

Help Wanted: Social and Economic Stressors and Mental Health among Latino Day Laborers

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Abstract

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Background. Latino immigrants to the United States experience high levels of depression and anxiety, two common and disabling mood disorders. Latino day laborers may be especially vulnerable to these mood disorders due to pervasive experience of minority stressors, including discrimination and acculturation stress. The goal of the present paper is to describe the prevalence and severity of depression and anxiety as well as associated demographic characteristics, social and economic stressors, and substance use among Latino day laborers.

Methods. We analyzed cross-sectional survey data collected from 101 adult, male, immigrant Latino day laborers from a King County, Washington day labor worker center. We described the prevalence of depression (PHQ-9) and anxiety (GAD-7) and associations with demographic characteristics, social stressors and supports (social support, acculturation stress, homelessness, and discrimination), and substance use. **Results.** Sixty-seven percent of the sample was from Mexico, 82% reported earning less than \$400 per week, 60% had less than a high school education, and all spoke primarily Spanish. Men reported experiences of discrimination (62%),

low levels of social support (48%), and high levels of acculturation stress (53%). Sixty-six percent of men met criteria for unhealthy alcohol use, 39% smoked cigarettes, and 18% used marijuana. The mean PHQ-9 score (8.0) indicated mild depression, and 39% had scores above 10, indicating moderate or severe depression. The mean GAD-7 score (5.1) indicated mild anxiety, and 25% had scores over 10, indicating moderate or severe anxiety. Depression and anxiety were highly correlated ($r=0.77$). Higher levels of depression and anxiety were associated with being single, homelessness, experiencing discrimination, high levels of acculturation stress, and marijuana use. **Discussion.** Our findings suggest that Latino day laborers experience substantial social stressors and may be more vulnerable to poor mental health, and add to the literature by documenting the prevalence and severity of both depression and anxiety in this understudied yet highly vulnerable population. Future research should assess the relationship between social and economic stressors and mental health using longitudinal studies with larger samples.

Background

A strong body of evidence indicates that patterns of mental health among Latino immigrants are heterogeneous, varying by factors including country of origin, length of time in the United States, and levels of acculturation.¹⁻³ While some Latino immigrants appear to experience better mental health than the general U.S. population, other groups report levels of mood disorders that are much higher than the U.S. average.² However, there has been little research examining mood disorders specifically among Latino day laborers, a particularly vulnerable population, or on the association of mood disorders with commonly experienced immigration-related stressors (such as perceived discrimination) or comorbid disorders (such as substance use) in this population. The goal of the present paper is to describe prevalence and severity of depression and anxiety as well as associated demographic characteristics, social stressors, and substance use among Latino day laborers.

Major depressive disorder and generalized anxiety disorder are two of the most prevalent and disabling mood disorders. Major depressive disorder (or depression) is characterized by a persistent sad, low, or “blue” mood and feelings of hopelessness, guilt, and irritability.⁴ Depression frequently leads to reduced quality of life and disability, and people with untreated depression have a much higher lifetime risk of suicide.⁵ Generalized anxiety disorder (GAD) is characterized by an inability to stop worrying and sometimes by feelings of restlessness or being “wound up.”⁶ Symptoms are usually chronic, persisting over months. Like depression, anxiety can be debilitating and lead to functional impairment and reduced quality of life. Depression and anxiety are highly comorbid; more than half of those with a depression diagnosis are also found to have an anxiety disorder.^{7,8}

There are 57 million Latinos in the U.S., making them the largest ethnic minority group, comprising 17.6% of the population.⁹ Prior studies have shown that the prevalence of mood disorders varies widely among Latinos in the U.S.^{2,10,11} Overall, Latinos are more depressed than the general population in the U.S.; a large 2014 study of US Latinos found an overall depression prevalence of 27%, while in the general population, prevalence is estimated at 7.6%.^{2,12} Prevalence of GAD among US Latinos, estimated between 2.1% and 2.5%,^{13,14} is close to levels in the general population, where prevalence estimates range from 0.9% to 3.1%.^{15,16}

