

THESIS

THE BOUNDARIES OF ILLEGALITY: THE IMPACT OF U.S. STATE-LEVEL POLICIES  
ON MEXICAN IMMIGRANTS' MENTAL HEALTH

Submitted by

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## ABSTRACT

### THE BOUNDARIES OF ILLEGALITY: THE IMPACT OF U.S. STATE-LEVEL POLICIES ON MEXICAN IMMIGRANTS' MENTAL HEALTH

Mental health disparities among Mexican immigrants in the United States are shaped not only by individual characteristics, but also by broader policy climates in which immigrants live in. Drawing on the framework of structural racialized stigma, this study examines how state-level immigration policies are associated with adverse mental health outcomes among Mexican immigrants. Individual-level data from the Mesoamerican Migrant Project were merged with state-level immigration policy data from the Urban Institute to examine four policy measures: enforcement, integration, public benefits, and employment verification. Multilevel logistic regression models were estimated to account for individuals nested within states, and Firth penalized logistic regression models were used as robustness checks because of the rarity of the outcome. Results indicate that the Jail 287(g) agreement is associated with a higher predicted probability of adverse mental health outcomes, whereas an inclusionary policy, obtaining a driver' license access, are associated with a lower predicted probability of adverse mental health outcomes. These findings suggest that state immigration policies operate as mechanisms of structural racialized stigma by shaping legal vulnerability, institutional exclusion, and access to resources. This study extends structural stigma theory by explicitly incorporating racialization into the analysis of immigration policy and mental health.

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## INTRODUCTION

Mental health disparities among immigrant populations in the United States remain a persistent problem. Latinx immigrants in the United States face elevated risks of psychological distress, anxiety, and depressive symptoms, shaped by a constellation of social, economic, and political factors (Becerra et al. 2022; Garcini et al. 2023; Salas, Ayón, and Gurrola 2013). These disparities are rooted in racialized systems of power, which condition both everyday experiences and the policy climates governing immigrant lives (García 2017; Menjívar 2006, 2021; Vargas, Valle, and Dhuman 2025).

During the 2010s, the United States saw an influx of state-wide immigration legislation, with some policies intending to increase access to benefits, resources, and rights, while other policies sought to restrict immigrants, through increased enforcement and occupational barriers (Philbin et al. 2019; Hatzenbuehler et al. 2017). These years also span across two presidential administrations, notably Barack Obama’s second term and Donald J. Trump’s first term – each marked by distinct immigration rhetoric and narratives that shaped immigration discourse during this period. While this explanation exists at the federal level, rhetoric from both administrations played a key role in whether states reacted with exclusionary or inclusionary policies (Kiehne and Hafen 2022; Perreira and Pedroza 2019).

While early research has emphasized individual-level explanations for mental health issues, such as acculturative stress and language barriers, recent research has shifted attention toward broader, policy climates in which immigrants are embedded (Chaparro et al. 2023; Conley 2021; Garcini et al. 2023; Hatzenbuehler et al. 2017; Kiehne and Hafen 2022; Philbin et al. 2018). Policy contexts or climates are a “composite of the existing laws, their enforcement

and practice, and the debates surrounding these laws” in the societies where constituents live in (Philbin et al. 2019). This shift reflects broad recognition that mental health is not simply an individual outcome, but one that is also shaped and produced through structural conditions (i.e., institutions, organizations, policies) that impact one’s exposure to stress, access to resources, and experiences of belonging. Within this body of work, immigration policy has emerged as a social determinant of immigrant health and well-being. Laws governing public benefits, integration, and enforcement do more than regulate migration by they shaping immigrants’ daily lives and producing uncertainty, fear, and constrained access to opportunities. Notably, immigration policy shapes immigrant well-being not only through direct enforcement encounters but also through the everyday meanings and practices they generate across different institutional landscapes. These policies indicate legitimacy and exclusion in ways that organize institutional behavior and everyday interaction, influencing how immigrants are treated across healthcare, the labor market, and social service settings (Bruzelius and Baum 2019; Gomberg-Muñoz 2017; Hatzenbuehler et al. 2017; Vargas et al. 2025).

