. The number of older Latinx individuals (aged 65 and older) is projected to grow from 4 million in 2016, to roughly 20 million of the older population in 2060 (U.S. Census 2000). Latinx older adults may disproportionately face several structural challenges that may lead to inequalities, including retirement insecurity, access to social programing (i.e., housing and health care), and discrimination and isolation (Halloway et al. 2017; Larson et al. 2017; Hilton et al. 2012). Despite the changing demographics among aging cohorts, research focusing on older Latinx adults remains limited (Cobb et al. 2020). However, important differences in the experience with interpersonal discrimination as well as cultural-specific norms, beliefs and behaviors may point to salient differences by ethnicity among older Latinx adults in the United States. For example, differences may exist for based on appraisal, coping, and access to resources to deal with discrimination. Consistent with the stress process, a better understanding of psychosocial mechanisms that might be impacting older Latinx adults should be considered.

3.2 Sense of Control: Mediation and Moderation

Sense of control is a complex, multidimensional psychosocial phenomenon that refers to the extent individuals perceive they have personal power and control over their lives and environments (Pearlin and Schooler, 1978; Fung et al. 1999). Discrimination may act as a stressor that decreases sense of control whereby promoting disparate mental health outcomes. Under the stress process framework, stress influences health via a process of primary and secondary appraisal. That is, primary appraisal involves determining whether the stressor poses a threat, while secondary appraisal involves the individual's evaluation of the resources or coping strategies available to address the stress (Umberson and Reczek 2007). Sense of control may be important in the discrimination-health relationship in both the primary and secondary appraisal process, including influencing the ways in which individuals interpret the threat of interpersonal discrimination as well as the resources they believe they can access. More specifically, social control may help explain the interpersonal discrimination-health relationship in several notable ways. Discrimination may lead to a sense of helplessness and hopelessness, which may erode feels of control. Additionally, discrimination may limit opportunities to build a sense of self and agency (Williams and Mohammed 2013; Lachman et al. 2011; Finch et al. 2000; Kessler et al. 1999; Jackson et al. 1996) via increased segregation and isolation. This is especially pertinent in older Latinx adults as their lives may be undergoing a number of stressful transitions, in combination with a lifetime of minority stress, which may over time erode feelings of control (Williams and Mohammed 2013; Finch et al. 2000; Kessler et al. 1999; Jackson et al. 1996). Previously, a study on Latinx adults found that sense of control mediated the relationship between

discrimination and psychological distress (Moradi and Risco 2006). While significant, the results were not nationally representative and had a small sample size, similar to other studies (n=128) (Moradi and Risco 2006; Branscombe and Ellemers 1998; Ruggiero and Taylor 1997).

Alternatively, significant literature demonstrates the health benefits of positive sense of control, and that a strong sense of control may facilitate positive health even in the face of stress (Johnson & Kreuger 2005; Lachman & Weaver 1998). Sense of control may moderate (i.e., buffer) the adverse effects of discrimination on health. Moreover, sense of control might be a resource for people as they age—those with a stronger sense of control may enter later life healthier, allowing them to perhaps face challenges of discrimination with more resources. Specifically, individuals with a higher sense of control might have more meaning and purpose in their lives that is not easily eroded by experiences of interpersonal discrimination. Additionally, individuals with higher feelings of control may have formed more proactive coping styles – i.e., help-seeking and positive thinking– that leads to better mental health.. For example, the Midlife Development in the United States survey research finds that the negative impact of discrimination on psychological well-being was more significant among those with a lower sense of control compared to those with a higher sense of control who were less affected by the discriminatory experiences (Jang et al. 2008). Therefore, higher sense of control may moderate, i.e., protect against, the detrimental impact of interpersonal discrimination on depressive symptoms.

3.3 Importance of Ethnicity

Mexican adults in the U.S. become a distinct "racial" group within America's racial imagination, which perhaps results in unique experiences of interpersonal discrimination. Given the distinct nature of Mexican migration, and Mexico's proximity to the U.S., all Latinx individuals have at times been mischaracterized monolithically as "Mexican" (White et al. 2020; Bonilla-Silva and Glover 2004). Evidence finds that being ascribed "Mexican" increases the likelihood of experiencing discrimination relative to being ascribed another ethnicity (Ortiz and Telles 2012; Pérez et al. 2008; Alegria et al. 2007). Previous research finds 34 to 40 percent of Mexican adults report interpersonal discrimination, which is much higher than other Latinx groups, such as Cubans (Pérez et al. 2008; Alegria et al. 2007). Higher levels of racial stress due to discrimination has been related to chronic health problems among Mexican adults (Farley et al. 2005), as well as higher rates and chronicity for depressive symptoms (Vargas et al. 2016; Gonzales et al. 2010), and heightened levels of cortisol (Busse and Campos 2017). Additionally, Mexican adults are the second largest minority group in the United States with approximately 28 million people (U.S. Census 2017) and constitute two-thirds of the entire Latinx population in the US.

Furthermore, Mexican individuals are the only immigrant group with a history of uninterrupted immigration into the United States lasting more than a century (Bonilla-Silva and Glover 2004; Portes and Rumbaut 2001). Events, such as Mexican individuals' long and continued history as migrant labor and the conquest of the original (Mexican) inhabitants in the US southwest, have resulted in a familiarity in the public immigration

(Bonilla-Silva and Glover 2004). Such distinct experiences highlight the need to examine the unique case of Mexican adults within the Latinx population.

Given the previous discussion on the importance of examining the influence of sense of control in the interpersonal discrimination-health relationship among older Latinx adults this paper tackles the following aim: Examines the mediating and moderating effects of personal sense of control, i.e., mastery and constraint, on interpersonal discrimination and depressive symptomology among older Latinx adults stratifying by ethnicity (i.e., older Mexican adults and older Latinx adults of other ethnicities).

3.4 Data

I use the Health and Retirement Study (HRS), a nationally representative longitudinal study of Americans ages 50 and older, to address my research aims. The HRS has been administered biennially since 1992 and includes a representative sample of approximately 40,000 people in the United States. The HRS is supported by the National Institute on Aging and the Social Security Administration. The survey was established to provide a national resource for data on the changing health and economic conditions associated with aging at the individual and population levels. Analysis will utilize assessments of interpersonal discrimination collected in the Leave Behind Questionnaire (LB) in 2014 and 2016 (Sonnega 2014). The LB is collected biennially on a rotating random 50% sample of the core panel. I use data from the 2014 and 2016 psychosocial and lifestyle questionnaire because it oversamples race-ethnic minorities to boost the size of the minority samples. My final dataset consists of merged data from the LB 2014 and 2016; Tracker file from November 2020; and RAND Longitudinal file from 1992-2016. I

merge the data using the unique identifier of household ID (HHID) and personal ID (PN). Crosstab checks confirmed a successful merge. Of the 1761 eligible respondents, 192 respondents were lost due to missing data for discrimination, sense of control and depressive symptoms, proxy reports, uncertain Latinx ethnicity responses, and/or missing data weights, therefore the final analytic sample for this study comprises 1569 Latinx individuals, older Latinx adults of other ethnicities= 651 and older Mexican adults=918.

Dependent Variable

Depressive Symptoms. The HRS depression symptoms measure is a subset of the Center for Epidemiologic Studies Depression (CES-D) scale (Radloff 1977; Steffick 2009). The CES-D has been widely used in studies of late life depression and has good psychometric properties for use in these populations. Range for the CES-D scale will be 0-8. The eight-item scale asks respondents to think about the feelings they experienced in the past week. Did you feel: (1) depressed, (2) activities were an effort, (3) restless, (4) happy, (5) lonely, (6) enjoyed life, (7) sad or (8) could not get going with responses as yes (1) or no (0). The eight-item CES-D version has high internal consistency and validity. Depressive symptoms will be measured in 2014 and 2016 and combined to create a full sample.

