

RICE UNIVERSITY

**Misclassified and Mistreated?: Racial Misclassification, Racial
Discrimination and the Role of Context**

by

Allan Farrell

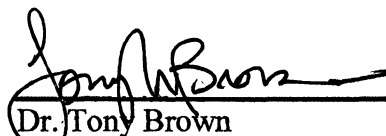
A THESIS SUBMITTED
IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE

Master of Arts

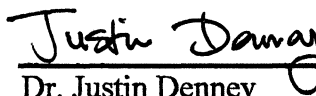
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HOUSTON, TEXAS
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ABSTRACT

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Race is a dynamic experience as individuals may be perceived as a race they do not identify with. This raises questions about reports of racial discrimination as they often depend on racial identification. Drawing on data from the 2006-2010 Behavioral Risk Factor Surveillance System, this study examines the relationship between racial misclassification, when one identifies with a race they are not seen as, and discrimination across different racial groups both at work and when seeking healthcare. The results suggest that misclassification is associated with the likelihood of perceiving racial discrimination, but this varies by racial group and setting. In the workplace, misclassification increases the odds of discrimination for Whites but decreases the odds for Blacks and Latino/as. However, in healthcare, racial misclassification *increases* the likelihood of experiencing discrimination for Latino/as. This study provides evidence discrimination may be more sensitive to the ways someone believes they are “seen” as opposed to identified.

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Introduction

A growing body of literature reveals a non-trivial number of individuals experience racial misclassification, or a disjuncture between their self-identified race and the racial category they believe others see in interactions (Vargas and Stainback 2016; Stepanikova 2010; Stepanikova and Oates 2016). Although this discordance is dismissed by some as a reporting error, experiencing racial misclassification has been tied to negative social outcomes, such as poorer mental health (Campbell and Troyer 2006; Stepanikova 2010). Additionally, previous research has suggested that those who experience racial misclassification regularly are more likely to report racial discrimination than those whose are not misclassified (Vargas and Stainback 2016; Noels, Clement and Leavitt 2012; Cormak, Harris and Stanley 2013). There are two explanations for this association. First, racial misclassification, as an instance of invalidation of a racial identity, may be viewed as a unique form of racial discrimination (Rockquemore and Brunσμα 2004; Rockquemore and Laszloffy 2005). Specifically, being asked the question “what are you” is understood as mistreatment. Alternatively, misclassified individuals face discrimination due to being perceived as a member of a group that often faces racial discrimination, despite identifying themselves with a different group (Stepanikova and Oates 2016; Roth 2016). Persistently, African Americans and Latino/as report discrimination more often than Whites (non-Hispanic), however members of those groups who are perceived differently may be less likely to report racial mistreatment (Parker, Horowitz and Mahl 2016; Stepanikova and Oates 2016).

While tests of either approach are scant, few studies acknowledge that both racial misclassification *and* racial discrimination occur during interactions and within specific social spaces (Maxwell 2015). Some settings are particularly likely to generate interpersonal

discrimination, while others may not (Maxwell 2015). Previous studies have not accounted for the effect that these spaces and the interactional norms that exist within these spaces have on the relationship between misclassification and discrimination (Freeman et al 2011; Fligstein 2001). Therefore, this study asks the following questions: Do individuals who experience racial misclassification perceive different amounts of racial discrimination than those who are not misclassified? Does racial misclassification have the same association with racial discrimination regardless of racial identity or does the relationship vary by race? Finally, does the association between racial misclassification and racial discrimination vary between social settings?

Further investigation of the relationship between racial discrimination and racial misclassification is important for several reasons. First, racial misclassification is most common among the fastest growing demographic groups in the country, namely Latino/as and multiracial individuals (Campbell and Troyer 2007; Vargas and Stainback 2016). As increasing amounts of individuals experience misclassification, the disjuncture between racial identity and the race one believes they are perceived as will become a more important factor in how racial discrimination is experienced. Additionally, racial discrimination is a major mechanism through which inequality is distributed, as it is associated with poor mental health, higher levels of stress, and other negative outcomes (Landrine and Klonoff 1996; Williams et al 1997). Misclassification, through its association with racial discrimination, may impact patterns of discrimination in the United States.

Using pooled data from the 2006-2010 Behavioral Risk Factor Surveillance System (BRFSS), this study tests the relationship between misclassification and discrimination for adults of different race/ethnic groups. This study contributes by comparing the association in two different settings where racial mistreatment is reported: at work and when seeking healthcare.

The results of this study suggest that racial misclassification increases the odds of reporting racial discrimination for self-identified Whites and Latino/as but lowers the odds for Blacks. Furthermore, this relationship varies depending on which setting is examined. These results suggest that misclassification and discrimination are likely associated because the “reflected race” (the race one believes others see) better predicts reporting discrimination than self-reported racial identification. Additionally, these patterns are likely impacted by the social spaces they occur in. Ultimately, the results of this study suggest that discrimination at work may operate differently than discrimination when seeking health care although both are influenced by whether adults, especially Latino/as are classified correctly.

Background

Racial Misclassification

In this study, racial misclassification is defined as an experience in which one’s racial identification does not match their reflected race, or the race they believe they are perceived as by others (Vargas and Stainback 2016; Roth 2016; Khanna 2004; 2010). For example, an individual may identify as White but believe they are classified as Latino/a by others. The notion that one’s identified race is distinctive from the race that others see is a component of the theory that race is multidimensional. According to this theory, race is conceptualized as a series of unique but related dimensions, rather than a singular and consistent identity (Roth 2012; 2016; Feliciano and Robnett 2014; Feliciano 2016). Each of these dimensions, which include racial identification and the race one is perceived as by others, provides different information about how race is experienced (Roth 2010; 2016). Additionally, each of these dimensions is not necessarily stable but may change over time and place (Saperstein 2006; Saperstein and Penner 2012; 2014; Penner and Saperstein 2008; Doyle and Kao 2007; Golash-Boza and Darity 2008;

Hitlin, Brown and Elder 2006). This theory suggests that, for some individuals, racial identification and reflected race will conflict with one another.

Previous studies have found evidence that some people experience a disjuncture between their racial identity and how they believe they are classified by others. Around 9 percent of the population experiences misclassification regularly (Vargas and Stainback 2016, Stepanikova 2010). Additionally, certain racial groups are more likely to experience misclassification regularly than others. Previous studies have found that around 20 percent of Latino/as and around 60 to 70 percent of American Indians and multiracial individuals experience misclassification. On the other hand, only 1 to 2 percent of Whites and Blacks experience misclassification regularly (Veenstra 2011; 2012; Stepanikova 2010; Vargas and Stainback 2016).

Other studies found evidence of other dimensions conflicting with one another as well. Several studies found that interviewers often classify a respondent as a different race than the respondent's racial identification (Campbell and Troyer 2007; Porter, Liebler and Noon 2016; Kressin et al 2003). For example, Campbell and Troyer (2007) found that among adolescents, self-identified Latino/as are classified by an interviewer as a different race 16 percent of the time and self-identified American Indians are classified by the interviewer as a different race 65 percent of the time (but see Cheng and Powell 2011). Other studies found similar levels of inconsistency between racial identification and administrative data on race, which is often gathered by observation (Hahn et al. 1996; Kressin 2003; West et al. 2005 Rhoades 2005; Sugarman et al 1993; Thoroughman et al 2002; Stehr-Green et al 2002). These studies provide evidence that race may operate multidimensionally in that some individuals experience racial misclassification.