Also, most studies only observe documented immigrants, effectively excluding the undocumented population, which consists about 6.5 million of the 11.7 million Mexican immigrants residing in the United States. Without considering the mental health of undocumented folks, who face more legal barriers than their counterparts, leaves a gap in the current research seeking to understand how these populations are impacted by state-level immigration policy.

To conceptualize these processes, social science scholars increasingly draw on the theoretical framework of structural stigma, which positions stigma not only at the individual and interpersonal levels but also in laws, policies, and other institutional practice that systematically

disadvantage particular groups (Link and Phelan 2001). This framework has especially gained traction in public health, where it has been used to link exclusionary policy contexts against LGBTQ+ communities to individual-level negative mental health outcomes (Hatzenbuehler et al. 2024; Hatzenbuehler, Keyes, and Hasin 2009). Structural stigma offers a powerful theoretical foundation for examining how stigma is formed and enforced at the macro-level and how it enables interpersonal discrimination and negative individual health outcomes. By centering institutions and policy regimes, this framework helps explain how power wielded through bureaucratic systems perpetrate harm.

Despite its utility, the concept of structural stigma raises additional theoretical concerns when applied to immigration. In much of the literature, stigma is treated as a generalized condition of social disapproval or exclusion, typically without sufficient attention to the racialized histories and power relations at hand. Immigration policies are described as stigmatizing, but the racial and ethnic logics underpinning these stigmatized policies are often left unexamined. Immigration law in the United States has never been race neutral; it has long functioned as a mechanism for regulating the racial, ethnic, and class composition of the nation (Gomberg-Muñoz 2017; Vargas et al. 2025). When race is diluted to simply structural stigma, there is a risk of obscuring the racialized processes through which legal vulnerability and illegality are constructed, naturalized and distributed across populations.

This limitation is particularly salient for understanding the experiences of Latinx immigrants. Latinx populations are disproportionately targeted by immigration enforcement, surveillance and exclusionary policies, resulting in a racially stigmatized association between Latinx identity and illegality (Gomberg-Muñoz 2017; Vargas et al. 2025). Over time, such conditions contribute to adverse mental health outcomes, including anxiety, depressive



symptoms, and psychological distress. Thus, without situating immigration policy within the broader racial system, it becomes difficult to identify the mechanisms through which stigma is racialized and translated into negative mental health outcomes.

This study aims to build on the insights of structural stigma while arguing for a more explicit intersection with racialization into the analyses of immigration and mental health, while also including the undocumented population. My main research questions are: (1) Does state-level immigration policy impact Mexican immigrants' mental health outcomes in the United States? (2) What different areas of immigration policy (enforcement, integration, public benefits, and employment requirements) directly influence the likelihood of negative mental health outcomes among Mexican immigrants? By using data from the Mesoamerican Migration Project and the Urban Institute, I argue that immigration policy environments operate not only as stigmatizing structures, but as structures built upon racialized stigmas that produce legal vulnerability and negative psychological outcomes among Latinx migrant communities. By foregrounding race and the processes of racialization within the framework of structural stigma, scholars can better understand how exclusionary policy environments impact Latinx immigrants' mental health.

This study seeks to contribute to the literature in three important ways. First, it extends the structural stigma framework by explicitly theorizing immigration policy as a process of structural racialized stigma, emphasizing how racialization shapes the relationship between policy climates and mental health. Second, this study employs four policy measures—enforcement, integration, employment verification, and public benefits—to identify which types of state policies are most strongly associated with mental illness symptoms. Third, this study incorporates undocumented Mexican immigrants, a population frequently underrepresented in

quantitative research despite facing some of the greatest legal and structural barriers. Together, these contributions provide a more nuanced understanding of how state immigration policies shape mental health among Mexican immigrants.