Key Independent Variables

Interpersonal Discrimination. Six items assess the experiences of interpersonal discrimination. The items were adapted from the Everyday Discrimination Scale (Williams et al. 1997) in which respondents were asked*, In your day-to-day life how often have any of the following things happened to you:* (1) treated with less courtesy or respect than other people, (2) received poorer service than other people at restaurants or stores,

(3) people act if you are not smart, (4) people act as if they are afraid of you, (5) threatened or harassed, (6) received poorer service or treatment than other people from doctors or hospitals. Items are reverse coded on a 0-5-point scale, starting from zero 5 =Almost every day, 4 =At least once a week, 3 =A few times a month, 2 = A few times a year, 1 = less than once a year, 0 = Never. Items were averaged so that higher scores reflect greater interpersonal discrimination. Discrimination measures were analyzed individually and as a scale. For the discrimination scale, final score was set to missing if more than three items had missing values (Alpha = .83).

Mediators and Moderators

Perceived Constraint. Five items access perceived constraints scale is adapted from the Midlife in the United States, a national longitudinal study of health and well-being (MIDUS) (Lachman and Weaver, 1998; Pearlin and Schooler, 1978). The respondents are asked: please say how much you agree or disagree with the following statements: (1) I often feel helpless in dealing with the problems of life, (2) Other people determine most of what I can and cannot do, (3) What happens in my life is often beyond my control, (4) I have little control over the things that happen to me, (5) There is really no way I can solve the problems I have. Responses range from (1) = Strongly disagree, to, (6) = Strongly agree. The final code is recoded with response range starting with (1) strongly disagree, (2) somewhat disagree, (3) slightly disagree, (4) slightly agree, (5) somewhat agree, and (6) strongly agree. A scale is created by averaging the scores across the items and setting the final score to missing if there are more than three items with missing values.

Perceived Mastery. Five items access perceived mastery scale. The respondents are asked: please say how much you agree or disagree with the following statements: (1) I can do just about anything I really set my mind to, (2) When I really want to do something, I usually find a way to succeed at it, (3) Whether or not I am able to get what I want is in my own hands, (4) What happens to me in the future mostly depends on me, (5) I can do the things that I want to do. Responses range from (1) Strongly disagree to, (6) strongly agree. The final code is (1) strongly disagree, (2) somewhat disagree, (3) slightly disagree, (4) slightly agree, (5) somewhat agree, and (6) strongly agree. A scale is created by averaging the scores across the items and setting the final score to missing if there are more than three items with missing values.

Ethnicity. Ethnicity is measured by a follow-up question to those that answered, "yes" to *Did [First Name] consider [himself/herself] Hispanic/Latino?* The type of ethnicity is assessed using the following question: *Would you say you are Mexican American, Puerto Rican, Cuban American, or something else? Choose all that apply.* In the "masked" version of this variable available in the HRS public use data set, Ethnicity was recoded as 1 = Mexican/Chicano; 7 = Other (including Puerto Rican and Cuban American) to protect participant confidentiality. For purposes of this study, Ethnicity is coded into two mutually exclusive categories (1=Mexican American/Chicano; 0=Other ethnicities). Those that responded to the ethnicity question with, "don't know," "not ascertained," or "refused" (n=11) were dropped from the final sample.

Covariates

The analysis controls for several covariates. The covariates include gender, age, nativity, cohorts, marital status, education, occupation, employment status, income,

region, language, and years in the United States. Please see Descriptive Table 2 for more information on these variables.

3.5 Statistical Analysis

I use OLS regression to examine the mediating and moderating role of sense of control in the relationship between interpersonal discrimination and depressive symptoms among older Latinx adults. All models are stratified by ethnicity (i.e., older Mexican adults and older Latinx adults of other ethnicities). Sense of control is conceptualized as perceived constraints and mastery as recommended by previous research (Lachman & Weaver 1998; Pearlin & Scooter 1978). Analyses include eight models. Model 1 focuses on the focal relationship between interpersonal discrimination and depressive symptoms. Models 2 examines the mediating role of perceived constraint and mastery on the relationship between interpersonal discrimination and depressive symptomology. These models look for change in the interpersonal discrimination coefficient in Model 1 as well as use Baron and Kenny's mediation analysis (1986). Models 3 and 4 test the moderating effects of perceived constraints and mastery by including an interaction term (i.e., interpersonal discrimination x perceived control and interpersonal discrimination x mastery). Moderators and predictor variables are mean-centered. I use the variance inflation factor (VIF) command to check for multicollinearity. The analytical strategy is the same for older Mexican adults and older Latinx adults of other ethnicities. Data management and weighted descriptive statistics were conducted using Stata version 16/SE.

3.6 Results

Descriptive statistics are reported in Table 2.1. On average, older Latinx adults of other ethnicities report higher frequency of interpersonal discrimination (0.57) compared to older Mexican adults (0.51). Similarly, older Latinx adults of other ethnicities report higher rates of depressive symptoms (2.01) compared to older Mexican adults (1.89). Both older Mexican adults (3.98) and older Latinx adults of other ethnicities (3.96) report similarly high levels of mastery, on average. Older Latinx of other ethnicity report higher amounts of perceived constraints (2.01), compared to older Mexican adults (1.94). Women, on average, make up more of my sample compared to men (60.2% v. 39.7%, respectively). The majority of older Latinx adults of other ethnicities are foreign-born (70.2%) compared to their U.S.-born counterparts (29.7%). Older Mexican adults are primarily foreign-born as well (52.5%) compared to U.S.-born adults (47.4%). Combined, 59.8% of my sample is foreign-born while 40.1% are U.S-born. The majority of older Latinx of other ethnicities (54.7%) opted to take this survey in Spanish, while the majority of older Mexican adults (51.5%) opted to take the survey in English. In addition, most of my respondents are not in the labor force (52.1%) with older Mexican adults not in the labor force at marginally higher percentages when compared to older Latinx adults of other ethnicities (52.5% v. 51.5%, respectively).

Table 2.2 displays the results of the mediation and moderation analyses. In Model 1, I regress interpersonal discrimination on depressive symptomology while controlling for age, nativity, cohort, marital status, educational attainment, employment status, language of interview, and physician diagnosed health conditions. First examining the case of older Mexican adults, interpersonal discrimination is positively associated with

depressive symptoms (b = 0.57, p<.001). We also find that among older Latinx adults of other ethnicities that discrimination is also positive associated with depression (b = 0.39, p<.05). Model 2 tests the mediation analysis of perceived mastery and constraint controlling for all covariates in the previous model. Jointly, perceived constraint and mastery are statistically significant mediators of the relationship between interpersonal discrimination and depressive symptomology across both samples. For older Mexican adults, sense of control significantly mediated interpersonal discrimination and depressive symptomology with a decrease in mastery and an increase in constraints. Specifically, we see a change in the coefficient of discrimination from .57 in Model 1 to .47 with the introduction of the sense of control variables. Similar results were found for older Latinx adults. For Model 3, I examined the moderating role of perceived constraints on interpersonal discrimination and depressive symptoms with the inclusion of the interaction terms. Surprisingly, there is no significant moderating effect for perceived constraints for older Mexican adults or older Latinx adults of other ethnicities. For Model 4, I interact mastery with interpersonal discrimination and predict depressive symptoms. Similar to perceived constraints, there is no significant moderating effect of mastery on discrimination and depressive symptoms for older Mexican adults or older Latinx adults of other ethnicities.