Research shows that levels of poor mental health are much higher in some subpopulations of U.S. Latinos.¹⁻³ This variation may be explained through the lens of minority stress. The Minority Stress model theorizes that experiencing minority-specific stress processes can lead to poor mental health, and some Latinos are exposed to higher levels of more minority stress than other groups.¹⁷ Day laborers are one highly vulnerable group of immigrant Latinos, due to their low wages, housing instability, inadequate access to health care, and difficult and dangerous working conditions.^{18,19} They are also vulnerable to exploitation, discrimination, and abuse by employers and law enforcement, especially if they are undocumented immigrants.¹⁸⁻²⁰ The experience of these minority stressors may make day laborers more vulnerable to minority stress processes, and consequently more vulnerable to poor mental health, than the US Latino population overall. Further, many of these stressors have previously been associated with poor mental health; a 2004 study found that higher levels of acculturation stress were associated with worse depression in migrant farmworkers, and qualitative research with day laborers has shown that social isolation, discrimination, and stressful working conditions are common psychosocial stressors.^{19,21} In addition to the stressors of low wages and difficult working and living

conditions, experience of prejudice and discrimination are further stressors that may lead to worse mental health in Latino day laborers.¹⁷

In concert with its impact on mental health, minority stress may also lead to increased use of marijuana, alcohol, and other drugs. Some minority stressors, such as perceived discrimination, have previously been associated with increased substance use.²² Comorbidity of substance abuse, tobacco use, and poor mental health is also very common; people with mental health disorders are almost three times as likely to have an addiction to alcohol or drugs.^{23,24} Though little is known about Latino day laborers' use of tobacco or drugs, day laborers do report high levels of unhealthy alcohol use, which may place them at greater risk for depression and anxiety.²⁵

In general, research on Latino migrant farmworkers, who share many demographic and situational factors with day laborers, has shown a high prevalence of poor mental health among Latinos, but the pattern has not been entirely consistent.^{19,21} A study of a large sample of Latino migrant farmworkers in California found that the mean score on the Center for Epidemiologic Studies Depression (CES-D) scale of 12.8, which indicates mild to moderate levels of depression.²¹ A more recent study of Latino migrant farmworkers using the same measure found that 46% met the criteria for clinically significant depression ($CESD \geq 16$).²⁶ Another study of Latino migrant farmworkers, which used the CES-D to measure depression and the Personality Assessment Inventory (PAI) to measure anxiety, found that 38% of their sample were depressed and 29% were anxious.¹

The few studies that have assessed Latino day laborers' mental health appear to be consistent with the findings among migrant farmworkers, but few have reported levels of depression and anxiety, specifically. One mixed-methods study of Latino day laborers found that

39% reported psychological distress based on the Brief Symptom Inventory-18 (BSI-18).¹⁸

Another study assessing depression in Latino day laborers found that the mean CES-D score (13.4) indicated mild to moderate levels of depressive symptoms.²⁷

More research on the prevalence and severity of both depression and anxiety among Latino day laborers is needed. To address this gap, this study examines the prevalence and severity of depression and anxiety in a sample of Latino day laborers, using measures that have been validated among Latinos and in Spanish. Our study also describes factors associated with depression and anxiety, including demographic characteristics, social stressors, and substance use.

Methods

Data Collection Procedures

Data for this study was collected as part of the Vida PURA study on alcohol use patterns of Latino day laborers. Participants were recruited at a day labor worker center in King County, Washington, and were eligible if they were Spanish-speaking, foreign-born, adult (18+) men who identified as Latino. Participants were screened for eligibility. If eligible, they gave informed consent and received incentives for completing interviews. Surveys included measures of mental health, demographic characteristics, social stressors and supports, and substance use. Surveys were administered in Spanish by bilingual, bicultural research staff at the day labor worker center in private rooms. Research procedures were approved by the University of Washington Human Subjects Division.