This study begins with a review of existing studies on health disparities and state-level immigration policies. I then examine the theoretical frameworks of structural stigma and racialization that inform this literature. Next, I conduct a multilevel logistic regression analysis based on state-level immigration policies and individual-level household surveys to analyze the role that state policies play in Mexican immigrant mental health outcomes. Finally, I conclude with a discussion of the findings, and the implications for future research.

### *Immigration Policy Contexts and Mental Health*

A growing body of research demonstrates that immigration policy environments are consequential for mental health outcomes among Latinx immigrants and their families. Moving beyond individual-level explanations, scholars increasingly conceptualized immigration policy as a structural determinant of health, demonstrating that exclusionary policy environments are associated with elevated risks of psychological distress, anxiety, depression, and trauma-related symptoms (PTSD) (Becerra et al. 2020; Garcini et al. 2023; Hatzenbuehler et al. 2017).

Quantitative studies consistently show that Latinos residing in more exclusionary policy climates report poorer mental health days outcomes than those living in more inclusionary contexts. For example, Hatzenbuehler et. al (2017) show that Latinos living in states with more exclusionary immigration policy climates reported 1.14 times the rate of poor mental health days compared to those living in states with a less restrictive states (Hatzenbuehler et al. 2017). These findings suggest that immigration policy operates as a structural determinant of mental health at the population level.

### *Enforcement, Chronic Stress, and Legal Precarity*

While this literature establishes that immigration policy influences mental health outcomes, another body of scholarship has shifted attention toward understanding the processes through which these policy environments become psychologically harmful. Scholars find that deportability, legal precarity, and the threat of enforcement generate chronic stress, anxiety, and emotional distress, even among immigrants who have not directly experienced detention or deportation (García 2018; Garcini et al. 2023; Hacker et al. 2011; Perreira and Pedroza 2019). Immigrants with temporary legal protections experience elevated risks of adverse mental health outcomes when policies become unstable or subject to reversal. For example, Garcini et. al (2023) found that Deferred Action for Childhood Arrivals (DACA) recipients exposed to anti-immigration policy threats and rollback efforts reported increased psychological distress and trauma symptoms, even among individuals who are formally protected from deportation, suggesting that legal protections alone do not eliminate the chronic stress associated with uncertain policy climates.

Qualitative and ethnographic studies further demonstrate that these immigration policy environments impact mental health through everyday institutional interactions and family dynamics. Across studies, researchers consistently find that anti-immigrant sentiment, the threat of deportation, and exclusionary policies generate fear, emotional distress, and trauma among Mexican immigrant families, including U.S.-born children (Garcini et al. 2023; Salas et al. 2013). Living under the constant threat of deportation functions as an anticipatory stressor that constrains access to resources, while increasing anxiety, depression, emotional distress (García 2018). Collectively, this literature emphasizes that immigration policy influences mental health

not only through direct enforcement but also by creating persistent conditions of legal uncertainty and racially stigmatizing exclusion that shape immigrants' everyday lives.

Despite these advances, important theoretical gaps remain. Existing literature often emphasizes associations between exclusionary policy environments and mental health outcomes but provides less attention to the mechanisms through which these policies produce harm. Immigration policies are frequently conceptualized as stigmatizing without fully examining the racialized processes through which legal vulnerability, exclusion, and illegality are constructed and experienced. Addressing these gaps requires a framework that situated immigration policy within broader systems of racialization and structural inequality.

## **THEORETICAL FRAMEWORK**

### *Structural Stigma*

Stigma, as described by Goffman, is “an attribute that is deeply discrediting,” particularly an attribute that is “incongruous with our stereotype of what a given type of individuals should be” (1963:3). Building on this individual-level understanding of stigma, structural stigma has emerged as a central framework for understanding how stigmas are translated, produced, and maintained across macro, meso, and micro-level processes. Hatzenbuehler and Link (2014) define structural stigma as “societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of the stigmatized,” thus affecting the distribution of life chances (Link and Phelan 2001). Rather than locating stigma solely in subjective beliefs or overt acts of discrimination at the individual level, this framework emphasizes how macro-level structures create unequal conditions of harm and exclusion and ultimately result in negative mental health outcomes.