Additionally, misclassification can have real consequences for well-being. Previous research suggests that misclassification can have serious consequences. Particularly, several studies found that it is associated with higher odds of poor mental and physical health outcomes (Veenstra 2011; Stepanikova 2010; Cormack, Harris and Stanley 2013; Stepanikova and Oates 2016; Lastre-Pirttle and Brown 2016; but see Kramer et al 2015; Song and Aspinall 2012). For example, Stepanikova (2010) found that those that experience misclassification regularly are 3.3 times more likely to report physical health symptoms. Yet, one consequence of misclassification that has been understudied is racial discrimination.

Racial Misclassification and Racial Discrimination

A small but significant body of work has explored the association between racial misclassification and racial discrimination, finding that the association may be moderated by racial identification (Noels, Leavitt and Clement 2010; Vargas et al 2016; Cormack, Harris and Stanley 2013; Harris, Cormack and Stanley 2013). For example, Noels, Leavitt and Clement (2010) found that misclassified Chinese-Canadians report more racial discrimination compared to those who were not misclassified. Vargas et al (2016) identified a similar pattern among Latino/as who are classified as Mexican, despite identifying with a different ethnicity. However, other studies found that individuals who experienced racial misclassification reported less racial discrimination than those who were not misclassified (Cormack, Harris and Stanley 2013; Harris, Cormack and Stanley 2013). Particularly, Cormack, Harris and Stanley (2013) found that self-identified Maori individuals in New Zealand are less likely to report racial discrimination when they believe they were classified as European, when compared to those that thought they were classified as Maori.

Yet, the current knowledge of this relationship is limited in the following ways. First, it is unclear if the relationship between racial misclassification and racial discrimination is consistent across racial groups. Previous studies examined this relationship among one racial or ethnic group in isolation. Second, few studies are conducted within the United States. Because this relationship has not been examined across racial groups, previous studies have not been able to provide evidence to support reasons that are widely applicable. This study will address these limitations and help contribute to our knowledge of the processes through which racial misclassification is associated with racial discrimination.

Overall, reports of discrimination vary widely by race. According to previous studies, Whites reported the least amount of racial discrimination while Blacks reported the most. Latino/as and Asians perceived racial discrimination more than Whites but less than Blacks (Triana et al 2015; Laviest et al 2003; Parker, Horowitz and Mahl 2016; Anderson 2009; Nelson 2002; Dipboye and Collelela 2013; Deitch et al 2003). For example, one study found that 71 percent of Blacks report experiencing discrimination at least once in their life, as compared to 52 percent of Latino/as and 30 percent of Whites (Parker, Horowitz and Mahl 2016). These studies used self-reports of racial identification, but with no information on whether the respondent is interpreted as a member of these categories by others who discriminate. Given these findings, there are two theoretical perspectives that could explain how experiences of racial misclassification may affect these patterns.

Misclassification as Identity Invalidation

Racial misclassification operates as an instance of racial identity invalidation. Previous work suggests that racial identity is shaped and negotiated through interactions. In these interactions, others either accept or reject the racial identity put forth by the individual

(Rockquemore and Brunsma 2004; 2002; Rockquemore et al 2008; Khanna 2010; Brunsma 2006; Sims 2016). An interaction in which misclassification occurs is an instance in which the misclassified individual's identity was invalidated, or rejected. Further, these interactions are negotiations through which racial identity is shaped. For example, Khanna (2004) found that those with an Asian parent and a White parent were more likely to identify with the group they believe they were categorized by others. This suggests that it is very difficult to maintain an identity that is invalidated and doing so becomes a stressful experience (Burke and Stets 2009; Jenkins 1994; Burke 1991; Cooley 1902; Penner and Saperstein 2013). The stress of being misclassified may lead those who experience it to consider it a form of discriminatory treatment.

Although few studies have tested whether respondents interpret misclassification as discrimination, several studies have found that maintaining an invalidated racial identity is associated with lower self-esteem and higher levels of stress (Townsend et al 2009; Campbell and Troyer 2007; Cheryan and Monin 2005; Remedios and Chasteen 2013; Veenstra 2011; Stepanikova 2010; Shih and Sanchez 2005). For example, Townsend et al (2009) found that multiracial individuals often have lower self-esteem after encountering a situation in which their identity was invalidated. Because individuals who are misclassified in an interaction do not feel as if they are treated as they should be given their racial identity, misclassification may be perceived as a discriminatory experience. If this theory holds racial misclassification should increase the odds of reporting racial discrimination for everyone, regardless of race.

Racial Discrimination and Reflected Race

On the other hand, racial identification could moderate the association between racial misclassification and the odds of reporting racial discrimination. The likelihood of experiencing discrimination is determined primarily by the race the person doing the discriminating "sees"

rather than a person's racial identification. Theoretically, each dimension of race yields different information about how race is experienced (Roth 2016; Saperstein et al 2016). While racial identification provides information on how individuals express their race, reflected race provides information on how individuals perceive how they are treated and viewed by others (Roth 2010; 2016; Saperstein 2012; Cobb et al 2016). Therefore, the role of racial identification may be moderated by whether they are classified correctly (Roth 2010).

Previous studies have provided evidence that this theoretical perspective may have merit. Several studies found that reflected race better predicts racial discrimination than racial identification (Stepanikova and Oates 2016; Roth 2010; 2012; Vargas et al 2016; Veenstra 2012). For example, Stepanikova and Oates (2016) found that those that believe they are classified as a non-White group were more likely to report racial discrimination, even after controlling for racial identification. Others found that models that utilize reflected race, rather than racial identification, predicted racial discrimination better (Veenstra 2012; Vargas et al 2016; Stepanikova and Oates 2016).

If this theory holds true, the likelihood of racial discrimination among misclassified individuals would be determined by their reflected race. Hence, misclassified Whites, Whites who believe they are understood by others as non-White, will be more likely to report racial discrimination than Whites who believe they are classified correctly. On the other hand, misclassified Blacks will be less likely to report discrimination than Blacks who are classified correctly, because their reflected race is a race that is less likely to experience discrimination (Parker, Horowitz and Mahl 2016).

While there is more evidence for the moderated role of race on discrimination than the misclassification as identity invalidation, tests are scarce. The current study contributes by

examining this association across several racial groups. One shortcoming is careful understanding of the role of specific setting where discrimination is occurring. Rates of discrimination vary depending on the specific place. The forthcoming section explores the role of setting for those who are misclassified.

Misclassification, Discrimination, and Social Setting

The current knowledge on the relationship between racial misclassification and racial discrimination is limited because previous research has not accounted for social setting. In this study, social setting is defined as unique social spaces with different interactional norms and expectations (Fligstein 2001; Martin 2003). Examples of social setting include the workplace, the convenience store, the street, and the doctor's office. Since racial misclassification and racial discrimination both occur within interactions, studying this relationship within specific settings provides more information about the specific interaction. Theoretically, setting may affect this relationship in two different ways.