Demographic Characteristics

Participants were asked about their age, marital (and cohabitation) status, living situation (whether housed, homeless, or temporary), educational attainment, weekly income and weekly hours worked, country of origin, years living in the US, and language spoken (English and Spanish).

Mental Health

Depression was measured using the Patient Health Questionnaire (PHQ-9), a nine-question measure with scores ranging from 0 to 27 that has been validated as a tool for depression screening in both medical and general population settings.^{28,29} Its reliability was high in our sample (Cronbach's $\alpha = 0.83$), and it is commonly used as a clinical tool in diagnosing depression.³⁰ In addition to total scores, cutoff scores can be calculated to indicate mild (≤ 5), moderate (≤ 10), moderately severe (≤ 15), and severe depression (≤ 20). We used a score of 10 or higher to identify individuals with moderate to severe depression, a cutoff which has high sensitivity (0.85) and specificity (0.89) for use in diagnosing major depressive disorder.³¹ The PHQ-9 has been validated in Latino populations and in Spanish.³²

Anxiety was measured using the Generalized Anxiety Disorder scale (GAD-7), a seven-question measure with scores ranging from 0 to 21. The GAD-7 had high internal reliability in our sample (Cronbach's $\alpha = 0.87$). Cutoff scores are used in clinical settings to diagnose mild (≤ 5), moderate (≤ 10), and severe anxiety (≤ 15). We used a score of 10 or higher to identify individuals with moderate or worse anxiety, a cutoff score that has been used in previous studies because of its high sensitivity (0.89) and specificity (0.82) when compared to other diagnostic measures.³³ The GAD-7 has been validated with Spanish-speaking U.S. Latinos.³⁴

Social Support

Social support was measured with five items from the Index of Sojourner Social Support (ISSS) scale (Cronbach's $\alpha = 0.75$). The ISSS was developed specifically to examine social support that is particularly relevant for immigrants.^{35,36} The five items asked participants whether they had people in their lives who would offer them emotional support (e.g. "Do you have persons in Seattle who would listen and talk with you when you feel lonely or depressed?") and practical help (e.g. "Do you have persons in Seattle who would tell you what can and cannot be done in the United States?"). Response options were measured with a five-point scale: No one would do this (0), Someone would do this (1), A few would do this (2), Several would do this (3), Many would do this (4). We added the total responses, for a total possible score between 0-20. We then created a dichotomous variable for "low support" which included participants who had one or fewer people who would offer social support in each setting, and "high support" for participants who had "a few" or more people who would offer support.

Social Stressors

Our measure of discrimination was based on a measure used in the California Health Interview Survey, and included questions related to discrimination in different settings.^{37,38} We asked participants whether, since arriving in the U.S., they have been "treated unfairly or been discriminated against" at work, when getting medical care, by the police and courts, or in other situations. These questions were scored as Yes (1) / No (0). Participants were also provided the option to give qualitative responses if they had experienced discrimination in another setting.

We measured acculturation stress using nine items from the Migrant Farmworker Stress Inventory (MFWSI), which measures both the type of stressors to which one is exposed as well

as the level of stress experienced.³⁹ Items were selected based on the literature and community advisors' input on the most relevant stressors for day laborers, and included difficulties and concerns related to immigration (e.g. difficulty communicating in English, being unable to make desired purchases, difficulty accessing healthcare, feeling like they do not belong in the U.S., having to work long hours). Each item was scored on a 5-point scale. A response option of "Have not experienced" was scored 0. The remaining four options allowed a ranking of how stressful participants found each situation, ranging from "Not at all stressful" to "Extremely stressful." A total score was calculated by summing the numeric responses to each question, and a median split (at a score of 18) was used to identify those with high/low acculturation stress. Our adapted measure had moderate internal consistency (Cronbach's $\alpha = 0.78$).