Existing literature highlights the dynamic, context-specific, and continually evolving nature of critical yet underrecognized relationships between individual-level and structural stigma (Conley 2021; Hatzenbuehler et al. 2017; Hatzenbuehler and Link 2014). Scholars have tended to focus on macro- or micro-level analyses, but the mechanisms linking these levels – through which discrimination is perpetuated—remained underexamined. This includes interpersonal interactions within organizations and institutions. A focus on such mechanisms is particularly important for the mental health outcomes of immigrants, which can be shaped by exclusion at the legislative level (Conley 2021; Philbin et al. 2018). Immigration policy environments shape behavior across institutions, meaning that individuals may experience stigmatizing conditions in everyday interactions even without direct contact with immigration enforcement (Becerra et al. 2022; Garcini et al. 2023; Hatzenbuehler et al. 2017; Philbin et al. 2018).

Within public health and psychology, structural stigma has been influential in linking policy environments to mental health outcomes. Research confirms that exclusionary laws and policies governing access to employment, healthcare, and social recognition are associated with elevated levels of depression, anxiety, and psychological distress among LGBTQ+ populations (Hatzenbuehler, Keyes, and Hasin 2013; Hatzenbuehler and Link 2014). Notably, these associations persist after accounting for individual socioeconomic means and experience of interpersonal discrimination, underscoring how policy contexts impact overall health among marginalized populations (Hatzenbuehler et al. 2024).

While structural stigma provides a fundamental framework in connecting policy environments to health outcomes, several limitations remain. Detailed as a limitation in the studies discussed, Hatzenbuehler (2017) calls for a more intersectional approach for examining

structural stigma. In his words, “future work should take into account intersectional experience of the policy climate,” noting how some lesbian, gay, or bisexual Latinos may experience unique mental health burdens in states with policies targeting and denying citizenship rights related to sexual *and* racial/ethnic identities (Hatzenbuehler et al. 2017:176). As such, it is important to recognize how racialized power relations shape the policy contexts through which immigration laws and policies are produced.

The application of a structural stigma framework to research on immigration can reveal how stigma is treated as a relatively generalized condition of social exclusion (Hatzenbuehler et al. 2017). In this study, I argue for structural stigma’s extension through theories of intersectionality and racialization in what I term structural racialized stigma. This framework incorporates critical understandings of racialization to uncover the nuance embedded within the immigration legal system. It also examines how racialized ascriptions and stigmas are maintained over time, shaping daily experiences in ways that produce long-lasting mental health consequences.

### *Structural Racialized Stigma*

Structural racialized stigma situates immigration policy within historical and contemporary contexts of racism and racialization. From this perspective, state policies are central tools through which racial hierarchies are produced and maintained (Gomberg-Muñoz 2017; Menjívar 2006; Menjívar and Abrego 2012; Vargas et al. 2025).

The concept of racialization highlights how immigration policy operates as a racialized area of power. It occurs between structure and signification, allowing the patterns to reproduce and harden within structures (Omi and Winant 2015; Vargas et al. 2025). Policies need not

explicitly reference race to produce racialized outcomes. Immigration laws are a clear example of covert racialized mechanisms that determine legality, security, and belonging along racial lines. Specifically, legal status itself becomes a key function in how racial boundaries are drawn and enforced (Menjívar and Abrego 2012).

Immigration scholars indicate that “illegality” is not a fixed legal status, but a socially constructed and produced condition that is racialized, enforced unevenly, and experienced as a form of everyday vulnerability (De Genova 2002; García 2017; Menjívar 2006; Menjívar and Abrego 2012). De Genova (2002) conceptualizes migrant ‘illegality’ as a form of governance that produces deportability, a condition of perpetual vulnerability that disciplines immigration populations in the absence of enforcement. In the U.S. context, this condition is unevenly racialized, with Latino immigrants disproportionately associated with unauthorized presence, criminality, and deportability regardless of actual legal status (García 2017; Menjívar 2021).