First, setting may affect where racial misclassification is experienced. Those that report a misclassification may only experience it in certain social settings. One of the claims associated with the theory of race as multidimensional is that race is not necessarily stable across contexts (Roth 2016). For example, one may identify as White in one social setting but identify as multiracial in another. Theoretically, both reflected race and racial identification may change across settings. Some theorists suggest that individuals look for contextual clues to help interpret actions and objects (Mead 1934; Goffman 1959; Blumer 1969; Fligstein 2001; Martin 2003). This may extend to interpreting the race of another person (Freeman et al 2011). This would suggest that those that report experiencing misclassification may only experience it in certain settings, but not experience it in others.

Previous studies support this claim. Several studies found that racial identification can vary across different settings (Harris and Sim 2002; Brunnsma 2006; Sanchez, Shih and Garcia 2009; Brown, Hitlin and Elder 2006 Eschbach and Gomez 1998). For example, Harris and Sim (2002) found that around 12 percent of adolescents answered similar race questions with different answers when asked at school and at home. Additionally, other scholars have found empirical evidence that contextual cues that vary by setting, such as clothing and facial expression, can affect the race a person is categorized as by others (Freeman et al 2011; Hugenberg and Bodenhausen 2004; MacLin and Malpass 2001). Others have suggested that cues that indicate social status may affect what race an individual is perceived as by others (Penner and Saperstein 2008; Saperstein and Penner 2010; 2012; 2016; Noymer et al 2011; but see Kramer et al 2016; Alba et al 2016; Foy et al 2017). Given this evidence, one expects that racial misclassification may only be experienced in certain social settings, which would suggest the relationship between racial misclassification and discrimination could vary by social setting.

Second, social setting may affect what actions are perceived as discriminatory and, therefore, affect the relationship between misclassification and discrimination. Each unique social setting carries with it a number of unique expectations and norms which can shape an individual's expectations for behaviors and perceptions of interactions. This includes whether or not an action could be considered discriminatory (Fligstein 2001; Martin 2003; Blumer 1969). Given that each social setting has unique norms and expectations, social setting may influence the amount of discrimination that is perceived across these settings.

Scholars have found evidence for this claim. Maxwell (2015) found that minorities in the United Kingdom are more likely to perceive discrimination in the workplace than in other settings. Furthermore, Essed (1991) found that minorities constantly interpret social and

environmental cues to evaluate if an action is discriminatory. Given that these cues differ from one social space to another, social setting may affect whether an action is considered discriminatory. Therefore, racial misclassification could be interpreted as discriminatory in certain settings, but not interpreted as such in other settings.

Discrimination at Work and when Seeking Healthcare

This study explores the relationship between racial misclassification and racial discrimination in two settings: at work and when seeking healthcare. These settings are particularly suited for this study for at least two reasons. First, both settings are sites in which critical inequalities are generated. Discrimination at work can have drastic effects on income inequality, while discrimination when seeking healthcare can have major effects on health inequality. In addition, the workplace is the site where discrimination is frequently reported and perhaps most apparent in interactions (Maxwell 2015). Hence, enhancing our understanding of discrimination in these settings is critical.

Additionally, each of these settings has unique behavioral norms and social spaces associated with them. Different actions are the major sources of discrimination in each of these spaces. For example, scholars interested in healthcare discrimination have often investigated actions like unequal distribution of pain medication, preventative healthcare, and differences in access to high-quality healthcare (Anderson 2009; Trivedi and Anayian 2006; LaViest et al 2003; Nelson 2002; Bird et al 2004; Hausman et al 2010). On the other hand, those interested in discrimination in the workplace have often investigated actions like getting denied a job or promotion or receiving less salary for the same work (Pager and Shepard 2008; Deitch et al 2003; Triana et al 2015; Dipboye and Collela 2013; Goldman et al 2006). Due to the different interactional norms and expectations of each setting, discrimination in the workplace and when

seeking healthcare provide diverse and interesting sites in which to investigate the relationship between racial misclassification and racial discrimination.

Given these two gaps in the literature and the limitations of previous studies, this study contributes to the current knowledge of the relationship between misclassification and discrimination by investigating the following questions: Do individuals who experience racial misclassification perceive different amounts of racial discrimination than those who believe they are classified consistently with the group they identify with? Does racial misclassification have the same association with racial discrimination regardless of racial identity or is racial misclassification moderated by racial identity? Finally, does the association between racial misclassification and racial discrimination vary between social settings (i.e. between work and when seeking healthcare)?

Hypotheses

Drawing on previous literature, I test the following hypotheses. The first hypothesis tests if experiences of racial misclassification are interpreted as discriminatory experiences. If confirmed, misclassification should be positively associated with discrimination, regardless of the group one identifies.

H₁: Individuals, regardless of race, who experience racial misclassification will perceive more racial discrimination when compared to those who believe they are classified as the same race as they identify

Alternatively, the association between misclassification and discrimination may be moderated by racial identification. If this hypothesis is confirmed, since Whites report the least amount of racial discrimination in both settings compared to other racial groups, misclassified Whites should experience more discrimination than Whites who are not misclassified because

their reflected race is a group more likely to experience discrimination (Parker, Horowitz and Mahl 2016)., Whites who are misclassified will report more discrimination than their White peers who feel they are understood by others as Whites.

Blacks, on the other hand, are most likely to report discrimination, therefore being perceived as “non-Black” would translate into being less likely to perceive discrimination than correctly classified Blacks. Predictions for Latino/as may depend more closely on which race they understand as “Reflected”. Many Latino/as are misclassified as “White” suggesting that they would encounter or report less discrimination, but others may be seen as a “marked” group such as Black. Since the majority of misclassified Latino/as in this sample are classified as White, misclassified Latino/as should perceive less discrimination than those that believe they are classified consistent with their racial identity.

H₂: Racial identification will moderate the relationship between racial misclassification and racial discrimination

H_{2a}: For those that identify as White, those that experience racial misclassification will perceive more racial discrimination when compared to those that are not misclassified

H_{2b}: For those that identify as Black or Latino/a, those that experience racial misclassification will perceive less racial discrimination when compared to those that are not misclassified

Finally, I predict that these dynamics will vary depending on specific setting.

H₃: The relationship between racial misclassification and racial discrimination will vary between the workplace and when receiving healthcare

Data and Methods

Data

For this study, I used pooled data from the 2004-2010 Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a cross-sectional survey collected annually by the Center for Disease Control and Prevention (CDC) with assistance from each state's health department. The BRFSS aims to collect a nationally representative sample of non-institutionalized adults over the age of 18 and information on health outcomes and health behavior. The interviews were conducted over the phone by trained interviewers. The sample was drawn using random digit dialing to create a disproportionate stratified sampling design. In order to account for this design, both person and stratum weights were utilized in the analyses. A random adult in each household was interviewed for the survey. A full description of the sampling strategy used can be found at www.cdc.gov/BRFSS.