3.7 Discussion

Sense of control significantly impacts the relationship between interpersonal discrimination and depressive symptomology for older Latinx adults. A more nuanced understanding of psychosocial mechanisms, such as sense of control, is often missing in the literature especially for older Latinx adult populations. To expand beyond well-

researched psychosocial mechanisms, such as social support, this study examines sense of control (i.e., perceived constraints and mastery), while also examining the important of ethnicity among US Latinx adults. Results provide evidence that interpersonal discrimination significantly increases depressive symptomology in the focal relationship for both older Mexican adults and older Latinx adults of other ethnicities. Furthermore, sense of control mediates the relationship of interpersonal discrimination and depressive symptomology. This advances our knowledge of discrimination (i.e., racialized stress) and health and provides a key to better understand the stress process theory. No moderation effects were found for sense of control on interpersonal discrimination and depressive symptomology for either older Mexican adults or older Latinx adults of other ethnicities.

My findings are grounded in the stress process literature and consistent with previous research on the discrimination-health relationship (Lopez et al. 2017; Williams 2012; Pearlin et al. 1997). First, interpersonal discrimination negatively impacted depressive symptoms for older Mexican adults and older Latinx adults of other ethnicities. Second, similar to results found in a study of mid-age Latinx adults the mediation models indicated that sense of control is a pathway to better understand interpersonal discrimination on depressive symptoms for older Latinx adults (Moradi and Risco 2006). In this way, sense of control helps explain the negative impact of discrimination on the health and well-being of older Latinx. More specifically, it appears that discrimination erodes feels of mastery while increasing perceived constraints. Previous research suggest that such negative interpersonal interactions may lead to heightened feelings of helplessness and hopelessness. These effects are present for older

Mexican adults and older Latinx adults of other ethnicities. Surprisingly, the negative influence of interpersonal discrimination on depressive symptoms was not attenuated or intensified by levels of sense of control for either older Mexican adults or older Latinx adults of other ethnicities. It was predicted that a higher sense of self might protect against the detrimental influence of interpersonal discrimination on depressive symptoms, but this hypothesis was not found.

Limitations of the present study should be noted. First, my findings are based around a significant indicator of self, sense of control, but other psychosocial mechanisms should be considered. Particularly, previous literature finds that family support plays a significant role in the lives of many Latinx adults, so understanding the specifics of that social support (i.e., instrumental, emotional, informational, or self-esteem) might be important for the discrimination-health link (Monserud and Markides 2017). Second, expanding the ethnicity-nativity relationship might provide a greater understanding of sense of control for older Latinx adults. Considering how sense of control varies for nativity beyond a control measure might provide greater context to understanding the myriad ways these groups might vary. Third, these results are based on cross-sectional data. Finally, while the measure of interpersonal discrimination is widely used and significant to the literature, experiences of discrimination might be evolving. Including additional dimensions of discrimination, such as microaggressions, systemic racism, workplace discrimination, etc., might provide more clarity for understanding the discriminatory experience of the older members of the Latinx community and its implications for their psychosocial resources and mental health.

This study makes significant contributes to the discrimination-health link by considering sense of control. First, findings support previous research that highlights the disparate mental health outcomes for Latinx adults as a result of interpersonal discrimination (Araújo and Borrell 2006; Finch and Vega 2003; Pérez et al. 2008; Ryan, Gee, and Laflamme 2006; Viruell-Fuentes 2007). Second, this study considers the influence of psychosocial mechanisms. Particularly, sense of control as a mediator in the relationship of interpersonal discrimination on depressive symptomology. This provides evidence that sense of control as an important pathway to better understand the discrimination-health relationship for older Latinx adults and allows for a broader understanding the important of psychosocial mechanisms. Finally, this study assesses older Latinx adults and their relationship with sense of control. Despite the growing population of Latinx adults, research in understanding psychosocial mechanisms that might influence their mental health is limited. Future research should consider the support systems that might exist for aging Latinx adults, which may buffer the prolonged strain of discrimination on depressive symptoms for Latinx adults later in life.

Table 2.1: Sample characteristics of HRS Latinx older adults weighted estimates, n = 1,569

	Range	Mexican adults n=918	Latinx adults of other ethnicities n=651	Full Sample, N=1569
Depressive Symptomology (DV)	0-8	1.89 (2.19)	2.01 (2.32)	1.93 (2.25)
Perceived Discrimination (IV)	0-5	0.51 (0.77)	0.57(0.79)	0.54 (0.78)
Mediators and Moderators				
Personal Control				
Perceived Mastery	0-5	3.98 (1.31)	3.96 (1.41)	3.97 (1.36)
Perceived Constraint	0-5	1.94 (1.46)	2.01 (1.49)	1.97 (1.47)
Covariates				
Gender				
Women	0-1	59.4%	61.4%	60.22%
Men	0-1	40.6%	38.6%	39.78%
Age		63.3 (9.8)	63.4 (10.7)	63.3(10.2)
Nativity				
Foreign-born	0-1	52.5%	70.2%	59.8%
U.S.-born	0-1	47.4%	29.7%	40.1%
Cohorts				
War Baby (WB)	0-1	30.1%	31.2%	30.5%
Post-WWII	0-1	69.8%	68.8%	69.5%
Marital Status				
Married	0-1	74.0%	62.9%	69.4%
Not Married/Widowed/Divorced	0-1	25.9%	37.1%	30.6%
Education				
Less than a high school	0-1	48.0%	31.6%	41.3%
High School/GED	0-1	28.4%	28.2%	28.3%
Some College	0-1	16.4%	24.9%	19.9%
College/Advanced degree	0-1	7.1%	15.2%	10.5%
Employment Status				
Not in Labor Force	0-1	52.5%	51.5%	52.1%
In Labor Force	0-1	47.5%	48.5%	47.9%
Language of Interview				
Spanish-speaking	0-1	48.5%	54.7%	51.1%
English-speaking	0-1	51.5%	45.3%	48.9%
Physical Health				
Physician diagnosed health condition, 0	0-1	81.6%	79.2%	80.6%
Physician diagnosed health conditions, 1-8	0-1	18.4%	20.8%	19.4%

Notes: reference group is italicized, Used Merged HRS data, higher values represent more depressive symptomology and interpersonal discrimination

Table 2. 2: The net effects of interpersonal discrimination on depressive symptoms for Mexican adults and Latinx adults of other ethnicities, mediation and moderation, weighted estimates, n=1,569