Substance Use

We used the Alcohol Use Disorders Identification Test (AUDIT) to assess unhealthy alcohol use. The AUDIT has high internal reliability (Cronbach's $\alpha = 0.88$). A review of AUDIT use in multiple populations and settings found that when using a cutoff score of 8 to indicate unhealthy drinking, sensitivity ranges from the upper 0.80s to mid 0.90s and specificity falls in the 0.90s.⁴⁰ The AUDIT has been validated for use in Spanish-speaking populations⁴¹ and has been used previously with Latino day laborers.^{25,27} We used a cutoff score of 8 to identify unhealthy alcohol use.

We measured frequency of tobacco use (not at all, some days, every day) using items selected from the National Adult Tobacco Survey, and categorized participants as current smokers if they smoked cigarettes at least some days.⁴² To assess drug use, we asked whether participants had used marijuana, cocaine, heroin, or a different drug in the past 30 days. If

participants said they had used another drug, they were asked what it was. All non-marijuana drugs were collapsed into an “other drug” category.

Data Analysis

We calculated means and percentages to describe demographic characteristics, social supports and stressors, substance use, and mental health outcomes. We used one-sample tests of proportions and chi-square tests to describe associations between mental health and demographic variables, social supports and stressors, and substance use variables. Finally, we examined comorbidity of depression and anxiety by assessing the correlation between PHQ-9 and GAD-7 scores.

Results

Demographic

Our sample (n=101) ranged in age from 20 to 70 years, with a mean of 46.5 years. Most men (74%) were single or living apart from their spouse, and a large number (42%) were homeless or living in temporary housing. Most had low levels of education, with 60% having less than a high school diploma. All of the men were low income, with 82% earning less than \$400 per week. Participants reported working an average of 16 hours of work per week (with a range of 0 to 70 hours per week). The majority of the men were from Mexico (67%), followed by El Salvador (10%), Guatemala (7%), Honduras (6%), Cuba (4%), Chile (2%), Peru (2%), Columbia (1%), and Venezuela (1%). On average, men had lived in the U.S. for 15.5 years (with a range of 0 to 46 years). All of the men spoke Spanish, and 68% spoke at least some English.

[Table 1]

Social Supports and Stressors

Most men (62%) reported experiencing discrimination in at least one setting. Twenty-four percent of men had experienced discrimination when getting medical care, 33% had experienced discrimination by the police or courts, and 47% had experienced discrimination at work. Participants reported fairly low social support, with 48% stating that they had one (or zero) people locally who would listen to them, help them, or otherwise offer social support in each of five settings. Acculturation stress was high, with more than half (53%) of participants reporting that their experiences related to immigration, communication, poverty, health care, work, and feelings of belonging were somewhat or extremely stressful.

Substance Use

The mean AUDIT score (13.3) indicated harmful or hazardous drinking, with 66% of men meeting criteria for unhealthy alcohol use. Thirty-nine percent of men smoked cigarettes some days or every day, and 18% had used marijuana in the last month. Few (6%) had used other drugs (cocaine, crack cocaine, heroin, and methamphetamine) in the past month.

Mental Health Outcomes

The mean PHQ-9 score was 8.0, indicating mild depression. More than a third of the sample (39%) had scores above 10.0, indicating moderate to severe depression. The mean GAD-7 score was 5.1, indicating mild anxiety. A quarter (25%) of men had scores over 10, indicating moderate or worse anxiety. Total PHQ-9 scores were highly correlated with total GAD-7 scores ($r=0.77, p<0.01$). Of the 39 men who had moderate or severe depression, 24 (62%) of them also

had moderate to severe anxiety. Of the 25 men who had moderate or severe anxiety, 24 (96%) of them also had moderate or severe depression.

Prevalence and Severity of Depression by Participant Characteristics

Mean PHQ-9 scores were higher for men living as single compared to those living with a partner (8.8 versus 5.8, $p=0.03$), and more men who were single were moderately or severely depressed than those who were married or living with a partner (30 versus 9, $p=0.03$). Those experiencing homelessness or living in temporary housing also had higher levels of depression (9.5 versus 6.9, $p=0.04$). Men who had experienced discrimination by the police or in legal settings had higher levels of depression (10.0 versus 7.0, $p=0.03$), as did those with high acculturation stress (10.3 versus 5.5, $p<0.01$). Sixty-one percent of men who had used marijuana in the past month were moderately or severely depressed compared to 34% of non-users ($p=0.04$), and men who used non-marijuana drugs (13.5 versus 7.6, $p<0.03$) had higher mean PHQ-9 scores than did non-users.