This data is particularly well-suited to this study for several reasons. First, the BRFSS is a repeated cross-sectional survey which allows data to be pooled over several years. Since racial misclassification is a statistically rare occurrence, pooled data allows for a large enough sample size. Although all the necessary measures were collected for the BRFSS post-2010, a shift in sampling procedures to include respondents with only cell phones was instituted and that data is not comparable to data collected before 2011, since the weighting strategy was changed from post-stratification to iterative proportional fitting. Since this module was asked in more states prior to 2011, data from 2004-2010 were used to maximize sample size. Additionally, the BRFSS is one of the few large-scale surveys that contains measures of racial discrimination across multiple settings, racial identification, and "reflected race", or how a person believes they are classified by others (Roth 2016; Khanna 2004; Cooley 1902).

For the BRFSS, every respondent is asked a list of core questions. In addition to these questions, the BRFSS includes a set of “optional modules” that can be included at the discretion of each state’s health department. This study utilized measures, specifically racial discrimination and reflected race, that are included in a module known as “reactions to race”. This module was used by a wide variety of states that cover most regions in the United States. From 2004 to 2010, this module was used by the following states: Arkansas, Colorado, Delaware, Mississippi, Rhode Island, South Carolina, Wisconsin, Washington D.C, Ohio, Michigan, Nebraska, Virginia, Indiana, Georgia, and Kentucky. While not fielded nationally, these states represent a wide variety of states in the nation.

Analytic Sample

The final analytical sample reflects a number of criteria. I utilized listwise deletion. The initial sample size is 136,855 cases that reflect the combined number of respondents from each state that used the optional module in their respective year(s). I begin by restricting the sample to only those that answered questions on discriminatory treatment. Questions on discriminatory encountered at work were only asked to those currently employed or employed during the last year and questions on encountering discrimination in a healthcare setting were only asked to those who have a health care provider. To keep a consistent sample size across the analyses, I limited the sample to individuals who are employed currently or have been out of work for less than a year, resulting in the removal of 58,022 cases or 42 percent of the sample. Then, I dropped an additional 15, 821 cases, or 27 percent of remaining cases, due to the lack of valid information on either measure of discrimination which includes those who report not seeking healthcare recently. Sensitivity tests suggested that leaving those who have not needed healthcare in the last year in the analyses does not alter the findings of this study. A remaining 0 .79 percent of the

cases, or 499 cases, were dropped because they did not have a valid answer to the reflected race question, while another 4,628 cases, or 5 percent of the remaining cases, were removed because they did not have valid information on income. Finally, another 5 cases were removed due to a lack of valid information on education. The final size of the analytic sample was 57,709 cases.

Key Independent and Dependent Variables

The key dependent variables captured perceptions of racial discrimination in two distinct settings: when receiving healthcare and when at work. For racial discrimination when seeking healthcare, each respondent was asked: “Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?” The responses ranged from “Better than other races”, “the same as other races”, “worse than some races”, “better than others”, “No healthcare in the past 12 months”, and “only encountered people of the same race”. From these responses, a dichotomous variable was created where those who answered “Worse than other races” were coded as 1, indicating that they did perceive racial discrimination, and all others were coded as 0, indicating that they did not perceive racial discrimination. Those who did not receive healthcare in the last 12 months or only encountered people of the same race were considered to have a non-valid response and were not included in the analysis.

For racial discrimination at work, each respondent was asked: “Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?” The available responses to this question were identical to the question asking about treatment when receiving healthcare, except it was not asked to those who were not employed in the last 12 months. As with the previous variable, a dichotomous variable was created to indicate whether or not the individual has perceived discrimination based on race when at work.

The key independent variable for this study captured whether a respondent is racially misclassified, that is, they identified differently than they believe they are classified by others. In order to capture racial identification, each respondent was asked: “Are you Hispanic or Latino?”. Respondents answered either “Yes” or “No”, with all those who answered yes categorized as Latino/a. This ensured consistency with the response categories given in the reflected race question. Then, each respondent was asked, “Which one or more of the following would you say is your race?”. The responses ranged from “White”, “Black or African-American”, “Asian”, “Native Hawaiian or other Pacific Islander”, “American Indian or Alaska Native” or “Other”. Each respondent could respond with more than one option if they chose to do so. Due to insufficient sample sizes when analyzed separately, Native Americans, Pacific Islanders, Asians and other races were grouped together, as they were all under 500 cases.

In order to capture reflected race, each respondent was asked, “How do other people usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?” Those that responded with Native Americans, Pacific Islanders, Asians or other race were analyzed together in order to keep the response categories consistent with the categories of racial identification. Importantly, each respondent was only allowed to choose one of the groups listed.

Additionally, 1,524 respondents chose multiple categories when asked their racial identification. Since multiracial is not a possible response category for reflected race, I reclassified these respondents into the monoracial group they felt best described them. For this measure, each respondent was asked: “Which one of these groups would you say best represents your race?” Each respondent answered “White”, “Black or African-American”, “Asian”, “Native

Hawaiian or other Pacific Islander”, “American Indian or Alaska Native” or “Other”. For the purposes of this study, the answer to this response was considered their racial identification and was used to gauge whether these individuals experienced misclassification regularly. Analyses ran without multiracial individuals yielded very similar results to the ones in this study.

I constructed the racial misclassification variable by drawing on the responses to the previous questions about racial identification. Respondents were grouped together based on two criteria: 1) their racial identification and 2) whether or not they experienced racial misclassification. Those that shared both their racial identity and racial misclassification status (i.e. indicated a “reflected race” that conflicted with their identified race) were given the same value. For example, individuals that identified as White and did believe they are classified as White are given a value of 1, while those that identified as White but did not believe they were classified as White are given a value of 2. The final variable included 8 categories which were introduced as a series of dummy variables indicating an individual’s racial identification, as well as whether they experienced racial misclassification regularly.

I included several control variables in the multivariate analyses. First, to adjust for changes in racial misclassification over time and for any geographic differences, I include controls for year and state of each interview. I also adjust for other demographic variables including respondent's age (coded in years), sex (with male assigned to the reference).

Finally, I controlled for socioeconomic status. I include a measure of income. Each respondent was asked: “Is your annual household income from all sources...” Respondents were grouped into categories of income ranging from “Less than \$15,000”, “\$15,000 to Less than \$25,000”, “\$25,000 to less than \$35,000”, “\$35,000 to Less than \$50,000” and “\$50,000 or more”. To control for education, each respondent was asked: “What is the highest grade or year

of school you completed?”. The respondents were grouped together into categories including “Never attended school”, “Grades 1 through 8”, “Grades 9 through 11”, “College 1 year to 3 years” and “College 4 years or more”. From there, I grouped all those that never attended school through those that attended some high school together to represent those that have less than a high school education.

Analysis Plan

I produced univariate statistics to describe the sample across all of the variables. Next, I produced bivariate statistics and conducted a test of proportional or mean differences between discrimination and the independent variables. Then, I estimated a series of multivariate logistic regressions predicting racial discrimination and report odds ratios to better understand the relationship between racial misclassification and racial discrimination. Models predicting racial discrimination at work and when seeking healthcare are estimated separately, in order to enable a comparison between the two social settings. Then, I conducted an adjusted Wald test to test differences in the coefficients in the full models and produced predicted probabilities of experiencing racial discrimination in each setting using average marginal effects. These steps allowed for comparison between misclassified individuals and those who are not within each racial group.