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	Mexican adults N=918				Latinx adults of other ethnicities N=651			
	Model 1	**Model 2**	**Model 3**	**Model 4**	**Model 1**	**Model 2**	**Model 3**	**Model 4**
Interpersonal Discrimination	0.57 (0.13)***	0.47 (0.12)***	0.45 (0.13)***	0.42 (0.12)**	0.39 (0.17)*	0.04 (0.16)	-0.01 (0.17)	-0.08 (0.15)
Mediators								
Perceived Mastery		-0.19 (0.08)*	-0.19 (0.08)*	-0.18 (0.08)*		-0.28 (0.09)***	-0.28 (0.09)**	-0.24 (0.09)
Perceived Constraint		0.21 (0.72)**	0.21 (0.07)**	0.21 (0.72)**		0.45 (0.07)**	0.43 (0.07)***	0.46 (0.07)***
Moderators								
Discrim x Constraints			0.06 (0.07)				0.06 (0.08)	
Discrim x Mastery				-0.06 (0.06)				-0.13 (0.09)
Covariates								
Gender								
Women[1]	0.19 (0.19)	0.16 (0.19)	0.17 (0.19)	0.17 (0.19)	0.25 (0.27)	0.02 (0.25)	-0.02 (0.25)	0.05 (0.25)
Age	-0.03 (0.02)	-0.03 (0.02)	-0.04 (0.02)*	-0.04 (0.02)*	-0.06 (0.03)	-0.07 (0.02)**	-0.07 (0.02)	-0.08 (0.02)
Nativity								
Foreign-born[3]	0.42(0.32)	0.45 (0.29)	0.48 (0.29)	0.46 (0.29)	0.18 (0.37)	0.33 (0.31)	0.34 (0.30)	0.34 (0.30)
Cohorts								
War Baby and older[2]	-0.08 (0.29)	0.07 (0.30)	0.08 (0.30)	0.08 (0.30)	0.03 (0.51)	0.21 (0.45)	0.24 (0.45)	0.24 (0.44)
Marital Status								
Married[3]	-0.75 (0.24)	-0.76 (0.23)**	-0.76 (0.23)**	-0.76 (0.23)**	-0.80 (0.28)*	-0.83 (0.26)**	-0.85 (0.25)**	-0.82 (0.25)**
Education								
Less than a high school[4]	0.18 (0.26)	0.08 (0.25)	0.10 (0.244)	0.09 (0.24)	0.17 (0.37)	0.06 (0.34)	0.07 (0.33)	0.04 (0.33)
Some College	-0.39 (0.28)	-0.32 (0.26)	-0.38 (0.26)	-0.38 (0.27)	-0.96 (0.35)**	-0.69 (0.29)*	-0.70 (0.29)*	-0.67 (0.29)*
College/Advanced degree	-0.49 (0.28)	-0.32 (0.26)**	-0.31 (0.27)	-0.31 (0.26)	-0.85 (0.38)*	-0.59 (0.34)$^{+}$	-0.59 (0.35)	-0.57 (-.34)
Employment Status								
Not in Labor Force[5]	-0.75 (0.22)**	-0.63 (0.22)**	-0.62 (0.21)**	-0.63 (0.22)**	-1.2 (0.38)**	-0.94 (0.31)**	-0.93 (0.31)**	-0.90 (0.1)**
Language of Interview								
English-speaking[6]	-0.83 (0.31)*	-0.69 (0.29)*	-0.70 (0.29)*	-0.67 (0.29)	-0.04 (0.35)	-0.15 (0.31)	-0.15 (0.31)	-0.14 (0.31)
Physical Health								
Physician Diagnosed Health Conditions, 0-8[7]	-0.73 (0.24)**	-0.59 ().24)*	-0.59 (0.24)*	-0.60 (0.24)*	-1.12 (0.29)***	-0.91 (0.27)**	-0.86 (0.17)***	-0.92 (0.27)**
Constaint	4.58 (1.26)***	5.38 (1.24)***	6.14 (1.25)***	4.85 (1.20)***	6.98 (1.91)***	8.43 (1.73)***	9.4 (1.72)***	7.15 (1.6)***
R^2	0.17	0.20	0.20	0.20	0.22	0.32	0.32	0.33

Notes: $^{+}$p<.1 *p<.05, **p<.01, ***p<.001, Used Merged HRS data, [1]Referent group is men, [2]Referent group is Post-WWII, [3]Referent group is separated, divorced, widowed, never married, [4] Referent group is High School Diploma/GED, [5] Referent group is in the labor force, [6] Spanish-speaking, [7] Referent group is no physician diagnosed health conditions

Chapter 4

Interpersonal discrimination and depressive symptoms: Using Actor-Partner Interdependence Models for older Latinx couples

Racial discrimination is a chronic source of stress among Latinx adults in the United States (Lopez et al. 2017; Williams 2012; Pearlin et al. 1997), and structural racism leads to differential access to the goods, services, and opportunities as a result of this mistreatment (Robert Wood Johnson Foundation 2017). Latinx adults who experience discrimination are at greater risk for depressive symptoms, major depression, and psychological distress (Pérez et al. 2008; Araújo and Borrell 2006; Ryan et al. 2006). Despite this, much of the research in this area largely ignores the impact of discrimination outside of one's own personal mental health. Since individuals' lives are interconnected, discrimination experienced by a partner (and not just oneself) may also harm health (Gee et al. 2012; Williams & Umberson 2004). This study expands previous work on discrimination and health by paying specific attention to the salience of *linked lives* – how people in intimate relationships, specifically married partners, may occupy mutually influential and interlocking life course trajectories (Elder et al. 2003). For example, interpersonal discrimination experienced by one's spouse may impact not only the health of the person directly experiencing discrimination, but also the health of their partner (i.e., vicarious effects).

Despite the growing presences of the Latinx population in the United States, little is known about the health and family outcomes of older Latinx, particularly how marriages and family dynamics impact health. Recent estimates suggest that less than one percent of publications in leading marriage and family journals have examined Latinx family dynamics over the past few decades (Helms 2013). Since typical frameworks in the sociology of family use (white) European Americans as the "norm," there is a need to investigate relationship between marriages and family and health outcomes through the distinct Latinx experience (Umaña-Taylor 2002; Harris et al. 2008; Bermúdez & Stinson 2011). For example, research finds Latinx marriages are built around strong family orientation, commonly referred to as *familismo,* which values family interdependence and loyalty and views marriage as foundational to adulthood (Bulut and Gayman 2020; Falconier 2013; Steidel and Contrearas 2003). This framework may make marriages and family dynamics distinct for Latinx populations.

The present study contributes to this gap in the literature by examining dyadically – i.e., between husband and wife - how discriminatory experiences impact depressive symptoms among married older Latino couples. This study integrates theory and research from the stress process and life course theories to explore the lived experiences of older Latinx adults in the U.S., and its specific impact on health. Particular to life course theory research, the link between health inequity and race/ethnicity is well researched (Bailey et al. 2017; Krieger 2014; Gee et al. 2012; Williams 2012), but it remains less clear how aging shapes relationship trajectories later in life among Latinx populations in the United States. Key principles of the life course approach are to locate individual development, including social relationships, life transitions and events and

human agency in cultural and historical contexts (Bekteshi et al. 2020; Wood et al. 2018). Linked lives framework argues that people in intimate relationships occupy mutually influential and interlocking life course trajectories and that these trajectories may impact other areas of their lives (Gee et al. 2011). Previous research describes how the process of aging might create new exposures to racial bias and how events that affect one partner might also have vicarious effects on the health and well-being of the subsequent partner (Wofford et al. 2019).

4.1 Discrimination & Stress in the lives of Latinx adults

Racial discrimination – i.e., treating someone unfavorably because of their race or personal characteristics associated with race - is a common occurrence for Latinx in the U.S. (Lopez et al. 2017; Williams 2012). In a nationally representative study, one in three Latinx adults report they or someone close to them has experienced discrimination in the past 5 years because of their racial/ethnic background (National Survey of Latino 2002). Recent evidence suggests that 52 percent of Latinx adults report being victims to racial microaggressions (i.e., everyday verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights or insights) and discrimination (Robert Wood Johnson Foundation 2017; Yearwood 2013). Such experiences cut across a variety of life domains, including education, housing, and employment opportunities (Pérez et al. 2008).

A growing body of work highlights the importance of discrimination as a determinant in racial-ethnic health disparities (Meca et al. 2020; Findling et al. 2019; White et al. 2019; Lopez et al. 2018; Landale et al. 2017; Mays et al. 2017), with interpersonal discrimination seen as a unique form of racialized stressed in Black and

Brown communities (Lopez et al. 2017; Williams 2012; Pearlin et al. 1997). As a unique form of racialized stress, discrimination is contingent on social location and structural contexts that expose individuals to varying levels of stressors (Pearlin 1989) that disrupt multiple facets of an individual's life including social statues and roles, relationships, and activities (Pearlin et al. 1997). Latinx adults experience a specific variety of stressors that are rooted in structural processes, beyond individual-level preventative behaviors, which have adverse consequences for their individual health (Alcántara et al. 2014; Ornealas and Perreira 2011; Bonilla-Silva and Glover 2004). For example, Latinx adults who experience discrimination are at greater risk for depressive symptoms, high blood pressure, increased cortisol levels, and psychological distress (Beatty et al. 2016; Adam et al. 2015; Pérez et al. 2008; Araújo and Borrell 2006; Ryan et al. 2006). These stressors have the power to disrupt multiple life domains (Pearlin et al. 1997). The stress process theory, highlighted in discrimination and health research, claims that an individuals' social location (e.g., race, gender, class, age, etc.) and structural contexts expose them to varying levels of stress (Pearlin 1989). Additionally, social location also impacts the resources available to cope with stress (Meyer et al. 2008). A key component of stress process is stress proliferation and stress crossover, which refers to the expansion of stress to secondary stressors and how stress experienced by one person affects the level of strain of another person in the same social environment, respectively (Pearlin et al. 2005; Pearlin et al. 1997). Under this framework, discriminatory experiences not only impact the individual experiencing the racialized stress but may also impact the well-being of those closest to the individual (Pearlin et al. 2005; Pearlin et al. 1997). As a result, individual stressors might have vicarious effects—contributing to negative mental health

outcomes for Latinx families and marriages because of the shared nature of racialized stress (Alcántara et al. 2014; Ornealas and Perreira 2011; Meyer et al. 2008).