[Table 2]

Prevalence and Severity of Anxiety by Participant Characteristics

Men who were living as single were more likely to report moderate to severe anxiety than those living with partners (31% versus 14%, $p=0.05$). Men who were experiencing homelessness or living in temporary housing also had higher levels of anxiety than those who were stably housed (6.5 versus 4, $p=0.02$). Men who experienced discrimination in medical settings had higher levels of anxiety (7.5 versus 4.3, $p=0.01$), as did those who experienced discrimination by the police (7.8 versus 3.8, $p<0.001$) and at work (6.2 versus 4.1, $p=0.05$) compared to men who

had not experienced discrimination in those settings. Those who had experienced discrimination in any setting also had a higher anxiety levels than those who did not report any discrimination (5.9 versus 3.5=7, $p=0.04$). Men with high acculturation stress had higher anxiety than those with low acculturation stress (6.5 versus 3.5, $p<0.01$). More men who had used marijuana in the past month reported moderate or severe anxiety symptoms than did non-users (44% versus 21%, $p=0.04$).

[Table 3]

Discussion

In this study, we described patterns of depression and anxiety in a sample of Latino day laborers, as well as their associations with demographic characteristics, substance use, social stressors and supports, and substance use. Our study is one of the first to describe the prevalence and severity of depression and anxiety in a sample of Latino day laborers. Our results show that moderate or severe depression (39%) and anxiety (25%) were both more prevalent in our sample of day laborers than what has been found in other studies of the general population of U.S. Latinos.^{2,13,14} Consistent with prior literature, comorbidity between depression and anxiety was common.^{7,8} The high prevalence of depression in our sample (39%) was consistent with two previous studies of Latino migrant farmworkers, which found depression in 38% and 46% of their samples.^{1,26} Similarly, levels of moderate to severe anxiety in the current sample were comparable to those observed in a previous study of Latino migrant farmworkers.¹

As seen through the lens of Meyer's minority stress model, our participants experienced multiple minority stressors, including low levels of adequate housing, low incomes, and limited working hours; experiences of discrimination; and high levels of acculturation stress. Several of

these were related to worse mental health. More than half (62%) of the men had experienced discrimination, and those who reported discrimination had higher levels of anxiety than those who did not. Men who experienced discrimination by the police (33%) were significantly more depressed than those who had not. Those with high acculturation stress were more likely to report higher levels of depression and anxiety than those with low acculturation stress, consistent with earlier findings that depression is associated with acculturation stress.²¹ Meyer proposes that social support may ameliorate the effects of minority stressors on mental health.¹⁷ Unfortunately, despite living in the US an average of 16 years, men in this study had very little social support, with half stating that they had only one person (or no one) to listen to them, help them, or otherwise offer social support in various settings. Social support factors such as being married or living with a partner may be protective factors against poor mental health; most participants were living as single (74%), and those who were single or living as single were more depressed than those who were married or living with their partner.

Our study had several limitations. First, given the cross-sectional design of the study, we can make no causal inferences, only report associations. We cannot determine, for example, whether being homeless leads to more depressive symptoms or whether the two are associated for another reason. Because the sample was small, our study may not have had the power to detect some small effects. Participation in the Vida PURA study was voluntary and workplace-based, and participants may have learned that the study was about alcohol use and chosen to enroll (or avoid enrollment) based on that knowledge, leading to potential selection bias. Finally, our findings may be generalizable only to similar samples of Latino day laborers in the Pacific Northwest.