Since reports of racial discrimination are rare within the sample, there is the possibility of separation and inflated standard errors in the multivariate analysis (Firth 1993; Heinze and Schemper 2002). To account for this, firth logistic regressions were run to test for any differences. No significant differences were found. To account for the disproportionate stratified sampling process, person weights and stratum weights were used for the analyses. All analyses

were completed with Stata 14 and svy commands were utilized to introduce strata and person weights.

Results

(Insert Table 1 Here)

Table 1 reports the univariate statistics for the independent and dependent variables. Overall, reports of racial discrimination in either setting are rare. Only 5.03 percent of the sample reports racial discrimination at work and only 2.35 percent report experiencing racial discrimination when seeking healthcare. The prevalence of racial discrimination in this sample is lower than the national average. This reflects the over-representation of Whites in the sample, who are least likely to report discrimination (Parker, Horowitz and Mahl 2016). Additionally, this sample is less diverse than the nation as a whole. Whites are roughly 80 percent of the sample, followed by Blacks, who are 9.55 percent, and Latino/as, who are 4.28 percent of the sample. The remaining 3.5 percent of the sample are those designated as “Other” which is a combination of those that identify as Pacific Islander, Native American, Asian or other when asked their racial identification. This sample is less diverse than the nation as a whole because it samples from select states, which does not reflect the racial composition of the nation, and reflects the adult non-institutionalized population in the United States.

The next panel of Table 1 shows the levels of misclassification overall and by specific combinations of racial identification and reflected race. Racial misclassification is a relatively rare occurrence within the sample. Overall, 3.53 percent of individuals identify themselves with a racial group which is at odds with how they believe they are perceived. This percentage is smaller than previous studies, which is a function of the sample being less racially diverse than the nation as a whole with relatively smaller presence of groups that tend to be misclassified

including Latino/as, Asians, and multiracial respondents (Vargas and Stainback 2016). Only 1 percent of the sample identifies as White and believe they are classified as a non-White racial group and less than a percent of the sample identifies as Blacks and report misclassification. A slightly larger share of the sample, 1.61 percent, are Latino/as that report misclassification. A similar percentage of those in the “other race” group also experience misclassification, although this is an aggregation across several groups.

The next two panels of table 1 show the demographic information of the sample. The sample has a relatively high level of SES. Around 39 percent of individuals have at least a bachelor’s degree, while another 27.5 percent have at least some college education and 28.68 percent have at least a high school degree. Comparatively, only 4.71 percent of the sample has less than a high school education. Similarly, around 57 percent of the sample makes over 50,000 dollars a year. Another 16 percent of the sample makes between 35,000 and 49,000 dollars a year, while another 11 percent make between 25,000 and 34,999 dollars and 15,000 and 24,999 dollars a year. Only 3.85 percent have less income than that in a year. These statistics show the relative SES advantage of the sample. The sample has slightly more males, 54.02 percent, than it does females, 45.98 percent. Additionally, the mean age, 53.61 years old, is relatively higher than the national average.

(Insert Table 2 here)

To provide more information on what race misclassified individuals believe they are classified as, Table 2 shows a cross-tabulation of racial identification and reflected race in which the percentages sum to 100 percent in the rows. In this table, groups other than White, Black and Latino/a are shown separately, rather than grouped together as in previous tables. “Other” race in this table refers to those who chose “other” as a response category. While Asians, Pacific

Islanders, Native Americans and “other” racial groups are shown, I will not discuss them here because the sample size is too small to draw substantive conclusions when not grouped together.

Overall, Table 2 shows that Whites and Blacks rarely believe they are misclassified. For those that identify as White, nearly all, or 99 percent, report “White” as the race they believe others see. When they report misclassification, Whites are most likely to believe they are being classified as Latino (.26 percent) or some other racial group (.25 percent). For those that identify as Black, a slightly smaller percent (96.33 percent) believe that they are classified as Black by others. When they are misclassified, they are most likely to believe they are classified as Latino/a.

Latino/as, on the other hand, are more likely to be misclassified. In this sample, 32 percent report believing they are understood by outsiders as a non-Latino/a racial group. Roughly one-quarter of Latino/as report believing that they are classified as White by others, which is a dynamic found in other studies on misclassification (Vargas and Stainback 2016). This may have strong bearing on reports of discrimination since discrimination reports are more closely linked with how one believes they are categorized (Stepanikova and Oates 2017).

(Insert Table 3)

Table 3 displays the association between racial misclassification, along with other independent variables, and discrimination at work and when seeking health care. I show the percentage of each category of the independent variables that reports either discrimination at work (first column) and when seeking health care (second column). Overall, reports of discrimination at work are more common than reporting discrimination when receiving healthcare for all racial groups. For example, 17.32 percent of self-identified Blacks experience racial discrimination at work, but only 7.92 percent of Blacks report it when seeking healthcare.

Additionally, the first panel in Table 3 shows the patterns by specific categories of racial identification. Self-reported Whites are least likely to report discrimination in either setting, as 2.7 percent of Whites report discrimination at work and 1.60 report discrimination when seeking healthcare. Meanwhile, self-identified Black respondents are most likely to report discrimination in either setting with 17.32 percent reporting racial discrimination at work and 7.92 percent when seeking healthcare. Latino/as report discrimination more than Whites but less than Blacks at work (10.79 percent) and when seeking healthcare (4.88 percent).

The second panel in Table 3 shows the patterns by the specific racial misclassification categories. Whites who report being seen as a non-White group report more discrimination than their peers who are not misclassified. At work, 5.91 percent of misclassified Whites perceive discrimination, while only 3.08 percent of correctly classified Whites report discrimination in this setting. The same pattern holds in the health care setting. Misclassified Whites are more likely to report discrimination than their correctly classified peer (2.75% vs. 1.85 %) and consistently classified Whites (1.85 percent) when examining discrimination when seeking healthcare. As Table 3 shows, these differences are significantly different when the proportions are tested for equality.

The patterns for Blacks and Latino/as differ from Whites. At work, self-identified Blacks who believe they are seen as a non-Black group report less discrimination (11.37 percent) than their peers who report being perceived as Black (17.79 percent). Similarly, fewer Latino/as that report being misclassified (4.72 percent) perceive discrimination at work than Latino/as who believe they are perceived as Latino/a (11.37 percent). Tests for equality of proportions show that both of these differences are statistically significant. These bivariate results suggest that racial misclassification has a positive association with racial discrimination for Whites but a

negative association for Latino/as and Blacks, confirming Hypotheses 2a and 2b, but refuting Hypothesis 1 that predicted higher rates of perceived discrimination regardless of racial identification.

Table 3 provides some support for the third hypothesis that setting distinguishes patterns. Unlike at work, Blacks who report being classified as a non-Black group are not significantly different in how much discrimination they perceive when seeking health care when compared to Blacks who do not report a misclassification. Further, a higher percentage of misclassified Latino/as (5.42 percent) experience discrimination in healthcare, as compared to Latino/as who believe they are perceived as Latino/a (4.64 percent). These patterns differ from what was found at work which suggests the relationship between discrimination and misclassification may vary by setting.