Latinx' strong family orientation, commonly referred to as *familismo,* values family interdependence and loyalty and understands family as a source of emotional and instrumental support (Bulut and Gayman 2020; Falconier 2013; Lugo et al. 2003). In this way, experiencing stress and providing support within the marital context is consistent with the *familismo* framework (Falconier 2013). Older Latinos, specifically, have identified family networks as an essential component to mental health (Jimenez et al. 2020; Jimenez et al. 2012). For example, studies found that within Latinx families a lack of support is related to increased emotional distress and mental health (Alegría et al. 2004; Tschann et al. 2002), and familial support has been shown to offset the adverse health consequences for Latinx experiencing discrimination. Yet less is known about the health consequences on the family member providing the support (Lazarevic et al. 2021; Bulut and Gayman 2020; Sanchez et al. 2019; Sung et al. 2018). Moreover, discrimination may erode family support that is found to be important in Latinx families impacting their health in a very particular way.

Social relationships are an innate part of the human experience and individuals' health, and wellbeing are influenced by these relationships. Linked lives, or the interconnection of lives in intimate relationships by bonds of family, is a key principle advanced by life course theory (Gee et al. 2012). Most linked lives research has analyzed how experiences of discrimination impact parent-child relationships, focusing on the impact on children (Hou et al. 2017; Bécares et al. 2015; Harris-McKoy et al. 2014; Tran 2014; Thomas et al. 2013). For example, interpersonal discrimination has been linked to

harsh parenting practices and parent-child hostility, which leads to poor child adjustment (Hou et al. 2017; Bécares et al. 2015). A longitudinal study on Mexican American adolescent and their parents, revealed that parents' discrimination impacted the wellbeing of their child (Park et al. 2018). Multilevel analyses concluded that fathers' discrimination significantly increases the link between adolescents' discrimination and depressive symptomology, net of the adolescents' own discrimination (Park et al. 2018). While significant, this recent study is the only research found on linked lives within the Latinx community and does not focus on the particular nuance of intimate married relationships (Park et al. 2018).

Particular to Latinx communities, a strong family orientation – in which experiences are commonly shared and there is an expectation of support - may make families more susceptible to the deleterious effects of stress. For example, Enriquez (2015), describes as 'multi-generational' punishment as a unique form of racialized stress among Latinx adults in the U.S., in which U.S. citizen children and their foreign-born parents often share in the risks and punishment associated with immigration status. Immigration enforcement and its stressful consequences, then, is not just impacting foreign-born Latinx communities, but also it can reverberate through Latinx family networks (Enriquez 2015). Additionally, familial expectations may change with age. A recent study from the Center for Retirement Research in Boston found that 38 percent of older adults, age 65 and older, will develop moderate needs and almost one-quarter will have severe needs (2021). Under this model, expectations of caretaking are expanding among Latinx families, therefore understanding how stress spills over to other family members—including spouses—is important.

Dyadic empirical investigations on the gender effects of partner relationships are limited (Wong 2021; Wong & Hsieh 2019; Wong 2018; Ledermann and Kenny 2012). Historically research has contended that heterosexual marriage is advantageous for men's mental health, but disadvantageous for women's (Gove 1972). Yet most of this work uses cross-sectional studies with small sample sizes and is largely centered on the experiences of white marriages and white women (Simon 2002; Bernard 1976; Gove 1972). Inequalities among Latinx wives and husbands, specifically, is often explained by patriarchal and traditionally conservative, gender norms of Latinx culture (Coleman-Minahan 2017). Examples of this include Latinx wives defer their decision-making to husbands. Latinx husbands are presumed to be the primary contributor to economic stability, while Latinx wives are expected to maintain traditional homemaking responsibilities. These gender and power dynamics produce gender inequality, both influenced by structural factors and societal standards, and constrain both Latinx women and men in marriages. Contrary to prior assumptions that a patriarchal "traditional Latino culture" protects the family and may be more harmful for women, this might ultimately lead to stress for Latinx men. For example, if a Latinx husbands feel a responsibility for the overall safety and protection of members of their families, they might be more inclined to feel responsible for the stress and burden of discrimination on their wives. Previous research finds that more Latinx men report discrimination compared to Latinx women (National Latino and Asian American Study, 2009). These results might be the result of men being more exposed to racial bias from social institutions, like employment, and Latinx women carrying the emotional toll of the effects of discrimination. Moreover, gender inequality occurs more often in households with less educational attainment and

greater poverty (Chetty et al. 2018). Many Latinx families are in poverty with low education levels, which might, then, exacerbate Latinx husbands' ability to carry out responsibilities that are culturally regarded as being a "man." For example, Latinx husbands might not be able to financially provide for their families due to structural employment barriers and this may exacerbate their levels of stress (Henderson et al. under review; Wheaton et al. 2018; William et al. 2003). Alternatively, gender expectations, including caretaker-homemaker responsibilities, may burden Latinx wives. Carrying the burden of racism for the entire family comes at a heavy cost and can worsen health when met with structural inequities. Latinx wives' cultural responsibility to care for the emotional needs of the family, might impact the wives own ability to care for their mental health. Moreover, when considering marriages for aging Latinx couples, older wives and husbands may have been embedded in these traditional gender norms and their adverse effects may be more significant.

4.2 Importance of Relationships: Older Latinx adults in the US

Studies that have examined the influence of support on discrimination-health have focused on the general effects of social support (Williams & Umberson 2004). Empirical studies find that perceived social support is the strongest type of support to protect against depression and that the most beneficial relationship for avoiding the adverse mental health outcomes of discrimination is an intimate, confiding relationship (Williams & Umberson 2004; Kessler 1992). For example, Mexican adults utilize family support as a coping resource to deal with negative life events (Aranda et al. 2001) and family support is found to be particularly important for older Mexican adults (Monserud and Markides 2017). This provides evidence for the important and influential role that

families, and intimate partners, might have in the lives of older Latinx adults, yet the unique impact of spousal relationships is not well-researched within Latinx communities. With the intimate nature of marital relationships, understanding a partner might be a valuable resource for coping with the negative effects of interpersonal discrimination. For example, in a qualitative study of Black couples, a central theme was "pulling together" which described how couples valued family solidarity as evidence by their discourses on working together to protect the family from the effects of racial discrimination (McNeil et al. 2014; Cowdery et al. 2009). In a similar way, Latinx couples might "pull together" to deal with discrimination and this may have influence on the spouse and spouse's mental health.

Furthermore, most studies on discrimination and mental health outcomes have focused on actor effects (i.e., one's own experiences of interpersonal discrimination on one's own well-being) and while important, it is not the only way that discrimination can impact mental health in the context of couples. According to the stress process and linked lives theory, lives are increasingly interconnected, and stressors do not occur in isolation. The stressors experienced by one individual, such as experiences of discrimination, often become significant for others who share the same roles, spaces, and interpersonal or work relationships (Pearlin 1989). As a result, discrimination can be explored through examining not only within person effects but also partner effects in the stress-health link.