Latino day laborers are a very understudied yet vulnerable population. The results of our study point to high prevalence of mental health conditions in this population, as well as high levels of associated risk factors. Future research is needed to identify causal relationships, as well as mechanisms via which related risk factors are associated with mental health outcomes and potential moderators of these associations. For instance, it would be useful to determine whether acculturation stress and experience of discrimination lead to poor mental health outcomes, as well as to determine whether social support modifies associations between social stressors and poor mental health. Such studies will help to determine targets and timing of interventions with this population. Systemic changes – including policies that support day laborers’ access to housing and health care – are likely essential to improving mental health in this population. Further, policymakers should consider the burden of immigrants’ social and economic stressors on their mental health and work to mitigate these stressors by enacting policies that protect day laborers.

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Table 1^a*Sample Description*

	N / Mean	% (SD)
Demographic		
Age	46.5	(10.7)
20-34	14	14
35-49	45	44.6
50-70	42	41.6
Living situation		
Living as single, even if married	74	73.3
Living with partner	27	26.7
Marital status		
Single or divorced	64	63.4
Married or living with partner	37	36.6
Housing		
Housed	59	58.4
Homeless or temporary	42	41.6
Education		
Less than HS	61	60.4
HS graduate or GED	40	39.6
Weekly income		
\$200 or less	31	30.7
More than \$200	70	69.3
Hours per week worked	16.8	(15.4)
Country of origin		
Mexico	67	66.3
Other	33	32.7
Years living in US	15.5	(10.5)
0-10	39	38.6
11-20	28	27.7
21-46	33	32.7
Language		
Spanish and English	69	68.3
Only Spanish	32	31.7
Social Supports and Stressors		
Discrimination		
Medical	24	23.8
Police	33	33
Work	47	46.5
Any	62	61.4
Acculturation Stress	17.8	(3.9)
Low	38	37.6
High	63	62.4
Social Support	7.1	(5.3)
Low	48	47.5
High	53	52.5
Substance Use		
AUDIT total score	13.3	(9.7)
Unhealthy alcohol use	67	66.3
Cigarette smoking	39	38.6
Marijuana use (past month)	18	17.8
Other drug use (past month)	6	5.9
Mental Health Outcomes		
Depression (Mean PHQ-9 score, SD)	8	(6.1)
Mild or no depression (PHQ-9 = 0-9)	62	61.4
Moderate to severe depression (PHQ-9 = 10-27)	39	38.6
Anxiety (Mean GAD-7 score, SD)	5.1	(5.4)
Mild or no anxiety (GAD-7 = 0-9)	76	75.3
Moderate or severe anxiety (GAD-7 = 10-21)	25	24.8

^aNot all categories add to 101 due to missing data in some categories.

Table 2
Prevalence and Severity of Depression by Participant Characteristics

	Total PHQ-9			Moderate or worse depression		
	Mean	SD	p-value	N	%	p-value
Demographic						
Age						
20-34	10.6	7.1		9	64.3	
35-49	6.9	5.8	.12	13	28.9	.12
50-70	8.3	5.6		17	40.5	
Marital status						
Single or divorced	8.8	6.1		30	46.9	
Married or living with partner	6.6	5.9	.09	9	24.3	.03
Living situation						
Living as single, even if married	8.8	6.1		33	44.6	
Living with partner	5.8	5.8	.03	6	22.2	.04
Housing						
Housed	6.9	6.1		18	30.5	
Homeless or temporary	9.5	5.9	.04	21	50	.05
Education						
Less than HS	8.3	5.9		24	39.3	
HS graduate or GED	7.5	6.4	.13	15	37.5	.85
Weekly income						
\$200 or less	9.5	6.8				
more than \$200	7.3	5.7	.11			.37
Country of origin						
Mexico	7.8	5.7		25	37.3	
Other	8.6	6.9	.51	14	42.4	.62
Years living in US						
0-10	8.3	6.5		15	38.5	
11-20	8.3	5.4		12	42.9	
21-46	7.6	6.3	.86	12	36.4	.94
Language						
Spanish and English	7.8	6.3		24	34.8	
Only Spanish	8.4	5.7	.64	15	46.9	.25
Social Stressors and Supports						
Discrimination (setting)						
Medical						
No	7.4	5.8		11	45.8	
Yes	9.9	6.8	.08	28	36.4	.41
Police						
No	7	5.8		22	32.8	
Yes	10	6.4	.02	17	51.5	.07
Work						
No	7.1	6.4		18	33.3	
Yes	9	5.7	.11	21	44.7	.24
Any setting						
No	7.1	5.9		13	33.3	
Yes	8.6	6.2	.23	26	41.9	.39
Acculturation stress						
Low	5.5	5.4		9	18.8	
High	10.3	5.9	<.001	30	56.6	<.001
Social support						
Low	8.6	6.5		16	42.1	
High	7.6	5.9	.41	23	36.5	.57
Substance Use						
Unhealthy alcohol use						
No	6.7	5.5		11	32.4	
Yes	8.6	6.3	.14	28	41.8	.36
Current smoker						
No	7.5	5.5		23	37.1	
Yes	8.7	7	.34	16	41	.27
Marijuana use (last 30 days)						
No	7.6	6.2		28	33.7	
Yes	9.6	5.4	.21	11	61.1	.03
Other drug use (last 30 days)						
No	7.6	6		34	35.8	
Yes	13.5	5.8	.02	5	83.3	.02