Table 3 also shows that those with higher SES report less discrimination in both settings than those with lower levels on these SES indicators. Particularly, those with a bachelor's degree report lower levels of discrimination at work (3.42 percent) than those with a high school education (5.01 percent) or less than a high school education (7.52 percent). The same pattern holds when examining discrimination when seeking healthcare. Additionally, I find that as income increases, the level of discrimination reported drops in both settings. Around 9 percent of those with less than \$15,000 in income report discrimination while only 3.21 percent of those who make over \$50,000 dollars report discrimination, at work. The percentages for each category get progressively lower as the income increases. The same pattern holds for discrimination when seeking healthcare.

Overall, the bivariate relationship between racial misclassification and racial discrimination in each of the settings suggest that racial misclassification is associated with each

racial group differently and across settings. The multivariate analyses will test to see if these associations are explained by demographic or SES factors.

(Insert Table 4 here)

Table 4 shows the odds ratios for each independent variable from the multivariate logistic regressions predicting racial discrimination at work (Models 1 and 2) and when receiving healthcare (Models 3 and 4). Importantly, racial discrimination may be understood and experienced differently for each racial group. In other words, the definition of discrimination and the subjective experience of it varies greatly between groups, depending on their position in the social structure (Schmitt and Branscombe 2002; Blodorne and O'Brien 2013). Hence, this study will focus on comparisons between those that experience misclassification and those that do not within the same racial group. While the reference group for these regressions is consistently classified Whites, the odds ratios will be used and discussed to compare and contrast within racial groups.

Model 1 shows the odds ratios from the bivariate regression predicting racial discrimination at work where Whites who are consistently classified is the reference group. When compared to Whites who believe they are seen as White, these results show that the odds of any non-White group have significantly higher odds of reporting racial discrimination, regardless racial misclassification status. Additionally, Whites who believe they are categorized something other than White have significantly higher odds (OR = 1.97) of reporting racial discrimination than Whites who believe they are categorized as White.

However, there are differences in the odds of those that experience racial misclassification at work. Blacks who believe they are seen as Black have 6.79 times higher odds than Whites who believe they are seen as White of reporting racial discrimination, while Blacks

who believe they are seen as some other racial group only have 3.84 times higher odds. Latino/as who believe they are viewed as Latino/a have significantly higher odds (OR=5.23) when compared to Whites who believe they are viewed as White, while Latino/as who believe they are categorized as something else have only marginally higher odds (OR=1.55). These results suggest that racial misclassification is associated with lower odds of experiencing discrimination among Latino/as and Blacks but higher odds of experiencing discrimination at work for Whites, which lends support to hypothesis 2a and 2b. The next model tests to see if these patterns can be explained by SES or demographic factors.

Multivariate Analyses: Discrimination at Work

Model 2 presents the odds ratios of the multivariate regression predicting racial discrimination at work which introduces controls for socioeconomic and demographic factors. The odds ratios for gender and some of the odds ratios for education and income are significant in predicting racial discrimination at work. Females are significantly less likely to report discrimination (OR=.831), as compared to males. Additionally, those with a college degree (OR=.691) and those that make more than \$50,000 in income (OR= .730) are also less likely to report discrimination at work when compared to those with less than a high school education and those that make less than \$15,000 a year. However, independent of these factors, the patterns found in the bivariate regressions change only slightly. Whites who are misclassified have higher odds of discrimination at work (OR=1.75) when compared to Whites who are not. Misclassified Latino/as are no longer significantly different from Whites, but Latino/as who believe they are seen as Latino/a (OR=3.92) are still more likely to report discrimination than Whites who believe they are seen as White. While misclassified Blacks and Blacks who are not are both significantly more likely than correctly classified Whites to report discrimination, the odds ratio for

misclassified Blacks (OR=2.99) is smaller than that of Blacks who believe they are seen as Black (OR=5.28)

Overall, the full model (Model 2) suggests that the association between racial misclassification and racial discrimination at work is not explained by SES or demographic factors. Rather, these results provide some support for H₂, in that racial misclassification may be associated with lower odds of experiencing discrimination for Latino/as and Blacks and higher odds for Whites. The next two models examine if these patterns vary when examining this relationship in the healthcare setting.

Multivariate Analyses: Discrimination When Seeking Healthcare

Model 3, in Table 4, shows the odds ratios from the logistic regression predicting racial discrimination when receiving healthcare by categories of racial misclassification. Overall, there are some key differences in the odds of reporting discrimination when compared to work. First, Whites who are misclassified do not have significantly different odds of reporting racial discrimination when receiving healthcare when compared to Whites who believe they are seen as White, even if misclassification is positively related to discrimination at work. Additionally, while all Blacks still have higher odds of discrimination, the odds ratios of misclassified Blacks (OR=5.77) and Blacks who believe they are seen as Black (OR=5.24) are very similar, unlike the patterns found at work. Finally, Latino/as that report being perceived as another racial group (OR=3.69) have higher a higher odds ratio than Latino/as that do not report misclassification when seeking healthcare (OR=3.11), as opposed to having lower odds at work.

These patterns suggest that the relationship between misclassification and discrimination varies across social setting. For Whites and Blacks, racial misclassification did not change their odds of reporting racial discrimination, where it did when examined at work. For Latino/as,

misclassification had the inverse relationship to reporting discrimination when receiving in this setting. The final model will test if these differences are due to SES or demographic factors.

Finally, Model 4, presents the odds ratios of the multivariate regression predicting racial discrimination when receiving healthcare and introduces socioeconomic and demographic controls. Education explains some of the variation, as those with a college degree are significantly less likely to report racial discrimination when receiving healthcare (OR=.640) when compared to those who have less than a high school education. Additionally, every income category above \$24,999 is significantly lower in their odds of reporting racial discrimination when receiving healthcare, when compared to those making less than \$15,000 a year. Additionally, as age increases, individuals are less likely to report racial discrimination when seeking healthcare.

However, independent of these factors, racial misclassification is associated differently with discrimination when seeking healthcare than when at work despite some difference. Latino/as who believe they are classified as Latino/a (OR=1.443) are no longer significantly different from Whites who believe they are classified by others as White. However, misclassified Latino/as have significantly higher odds (OR=2.73) of reporting racial discrimination in healthcare than Whites who are classified as White. This suggests that misclassified Latino/as have lower odds of discrimination at work but higher odds of discrimination in healthcare, when compared to Latino/as that, are not misclassified

This multivariate analysis suggests there are significant differences in the relationship between racial misclassification and racial discrimination across the two settings. For Whites, racial misclassification significantly lowered their odds of reporting racial discrimination at work but had no significant effects when seeking healthcare. However, since Whites who believe they

are seen as White is the reference group, further analysis is required to make in-group comparisons for Blacks and Latino/as. In order to test whether Blacks and Latino/as who are misclassified significantly differ from their peers who do not report misclassification, predicted probabilities were generated and adjusted Wald tests were completed.