To expand on this previous research, I analyze older, married, heterosexual, Latinx couples who experience interpersonal discrimination. I hypothesize interpersonal discrimination will increase depressive symptoms for older Latinx not only directly, but also vis-à-vis a partner's experience of discrimination (Wong and Hsieh 2019; Gee et al.

2012). Intimate relationships, such as wives and husbands, occupy mutually influential and interlocking life course trajectories, and for this reason I hypothesize that gendered effects will be significant for both Latinx husbands and wives (Wong and Hsieh 2019; Gee et al. 2012). This paper tackles the following aim: investigates how an older Latinx spouse's report of interpersonal discrimination is associated with their own and their Latinx partner's depressive symptoms using Actor-Partner Interdependence Models (APIM) accounting for gender differences.

4.3 Data

Data comes from the Health and Retirement Study (HRS), a nationally representative longitudinal study of Americans aged 50 and older, to examine the association between interpersonal discrimination and depressive symptomology among Latinx married couples. The sampling design of the HRS involves interviewing respondents and their spouses every two years. The survey was established in 1992 to provide a national resource for data on the changing health and economic conditions associated with aging at the individual and population levels.

The LB (leave behind questionnaire) is a self-administered collection of psychosocial characteristic data the HRS began collecting in 2006 and contains information about respondents' life circumstances, subjective well-being, and lifestyle. The LB is collected biennially on a rotating random 50% sample of the core panel. I use data from the 2014 and 2016 psychosocial and lifestyle questionnaire because it oversamples race-ethnic minorities to boost the size of the minority samples. To take advantage of these minority oversamples, I restrict my analysis to age and cohort eligible different-sex, married couples, in which both partners self-identify as Hispanic/Latinx

adults who completed the 2014 or 2016 LB. My final dataset consists of merged data from the LB 2014 and 2016; Tracker file from November 2020; and RAND Longitudinal file from 1992-2016. I merge the data using the unique identifier of household ID (HHID) and personal ID (PN). Crosstab checks confirmed a successful merge. Of the 672 eligible respondents, 88 respondents were lost due to missing spousal information, proxy reports, and/or missing data weights, therefore the final analytic sample for this study comprises 292 couples (n=584).

Dependent Variable

Depressive Symptoms. The HRS depression symptoms measure is a subset of the Center for Epidemiologic Studies Depression (CES-D) scale (Radloff 1977; Steffick 2009). The CES-D has been widely used in studies of late life depression and has good psychometric properties for use in these populations. Range for the CES-D scale will be 0-8. The eight-item scale asks respondents to think about the feelings they experienced in the past week. Did you feel: (1) depressed; (2) activities were an effort; (3) restless; (4) happy; (5) lonely; (6) enjoyed life, (7) sad or (8) could not get going with responses as yes (1) or no (0). The eight-item CES-D version has high internal consistency and validity. Depressive symptoms is assessed in 2014 and 2016 and combined to create a full sample.

Independent Variable

Interpersonal Discrimination. Six items assess the experiences of interpersonal discrimination. The items were adapted from the Everyday Discrimination Scale (Williams et al. 1997) in which respondents and their partners were asked*, In your day-to-day life how often have any of the following things happened to you*: (1) treated with

less courtesy or respect than other people, (2) received poorer service than other people at restaurants or stores, (3) people act if you are not smart, (4) people act as if they are afraid of you, (5) threatened or harassed, (6) received poorer service or treatment than other people from doctors or hospitals. Items are reverse coded on a 0-5-point scale, starting from zero: 5 = Almost every day, 4 = At least once a week, 3 = A few times a month, 2 = A few times a year, 1 = less than once a year, 0 = Never. Items were averaged so that higher scores reflect greater interpersonal discrimination. Final score was set to missing if more than three items had missing values. The Cronbach's alpha was 0.82.

Covariates

The analysis controls for several of the respondents' characteristics including age, education, employment status, ethnicity, nativity, and number of physician-diagnosed health conditions, as these may all be associated with depressive symptoms. Age was measured in years. Education was assessed as less than high school, high school diploma/GED (referent), some college, or a college degree or higher. Employment status is a combination of labor force and census employment categories with the following categories working- white collar profession, working-blue collar profession, working-sales or services, and not working (referent). Ethnicity is assessed by a single binary measure: (Mexican adults = 1 (referent); Latinx adults of other ethnicities = 0). Nativity is U.S.-born (referent) vs. foreign-born. Finally, I have a dichotomized measure of the number of doctor-diagnosed physical conditions, 0 conditions (referent) vs. 1-8 conditions. Please see Descriptive Table 3.1 for more information on these variables.

4.4 Statistical Analysis

I restrict my analysis to heterosexual, married, older Latinx adults and analyze the dyadic data using the Actor-Partner Interdependence Model (APIM) (Cook and Kenny, 2005). I test if actor's (wife) discrimination affects partner's (husband) depressive symptomology after accounting for the relationship among the actor's characteristics and outcomes (i.e., bidirectional effects in interpersonal relationships). Similarly, I test how partner's (husband) discrimination affects actor's (wife) depressive, again accounting for the relationship among the husbands' characteristics and outcomes. In this way, this study investigates how the interpersonal discrimination of a partner can impact an individual's own depressive symptomology and vice versa (See Figure 1). Given the complexity of the APIMs, analysis will examine the cross-sectional association between spousal-reported discrimination and their partner's depressive symptomology for years 2014/16. Furthermore, I use post-hoc Wald tests to identify gender differences in the relationships between interpersonal discrimination and depressive symptomology. Data management and weighted descriptive statistics were conducted using Stata version 16/SE.

Few requirements are needed for an APIM analysis. Data must be collected from each member in the partnership. Second, the outcome of interest must be individual-level and it can only be predicted for two respondents at a time. Also, the data must be in the form of a pairwise dataset. A pairwise dataset is one in which there is one observation for each individual and each individual's observation contains his/her partner's data as well. A pairwise dataset is needed to add both individual-specific and partner variables in the same model. All these requirements are met for analysis.

4.5 Results

Descriptive statistics are reported in Table 3.1. On average, wives report slightly higher depressive symptoms (1.97) compared to their husbands (1.34). Interpersonal discrimination is modest, averaging 0.42 for Latinx wives and 0.48 for Latinx husbands. Husbands were, on average, slightly older than their wives. Most wives reported a higher education than their husbands, but approximately half the sample has less than a high school diploma. Furthermore, the majority of the wives and husbands are foreign-born (66.3 vs. 66.7, respectively) and Mexican ethnicity (71.0 vs. 63.3, respectively). The majority of wives are not working (60.7%) and majority of husbands are not working, but at a lower percentage (57.8%). Of those in the labor force, most wives are working within the service, retail, and leisure sector (22.5%) and husbands are working within bule collar professions (26.8%).

Results of the wives and husbands APIM models for dyadic interpersonal discrimination on depressive symptoms are present in Table 3.2. All models control for age, ethnicity, nativity, educational attainment, employment status and physician diagnosed health conditions. Coefficients in non-bolded font are actor effects and bolded coefficients are partner (spouse) effects.

Based on Table 3.2 (actor effects), husband's own experiences of interpersonal discrimination was positively associated with their own reports of depressive symptomology ($\beta = 0.58$, $p<.01$). Similarly, a positive association exists between wife's own experiences of interpersonal discrimination and their own reports of depressive symptomology ($\beta = 0.75$, $p<.001$). There are no partner effects present. Husbands' (or wives') interpersonal discrimination had no significant association with their wives' (or

husbands') reported depressive symptoms. Finally, using the Wald tests we examine whether the impact of interpersonal discrimination on depressive symptomology was more harmful for wives than husbands. Results indicate that spousal interpersonal discrimination on depressive symptomology did not vary by gender of partner.