Further, Garcia (2017) builds on the concept of illegality by employing an intersectional approach to her study to better understand how racialization and illegality are connected. After conducting 60 interviews with Mexican origin women in Texas, Garcia (2017) finds that regardless of documentation status, the women faced racialized experiences and feelings of exclusion in their day-to-day lives. Similarly, Menjívar (2021) asserts that the “racialization of illegality is a fundamentally situational, relational, dynamic, and historically and context-specific process” (p. 92).

Understanding Latinx immigrants as both stigmatized by their legal status and racialized encourages further exploration of how racialized policies shape mental health outcomes. Immigration laws shape institutional behavior across healthcare, employment, and other settings, impacting how Latinx immigrants are perceived, monitored, and given access to opportunities

and resources. This framework extends structural stigma by identifying the racialized mechanisms through which stigma is produced and unevenly distributed and attached.

Structural racialized stigma is best understood when analyzing the mechanisms which link immigration policy to mental health outcomes. Immigration policies do not simply regulate legal status; they shape how legality and illegality are socially constructed and experienced through the access to institutions, resources, and opportunities. These policies reinforce racialized systems of surveillance, exclusion, and legal precarity. However, these policies did not emerge in isolation, but rather in historical processes through which Mexican and other Latinx populations became racialized as foreigners and associated with illegality (Ngai 2014; Molina 2014). Understanding the historical and current socio-political contexts are essential for explaining how contemporary immigration policies continue to maintain and reproduce structural racialized stigma and the potential consequences on immigrants' mental health.

### *Shifting from an Ethnicity to Race Paradigm*

In addition to expanding the social stigma framework, structural racialized stigma encourages the incorporation of a race as opposed to ethnicity paradigm when examining Latinx populations. Immigration scholars have historically conceptualized Latinx experiences through an ethnicity paradigm, which focuses on ethnic inclusion, cultural adaption, and intergenerational mobility. It presents group difference as a temporary condition that erodes over time as immigrants assimilate, or integrate, into the American mainstream. As contemporary sociological research on immigration notes, the ethnicity paradigm has relied too heavily on cultural differences as explanations for immigrant disadvantage (Jung 2009). It thereby ignores the realities of race in shaping Latinxs' exclusion from the nation (García 2017; Gomberg-Muñoz 2017; Vargas et al. 2025). In particular, the United States' territorial conquest of Mexico



resulted in the racialized incorporation of Mexican and Indigenous populations. U.S. immigration policy further racialized Mexican-origin populations by treating them as “alien citizens” and excluding them from the privileges of whiteness reserved for various European immigrant groups (Ngai 2014). The ethnicity paradigm falls short in capturing these causes of immigrant marginalization.

The race paradigm, by contrast, presents structural racism and exclusion as long-lasting features of U.S. society. Instead of emphasizing cultural differences as a main contributor to group disadvantage, this paradigm conceptualizes the U.S. racial hierarchy as actively produced and sustained through laws, policies, and institutional practices. It expects the consequences of racialization to persist as opposed to dissipate over time, regardless of an immigrant group’s length of time in the United States or their degree of assimilation (Valdez and Golash-Boza 2017). Thus, applying a race paradigm when studying Latinx populations reframes their marginalization as the outcome of structural processes. These are the same processes through which structural racialized stigma operates to shape Latinx immigrants’ surveillance, exclusion, and legal precarity.