Table 3
Prevalence and Severity of Anxiety by Participant Characteristics

	Total GAD-7			Moderate or worse anxiety		
	Mean	SD	p-value	N	%	p-value
Demographic						
Age						
20-34	7.5	6.1		6	42.9	
35-49	4.2	4.6	.13	8	17.8	.16
50-70	5.2	5.7		11	26.2	
Marital status						
Single or divorced	5.8	5.9		22	29.7	
Married or living with partner	3.8	4	.08	3	11.1	.06
Living situation						
Living as single, even if married	5.7	5.7		20	31.3	
Living with partner	3.4	4	.06	5	13.5	.05
Housing						
Housed	4	4.6		10	17	
Homeless or temporary	6.5	6	.02	15	35.7	.03
Education						
Less than HS	4.9	5.1		15	24.6	
HS graduate or GED	5.3	5.8	.75	10	25	.96
Weekly income						
\$200 or less	6.1	5.7		10	32.3	
more than \$200	4.6	5.2	.21	15	21.4	.25
Country of origin						
Mexico	4.6	4.8		15	22.4	
Other	6.1	6.3	.18	10	30.3	.39
Years living in US						
0-10	5	4.6		9	23.1	
11-20	5.4	5.6	.96	8	28.6	.87
21-46	5	6.2		8	24.2	
Language						
Spanish and English	5.2	5.7		17	24.6	
Only Spanish	4.7	4.7	.64	8	25	.97
Social Stressors and Supports						
Discrimination (setting)						
Medical						
No	4.3	4.8		15	19.5	
Yes	7.5	6.3	.01	10	41.7	.03
Police						
No	3.8	4.5		12	17.9	
Yes	7.8	6.1	<.001	13	39.4	.02
Work						
No	4.1	4.7		10	18.5	
Yes	6.2	5.9	.05	15	31.9	.12
Any setting						
No	3.7	4.6		5	12.8	
Yes	5.9	5.7	.04	20	32.3	.03
Acculturation stress						
Low	3.5	4.8		6	12.5	
High	6.5	5.5	<.01	19	35.9	<.01
Social support						
Low	5.7	5.8		11	29	
High	4.7	5.1	.34	14	22.2	.45
Substance Use						
Unhealthy alcohol use						
No	3.9	4.6		7	20.6	
Yes	5.6	5.7	.13	18	26.9	.49
Current smoker						
No	4.6	4.9		13	21	
Yes	5.7	6.1	.31	12	30.8	.27
Marijuana use (last 30 days)						
No	4.9	5.5		17	20.5	
Yes	6	5.01	.42	8	44.4	.03
Other drug use (last 30 days)						
No	4.9	5.3		22	23.2	
Yes	8	5.4	.17	3	50	.14