(Insert Table 5 Here)

Table 5 displays the predicted probabilities of reporting racial discrimination in each different setting by category of misclassification, along with the results of the adjusted Wald tests. The predicted probabilities were derived from the full models (Models 2 and 4) predicting discrimination in each setting and are created using average marginal effects.

At work, Whites who believe they are classified as a non-White group have a significantly higher probability (.064) of reporting discrimination than Whites who believe they are perceived as White (.032). On the other hand, both Blacks (.08) and Latino/as (.05) that experience racial misclassification have a significantly lower probability of reporting discrimination at work than Blacks (.14) and Latino/as (.12) that do not report being misclassified. This suggests that misclassification is associated with a higher probability of discrimination for Whites but a lower probability for Latino/as in work settings.

The second panel on Table 5 shows the predicted probabilities of reporting racial discrimination when seeking healthcare. Here, I show that racial misclassification does not have a significant effect on the amount of discrimination Whites or Blacks face while seeking healthcare. Additionally, Latino/as who are misclassified have a higher probability (.048) of reporting discrimination than Latino/as who believe they are classified as Latino/a (.026). These results suggest that the relationship between misclassification and discrimination varies across contexts as well as by self-identified racial group.

Taken together, the results from this multivariate regression analyses suggests that racial misclassification affects the exposure to racial discrimination at work but does little to change their exposure when receiving healthcare. For Whites, racial misclassification increases exposure to discrimination at work but does not change their exposure when receiving healthcare. For Blacks, racial misclassification decreases their exposure at work but does not change their exposure to discrimination when receiving healthcare. For Latino/as, racial misclassification increases their exposure to racial discrimination in healthcare but lowers it when they are at work.

Conclusions and Discussion

This study contributes to what we know about racial misclassification and discrimination by extending the analysis to several racial groups and two different social settings. While several studies have been interested in this relationship, it is unknown if racial misclassification and racial discrimination are associated in the same way for every racial group and in every setting (Harris, Cormak, Stanley 2013; Vargas et al 2016). Overall, I find that there is little evidence that an experience of misclassification operates as a unique discriminatory experience. Rather, the results suggest that the association between misclassification and discrimination varies by race. At work, misclassification increases self-identified white's exposure to discrimination while it decreases exposure to discrimination for blacks and Latino/as. Within this context, I find that individuals that experience misclassification are moved closer to the experience of the racial group they believe they are classified as. This study also suggests the importance of setting in shaping the relationship between misclassification and discrimination. For whites and blacks, misclassification is not significantly related to discrimination. For Latino/as, misclassification increases exposure to discrimination in healthcare, as opposed to decreasing it at work.

These results have implications for social inequality more broadly. First of all, this study indicates that perceptions of racial disadvantage may not operate the way one would expect them to when an individual believes they are classified as a different racial category than their racial identity. In this study, experiences in which an individual believes that their race is not “seen” by others correctly may increase or decrease the odds of reporting an instance of racial discrimination. An individual may perceive an experience to be more or less discriminatory or they may be differentially likely to attribute the discrimination to race. Hence, experiences of misclassification could either hide racial disadvantage or make it more apparent to an individual. Therefore, researchers need to take into account more than racial identification in order to gain a fuller understanding of how racial disadvantage in interactions operates.

This is especially important for populations that experience racial misclassification regularly, such as multiracial individuals or Latino/as (Vargas and Stainback 2016; Roth 2016). Given that racial misclassification can alter how likely an individual is to report racial discrimination, utilizing multiple measures of race, particularly racial identification as well as reflected race, may alter current estimates of how likely groups that are often misclassified are to report racial discrimination at healthcare and at work. Additionally, misclassification is most common among the fastest growing racial groups in the United States (Vargas and Stainback 2016; Kramer et al 2015). As these racial groups grow larger, it will become increasingly important to consider the role of multiple dimensions of race when attempting to fully capture racial disadvantage and racial inequality that arises out of interactions among these populations as racial misclassification becomes more prevalent among the US population.

The results of this study have broad implications on the current understanding of misclassification as well. Most studies that examine the dynamics surrounding racial

misclassification treat misclassification as a status (Campbell and Troyer 2007; Lastre-Pirtle and Brown 2016). In other words, individuals are *either* misclassified or not misclassified. However, this study provides evidence that misclassification has significant effects on racial discrimination in one setting, but not others. One possible explanation may be that individuals experience misclassification only in certain settings (Freeman et al 2011; Hugenberg and Bodenhausen 2004). Therefore, rather than a status, misclassification may be best understood as an experience that is more frequent for some individuals and less frequent for others. To better understand how misclassification affects the experiences of individuals, scholars should investigate the effects of individual experiences of misclassification, in addition to the outcomes of those who experience it most frequently.

The differential relationship between racial misclassification and discrimination across setting also suggests that it is important to consider the role of social setting in influencing perceptions of interactions in which racial disadvantage may arise. There are several factors in each distinct social space in this study that could have unique impacts on the perception of these interactions. Particularly, individuals often occupy different roles at work than when seeking healthcare (Employer/Employee vs Doctor/Patient). There are different norms and behavioral expectations between the two settings as well. For example, an individual may expect to be asked about racial ancestry when seeking healthcare, but may not have that expectation at work. Additionally, each setting has unique physical features that may impact how an individual is racially categorized, such as different clothing (Freeman et al 2011; MacLin and Malpass 2001). Each of these features may have a unique effect on shaping how apparent racial disadvantage is or how apparent racial misclassification is. Because setting can have a strong influence on racial discrimination and racial misclassification, as well as the relationship between the two, it is

important that misclassification and perceived discrimination are not considered separate from the setting they occur within when attempting to gather a more complete picture of either one.

However, this study also has a few limitations. First, this study utilizes a sample that is not fully nationally representative. It is possible that the dynamics of racial discrimination and misclassification may vary significantly in states not in the sample. Second, this study cannot consider other measures of race that may be related to discrimination and misclassification, such as measures of phenotype or different dimensions of racial identity. These studies could potentially clarify which dimensions of race are most important to this dynamic. However, very few large-scale surveys collect that depth of information when it comes to race. I encourage researchers to collect this data and include these measures in future studies of this relationship. Additionally, this study does not contain measures of misclassification specific to the settings within this study. Finally, this study does not contain measures of how often an individual experiences discrimination in either context. This does not allow this study to examine the prevalence of discrimination directly.

Future studies should continue to study misclassification and discrimination in other types of social settings and contexts. While this study examines two such settings, there are a variety of other settings in which discrimination is prevalent which are important to examine, such as on the housing market or at stores and restaurants. Additionally, scholars should consider collecting information on misclassification that is specific to setting. This will allow for a more direct study of whether misclassification itself is occurring. Furthermore, qualitative work investigating how racial misclassification operates to produce the patterns found in this study can shed light onto why racial misclassification may have a certain effect in some settings. Further

qualitative studies can help shed light on why these patterns are found and how racial misclassification is perceived.