### *Historical Relations between the United States and Mexico*

The U.S.-Mexico War resulted in the annexation of over one-third of Mexico’s territory, subsuming Mexican and Indigenous populations into the expanding U.S. borders. This incorporation occurred via conquest, not immigration, and set the stage for the racialized construction of Mexican Americans and other Latinxs as foreigners. Such racialization resurfaced over a century later as the United States attempted to fortify its southern border. During the 1990s and early 2000s, the mass deployment of Border Patrol agents and militarization of the United States-Mexico Border were framed as responses to the perceived

“invasion” of Mexican nationals, constructing the Latinx population as public burdens and security threats (Vargas et. al 2025). These processes affected not only Latinx immigrants, but the Latinx communities throughout the United States, regardless of citizenship status. Explicitly, the United States Supreme Court facilitated the racialization of Mexicans by authorizing Border Patrol agents to consider “Mexican appearance” alongside other factors when determining potential undocumented states (United States v. Brignoni-Ponce 1975). This practice terrorized Latinx families and communities by linking racialized characteristics associated with being Latino to assumptions of foreignness and illegality (Menjívar and Abrego 2012). Such processes reflect broader forms of structural racialized stigma in which institutions legitimize the devaluation, surveillance, and exclusion of these populations.

### *Current Socio-Political Contexts*

While state-level immigration level policies do not explicitly mention race within their language, the ways in which these policies are enforced, implemented, and understood often take on racialized meanings. In 2015, the largest foreign-born population residing in the United States originated from Mexico (28%) and the Northern Triangle region of Guatemala, El Salvador, and Honduras (26%), followed by Asia (26%, including 6% Chinese and 5% Indian), with the rest hailing from Europe and Canada (14%) and other countries (6%) (Pew Research Center 2015). Although Latinx immigrants represented only slightly more than half of the foreign-born population living in the United States, there constituted a disproportionately large share of those subjected to immigration detention. According to the American Immigration Council (2015), over 89% of the detained immigrant population held in detention centers consisted of Mexican nationals (43%) or immigrants from the Northern Triangle region (46%). These patterns reveal

how immigration enforcement excessively targets Latin American migrants, reinforcing the association between Latino identity, foreignness, and illegality.

### *Racializing Processes in Policy*

Through enforcement and occupational policies, the exclusion, criminalization, and restriction of Latinx immigrants to basic resources have been reinforced by the expansion of migrant deportability. This has occurred through the consistent lowering the standard for deportable offenses, the reconfiguration of the requirements and process of applying for citizenship (including quota systems), the rapid expansion of public and private detention centers, the arming of local law enforcement with federal capabilities such as arrest and holding, legal racial profiling, and the criminalization of civil immigration offenses (Gomberg-Muñoz 2017; Menjívar 2006; Menjívar and Abrego 2012). Healthcare policies also explicitly exclude undocumented immigrants and those on temporary protected status, as they are only accessible after five years of obtaining Legal Permanent Resident status (Perreira and Pedroza 2019; Yu et al. 2020). These exist at the federal, state, and local levels.

Although immigration policies differ in their objectives, they each shape the conditions in which immigrants navigate daily life. Some policies expand surveillance and risk of detainment, whereas others increase access to resources and institutional inclusion. Together, these policies illustrate how structural racialized stigma operates through multiple pathways that ultimately influence mental health outcomes.

## **IMMIGRATION POLICIES**

In my study, I explicitly use four policies to exemplify structural stigmas existing in policy. I chose two integrative policies: access to public health insurance for legal permanent

residents, and a policy which allows undocumented immigrants to obtain a driver's license/state identification card. For exclusionary policies, I chose the 287(g) jail enforcement, and employment verification state mandate.

#### *Access to Public Insurance (for Legal Permanent Residents)*

This policy directly provides state funding for public health insurance for Legal Permanent Residents during their first five years with this status. This is common for most public benefits legislation, where one must be a legally documented immigrant holding permanent or temporary status given by the federal government, and must wait five years after receiving that status to access the benefits. Undocumented immigrants are barred from using federal programs, such as Medicaid, CHIP (for children), Medicare, and private insurance under the Affordable Care Act (ACA). State legislation has rarely addressed undocumented folks, apart from pregnant women and children. Even then, at most there were only 16 states that sought to provide minimal healthcare benefits to undocumented pregnant women and children. Access to health insurance reduces institutional exclusion by increasing access to healthcare and other supportive resources, reducing barriers to mental health care.