4.6 Discussion

Interpersonal discrimination is a stressor that impacts mental health (Bonilla-Silva and Glover 2004; Williams et al. 2003). The ways in which discrimination impacts health within the context of family and marriages of Latinx adults is often missing from the literature. To contribute to this gap in the literature, this study examined vicarious effects—the relationship between one's own and one's spouse's interpersonal discrimination on depressive symptomology among older, different-sex married Latinx couples. Additionally, I considered the gender effects that might be influencing the relationship.

Results suggest that one's own experience of interpersonal discrimination is associated with one's own depressive symptomology, particularly significant for wives. No significant results were found for the impact of partner's interpersonal discrimination on their spouse's depressive symptoms. This was surprising, given the linked lives and stress process theory, as I hypothesized that there would be partner effects for my models. Furthermore, no significance was found for gender differences.

Actor effects are consistent with recent discrimination-health research (Meca et al. 2020; Findling et al. 2019; White et al. 2019; Lopez et al. 2018; Landale et al. 2017; Mays et al. 2017). Based on evidence from the stress process theory and life course theory, discrimination acts as a stressor which can impact family life both directly and

indirectly. Research suggests that depressive symptomology might be a gendered response to experiences of interpersonal discrimination, particularly for Latinx wives and their restrictive gender roles, but less is known how this might manifest within marriages. Familial responsibilities, and structural oppression rooted in racism and gender norms (i.e., poverty and educational attainment), might explain such differences (Bulut and Gayman 2020; Chetty et al. 2018; Falconier 2013; Lugo et al. 2003).

With lives increasingly interconnected, stress might impact a person's mental health via a partner's experiences of discrimination, and not just from one's own experiences (i.e., secondary stressors). Theories of linked lives and stress proliferation and crossover suggest that a partner's racialized stress may impact their spouse's mental health. Despite this theory, my results find no evidence of partner effects for Latinx married couples. Previous literature is limited for Latinx marriages so inconsistent findings may be present. Further research into this life stage of the couple, time spent together, closeness of couple, and years married might clarify the analysis.

Moreover, there are several important reasons we might not find partner effects. First, the wives and husbands report modest levels of interpersonal discrimination overall (0.42 and 0.48, respectively). A growing body of research finds that these differences may be unrecognition - and therefore underreporting - of discrimination as well as a lifetime of undiagnosed trauma resulting in the normalization of mistreatment. Older Latinx adults, may perceive discrimination as culturally normative than younger Latinx adults. Furthermore, the measurements used for interpersonal discrimination aren't targeted to older individuals that may be retired/not working and older Latinx adults are often times not targeted by the police (i.e., threatened or harassed) at this stage in the life

course. Second, higher-income (i.e., professional industry) and greater educational attainment increase foreign-born Latinx reports of interpersonal discrimination (Pérez et al. 2009; Pearson 2008; Finch et al. 2000). This might be because foreign-born Latinx adults' exposure to racialized stress increases with higher proximity to whites in the workplace and institutions of higher education. Because my sample is mostly not working or in blue collar/service industry with less than a high school diploma, their exposure to interpersonal discrimination might be buffered by their lack of interaction and shared spaces with white individuals.

Finally, I investigate if there are gender effects for discrimination and depressive symptomology. Although the particular nature of familial support within Latinx marriages might predict differences along wives and husbands, findings did not support this prediction. This may be for a number of reasons. Particularly in Latinx culture, mental health is stigmatized by gender. In this way, there is more flexibility for wives to be openly expressive of adverse mental health symptoms, while husbands may feel restricted within the "machismo" framework. These restrictive gender roles are more significant in households with greater poverty (i.e., working class families) and less education, which is a majority of my sample. Furthermore, older Latinx adults might have normalized the trauma associated with discrimination in order to protect their marriage and families. As a result, families are a beacon to receive comfort, care, and understanding in the face of the mistreatment by society. Previous research points to this unique support system in Latinx families, which might also exist in their communities and/or neighborhoods and may offset the adverse effects of discrimination (Cobb et al. 2020; Ward et al. 2019; Pérez et al. 2008).

Limitations of the present study should be noted. First, the findings are cross-sectional. Future research should use APIM to further understand Latinx relationships beyond cross-sectional data. Second, our sample only consists of opposite-sex, married couples. Inclusion of gender nonconforming couples (or non-married partners) across various demographic characteristics would be important direction to further Latinx family literature. In addition, focusing on the potential differences across ethnicity-nativity, and moving beyond a monolithic understanding of Latinx categorization, is vital for understanding the myriad ways these groups might vary. Finally, while the measure of interpersonal discrimination is widely used and significant to the literature, the experiences of discrimination, particularly later in life, might be evolving to include additional dimensions such as microaggressions, systemic racism, etc., and could influence partnered relationships differently.

This study makes significant contributions to family literature and poises important ideas for future research. First, this study contributes to advancing our understanding of discrimination and racialized stress for both individuals and their spouses. Although partner effects were not found for interpersonal discrimination and depressive symptoms, there were significant actor effects. Personal experiences of discrimination impact the depressive symptomology of both husbands and wives and contributes a particular understanding for older Latinx adults' marriages. Second, this study assesses older Latinx adults and the nature of their marriages. Despite the growing population of Latinx individuals, research in understanding their relationships and families is limited. Future research should consider the support systems that might exist for Latinx families, which may buffer the prolonged strain of discrimination on

depressive symptoms for Latinx later in life. Additionally, future research should extend this dyadic study beyond normative institutes of marriage to better understand other instrumental relationships for older Latinx adults, such as intimate friendships, children, and caretakers.

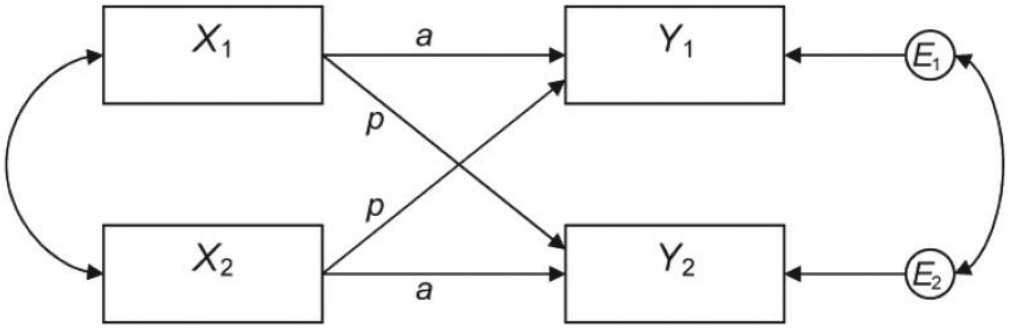

Figure 3.1: Conceptual Model of Actor-Partner Independence Model of Interpersonal Discrimination and Depressive Symptoms, Cross-sectional[1]

[1] Notes: X^1 = actor's interpersonal discrimination, X^2 = partner's interpersonal discrimination, Y^1= actor's depressive symptoms, Y^2=partner's depressive symptoms

Table 3.1: Sample characteristics of HRS Latinx married older adults, weighted estimates, n= 584

	Range	Wives N=292	Husbands N= 292
Dependent Variable			
Depressive Symptomology	0-8	1.97 (2.12)	1.34 (1.85)
Independent Variable			
Interpersonal Discrimination	0-5	0.42 (0.65)	0.48 (0.75)
Covariates			
Ethnicity			
Mexican adults	0-1	71.0%	63.3%
Latinx adults of other ethnicities	0-1	28.9%	36.4%
Nativity			
U.S.-born	0-1	33.7%	34.3%
Foreign-born	0-1	66.3%	65.6%
Age (years)	50-91	63.9 (8.20)	66.7 (9.53)
Educational Attainment			
Less than a high school	0-1	47.7%	50.2%
High School diploma or GED	0-1	29.7%	27.5%
Some college	0-1	13.0%	13.6%
College and above		9.7%	8.7%
Employment Status			
Not Working	0-1	60.7%	57.8%
Blue Collar	0-1	11.4%	26.8%
White Collar	0-1	5.4%	7.5%
Service/Retail/Leisure	0-1	22.5%	7.8%
Physician diagnosed health conditions	0-1	0.13 (0.34)	0.17 (0.40)