Tables

Table 1. Univariate Statistics for Independent and Dependent Variables (N = 57,709)

	Frequency	Percent/Mean
<i>Experienced Racial Discrimination</i>		
At Work	2,586	5.03
When Receiving healthcare	1,358	2.35
<i>Self-Identified race</i>		
White	49,160	82.67
Black	5,259	9.55
Other Race	1,260	3.51
Latino	2,030	4.28
<i>Racial misclassification (Racial Self-Identification - Reflected Race)</i>		
Misclassification (Overall)	1,865	3.53
White - white	48,656	81.61
White - nonwhite	504	1.01
Black- black	5,010	9.20
Black - nonblack	249	0.43
Latino - Latino	1,379	1.98
Latino - non-Latino	651	1.61
Other (Consistent Classification)	626	2.66
Other (Misclassification)	634	1.52
<i>Education</i>		
Less Than High School	2,717	4.71
High School	16,552	28.68
Some College	15,873	27.51
College	22,567	39.10
<i>Income (In dollars)</i>		
Less than 15,000	2,593	3.85
15,000 - 24,999	6,792	11.29
25,000 - 34,999	7,255	11.35
35,000-49,000	10,619	16.84
50,000 or More	30,348	56.66
Female	33,285	45.98
Age	57,709	53.61 (17.39)

Note: Statistics are survey adjusted. Source: 2004-2010 Behavioral Risk Factor Surveillance System (BRFSS). Standard deviation is in parentheses.

Table 2. Crosstabulation of racial identification (Rows) and Reflected Race (Columns) (N = 57,709)

Racial identity	Reflected Race							Total
	White	Black	Asian	Pacific Islander	Native American	Other	Latino	
White	99.00 (48,656)	0.10 (49)	0.04 (18)	0.01 (6)	0.13 (64)	0.26 (127)	0.25 (125)	100 (49,045)
Black	0.92 (48)	96.33 (5,010)	0.04 (2)	0.10 (5)	0.40 (21)	1.00 (52)	1.21 (63)	100 (5,201)
Asian	4.90 (22)	1.10 (5)	84.00 (372)	0.60 (3)	0.40 (2)	3.30 (15)	5.20 (23)	100 (442)
Pacific Islander	32.70 (18)	7.20 (4)	16.30 (9)	23.6 (13)	3.60 (2)	1.8 (1)	14.5 (8)	100 (55)
Native American	39.20 (178)	5.70 (26)	1.10 (5)	2.20 (10)	40.30 (183)	2.40 (11)	9.10 (41)	100 (454)
Other	47.20 (146)	20.00 (62)	2.90 (9)	0.32 (1)	2.59 (8)	18.77 (58)	8.09 (25)	100 (309)
Latino	24.63 (500)	3.35 (68)	0.39 (8)	0.59 (12)	0.99 (20)	2.12 (43)	67.93 (1,379)	100 (2030)

Source: 2004-2010 Behavioral Risk Factor Surveillance System (BRFSS). Note: Statistics are presented as Percentages. Frequencies in Parentheses. Racial identification of respondent form the rows while their reflected race forms the columns. Rows add up to 100

Table 3. Percentage of Individuals Reporting Racial Discrimination Across key independent variables (N = 57,709)

	Discrimination at Work	Discrimination when Seeking Healthcare
<i>Self-Identified race</i>		
White	2.73	1.60
Black	17.32	7.92
Other Race	9.05	5.99
Latino	10.79	4.88
<i>Racial mismatch (Racial ID -Reflected Race)</i>		
White - white	3.08	1.53
Black- black	17.79	7.54
Other (Racial match)	6.90	3.02
Latino - Latino	14.27	4.64
White - nonwhite	5.91	2.70
Black - nonblack	11.37	8.63
Other - nonother	12.67	5.21
Latino - Non-Latino	4.72	5.42
<i>Education</i>		
Less Than High School	7.52	4.93
High School	5.01	2.99
Some College	4.85	2.62
College	3.42	1.36
<i>Gender</i>		
Male	4.71	2.49
Female	4.28	2.24
<i>Income</i>		
Less than 15,000	8.48	7.55
15,000 - 24,999	7.19	4.82
25,000 - 34,999	5.37	2.84
35,000-49,000	4.69	2.38
50,000 or More	3.21	1.22

Source: 2004-2010 Behavioral Risk Factor Surveillance System (BRFSS) Note: Statistics are adjusted for complex survey design.

Table 4. Odds Ratios from Logistic Regression Predicting Racial Discrimination at Work and when Receiving Healthcare (N = 57,709)

	At Work		When Receiving healthcare	
	Model 1	Model 2	Model 3	Model 4
<i>Racial Id - Reflected Race (Ref. White - White)</i>				
Black - Black	6.798*** (0.559)	5.285*** (0.528)	5.248*** (0.652)	3.596*** (0.525)
Other (Racial Match)	2.329*** (0.586)	2.252** (0.611)	2.007+ (0.719)	1.822 (0.697)
Latino - Latino	5.230*** (0.848)	3.992*** (0.719)	3.133*** (0.734)	1.443 (0.386)
White - Nonwhite	1.972* (0.558)	1.759* (0.580)	1.787 (0.641)	1.451 (0.521)
Black - Nonblack	4.032*** (1.186)	2.990** (1.074)	5.777*** (2.613)	3.446* (1.667)
Other - Non Other	4.557*** (1.491)	4.363*** (1.418)	3.539*** (1.107)	3.040*** (0.963)
Latino - Non Latino	1.556+ (0.385)	1.423 (0.357)	3.692*** (1.288)	2.733** (0.969)
<i>Education (ref. Less than High school)</i>				
High School		0.869 (0.134)		0.882 (0.178)
Some College		0.951 (0.148)		0.841 (0.178)
College		0.691* (0.111)		0.640* (0.145)
Female		0.830* (0.0608)		0.842 (0.0902)
<i>Income (ref. Less than 15,000)</i>				
15,000 - 24,999		1.111 (0.182)		0.884 (0.164)
25,000 - 34,999		1.006 (0.174)		0.481*** (0.101)
35,000-49,000		0.873 (0.142)		0.517*** (0.100)
50,000 or More		0.730* (0.115)		0.269*** (0.0535)
Age		1.004 (0.00282)		0.993* (0.00367)

Note: Results are adjusted for year and State. Source: 2004-2010 Behavioral Risk Factor Surveillance System (BRFSS). Note: Numbers in parentheses are standard errors. Ref. = reference category. + $p < .1$ * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 5. Predicted Probabilities from logistic regressions predicting racial discrimination for each racial group across settings (N = 57,709)

	Discrimination at work		Discrimination in Healthcare	
	Predicted Probability	F	Predicted Probability	F
<i>White</i>		5.04*		1.29
No Misclassification	0.032		0.016	
Misclassification	0.064		0.026	
<i>Black</i>		2.54+		0.01
No Misclassification	0.146		0.055	
Misclassification	0.089		0.054	
<i>Latino</i>		12.43***		2.17+
No Misclassification	0.127		0.026	
Misclassification	0.05		0.048	
<i>Other</i>		2.43		3.79*
No Misclassification	0.076		0.033	
Misclassification	0.137		0.054	

Source: 2004-2010 Behavioral Risk Factor Surveillance System (BRFSS). Note: F Statistic comes from Adjusted Wald test on coefficients from full models (Model 2 and Model 4); +p < .1 *p < .05. **p < .01. ***p < .001.

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