Notes: reference group is italicized, Used Merged HRS data, higher values represent more depressive symptomology and interpersonal discrimination

Table 3.2: Latinx Spouse's report of interpersonal discrimination in association with their own and their partner's depressive Symptoms using Actor-Partner Interdependence Models, weighted estimates, n=584

	Wives' Depressive Symptoms, N=292	**Husbands' Depressive Symptoms, N=292**
	Model 1	
Wives' Interpersonal Discrimination	0.75 (0.19)***	***0.35 (0.21)***
Husbands' Interpersonal Discrimination	***0.10 (0.20)***	0.58 (0.22)**
Age (years)	-0.02 (0.02)	-0.03 (0.02)$^{+}$
Ethnicity[1]		
Latinx adults of other ethnicities	-0.05 (0.30)	0.55 (0.28)*
Nativity[2]		
Foreign-born	0.11 (0.39)	0.65 (0.34)*
Educational attainment[3]		
Less than high school	0.89 (0.38)*	0.39 (0.35)
Some college	-0.04 (0.38)	-0.21 (0.38)
College and above	-0.36 (0.33)	-0.02 (0.45)
Employment status[4]		
Working, white collar	0.15 (0.56)	-1.2 (0.31)**
Working, blue collar	-0.62 (0.53)	-0.09 (0.33)
Working, sales or services	-0.33 (0.32)	0.05 (0.59)
Physician diagnosed health conditions	-0.44 (0.35)	-0.66 (0.27)*
Intercept	1.91 (1.43)	2.5 (1.1)*

Notes: +p<.1 *p<.05, **p<.01, ***p<.001, Bold/Italic coefficients are the partner effects, Used merge file of
[1] Reference group is Mexican Americans
[2] Reference group is U.S.-born
[3] Reference group is High school degree or GED
[4] Reference group is Not working

Chapter 5

Conclusion and future direction

This dissertation examines the role interpersonal discrimination plays on the wellbeing and family life of older Latinx adults in the United States. Specifically, this dissertation is comprised of three separate chapters that explore interpersonal discrimination and its impact on mental health and family by asking the following questions: 1) Does interpersonal discrimination vary by ethnicity and nativity among older Latinx adults (i.e., U.S.-born Mexican adults, U.S.-born Latinx adults of other ethnicities, foreign-born Mexican adults, and foreign-born Latinx adults of other ethnicities)? 2) Does sense of control (i.e., perceived constraints and mastery) mediate and/or moderate the relationship between interpersonal discrimination and depressive symptoms among older Latinx adults? and 3) Is there a cross-spousal association between interpersonal discrimination and depressive symptoms for opposite-sex, Latinx-married couples, and does this relationship vary by gender? In order to answer these research questions, I utilized stress process and life course theories to explore the lived experiences of older Latinx adults. Latinx adults experience a specific variety of stressors that are rooted in structural processes, including secondary stressors, (Alcántara et al. 2014; Ornealas and Perreira 2011; Bonilla-Silva and Glover 2004) and change with social, political, and economic shifts, which shape the experiences of older Latinx adults.

The results of conceptualizing the discriminatory experiences of older Latinx adults under these theoretical frameworks contributes to important missing research on the mental health of older Latinx adults.

In Chapter 1 where I answer the question: *Does interpersonal discrimination vary by ethnicity and nativity among older Latinx adults (i.e., US-born Mexican adults, US-born Latinx adults of other ethnicities, foreign-born Mexican adults, and foreign-born Latinx adults of other ethnicities)*, surprisingly - given the significance of Mexican adults as a racialized target group - U.S.-born Latinx adults of other ethnicities report the highest frequency of discrimination compared to U.S.-born Mexican adults. This is consistent for the full interpersonal discrimination scale and each individual measure of discrimination net of covariates. This fills a research gap by providing more detailed information on how racialized stress, via interpersonal discrimination measures, vary by ethnicity and nativity for older Latinx adults. The quality of my data and oversampling of minority populations allows analysis to be nationally representative for older Latinx adults—adding to the validity of my findings. In addition, for Chapter 2 where I sought to answer the question: *Does sense of control (i.e., perceived constraints and mastery) mediate and/or moderate the relationship between interpersonal discrimination and depressive symptoms among older Latinx adults?*, I find in the case of older Mexican adults, interpersonal discrimination is positively associated with depressive symptoms ($b=0.57$, $p<.001$). I also find that among older Latinx adults of other ethnicities that discrimination is also positive associated with depression ($b=0.39$, $p<.05$), For older Mexican adults, sense of control significantly mediated interpersonal discrimination and depressive symptomology with a decrease in mastery and an increase in constraints.

Similar results were found for older Latinx adults. There is no significant moderating effect of mastery or perceived constraints on discrimination and depressive symptoms for older Mexican adults or older Latinx adults of other ethnicities. This provides a better understanding psychosocial resources, specifically perceived constraints and mastery, which explains a pathway for understanding discrimination on mental health (i.e., mediation). My findings contribute to a broader understanding of psychosocial mechanisms to better understand the relationship between discrimination on mental health, beyond previously researched social support measures. Finally, in Chapter 3 where the focal question was: *Is there a cross-spousal association between interpersonal discrimination and depressive symptoms for opposite-sex, Latinx-married couples, and does this relationship vary by gender?,* regarding actor effects, husband's own experiences of interpersonal discrimination was positively associated with their own reports of depressive symptomology (β =0.58, p<.01). Similarly, a positive association exists between wife's own experiences of interpersonal discrimination and their own reports of depressive symptomology (β =0.75, p<.001). There are no partner effects present. Results suggest that one's own experience of interpersonal discrimination is associated with one's own depressive symptomology, particularly significant for wives. No significant results were found for the impact of partner's interpersonal discrimination on their spouse's depressive symptoms. This was surprising, given the linked lives and stress process theory, as I hypothesized that there would be partner effects for my models. Furthermore, no significance was found for gender differences. My findings contribute to family literature by examining Latinx marriages. There is a lack of research (>1% of leading family journals) on Latinx families, and this limitation provides a significant gap

in research (Helms 2013). Understanding dyadic relationships for older Latinx marriages is especially important as limited information considers older Latinx adults and their families. Since experiences vary across the life course, paying close attention to this cohort is necessary.

Further research within discrimination, health, and family literature should continue to consider the specific processes influencing the wellbeing of Latinx individuals. First, I suggest studies continue to consider the multiple ethnicities that are beyond the monolithic "Hispanic/Latinx" or catch-all "Mexican" categorization. This provides more depth understanding regarding differences that might make certain ethnicities more susceptible to the adverse consequences of discrimination. Second, better assessing psychosocial mechanisms and the role they play the stress-distress relationship among the older Latinx might protect Latinx communities from the traumatic repercussions of discrimination. Most importantly, however, my work suggests the need to dismantle often harmful systems of oppression and discriminatory behaviors that negatively impact the health of persons of color, but particularly, the Latinx population. Finally, as we expand our knowledge on the role of discrimination on the mental health of older members of the Latinx community, we also need to further investigate the negative "spillover" effects of discrimination on Latinx adults and their family members. These relationships might include marriage and immediate family members (ex: children, parents, siblings), but also should include noninstitutional means of connection such as intimate friendships, long-term partners, and neighborhood connections. As we move to better understand these relationships, we will enhance our ability to comprehend the

multitude of ways racialized stress and discrimination impacts the health and wellbeing of Latinx populations.

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