#### *Driver's License and State Identification*

Previous studies have shown how beneficial and impactful this policy, as it allows undocumented immigrants the ability to drive and hold proper state identification. Driver's license policies reduce structural barriers to mobility, decreasing interactions with law enforcement and alleviating the chronic stress associated with legal vulnerability and exclusion (Kiehne and Hafen 2022).

### *Jail Enforcement 287(g)*

The Jail 287(g) agreement deputizes local law enforcement to perform certain functions of federal immigration officials, including accessing federal immigration databases and arresting or detaining individuals for suspected immigration violations. The jail model allows officials to perform immigration enforcement functions in jails. This allows direct cooperation with the Department of Homeland security, expanding local law enforcements capabilities and responsibilities. By extending immigration enforcement into local institutions, 287(g) agreements reinforce racialized stigma producing chronic fear, stress, and negative mental health outcomes among Latinx immigrant communities.

### *E-Verify*

This policy mandates that some or all employers use E-Verify, an electronic verification system that confirms the employment eligibility of workers, specifically looking at their citizenship status. Although all employees complete an I-9 employment eligibility form upon hire, E-Verify requires participating programs to further verify workers' documentation through a DHS database. Most states with this mandate require either public employers and state contractors, or all employers with at least a certain number of employees, to use E-Verify. By limiting access to stable employment opportunities, E-Verify policies reproduce harm through economic exclusion and persistent uncertainty surrounding work and legal status.

## **DATA AND MEASUREMENT**

Data on mental health and documentation status for this study come from The Mesoamerican Migration Project (MMP), a collaborative research project between at Brown University and El Colegio de México (Massey et. al 1982). The MMP consists of household

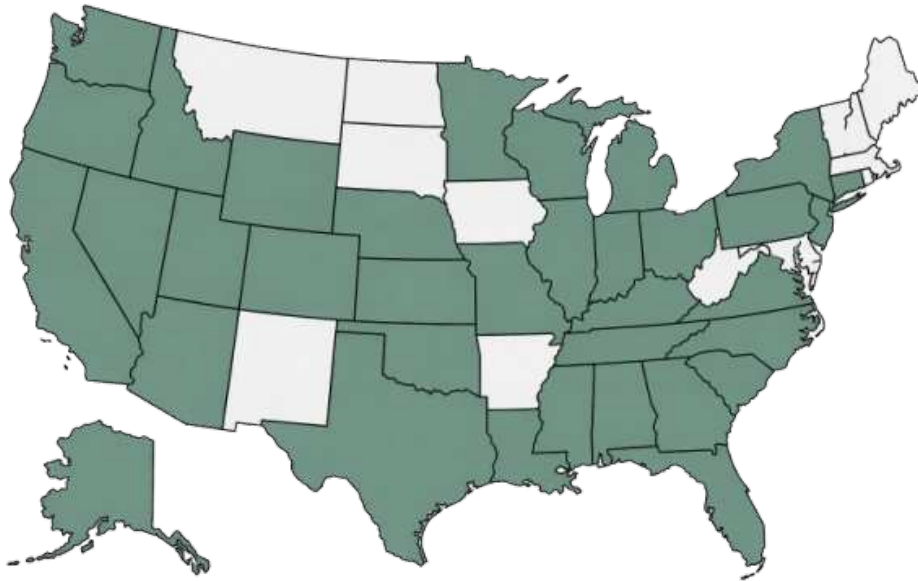
ethnosurveys conducted in more than 150 communities in Mexico and provides detailed information on migration histories, as well as social, economic, and demographic characteristics of their communities. Each community survey includes approximately 150–200 households, generating individual-level data while also capturing limited contextual information at the community level. This study uses data from the 2014-2019 survey years.

I obtained state-level immigration policy data from the Urban Institute, which provides comprehensive database and tool that tracks changes in enacted state immigration-related policies between 2000 and 2020. The Urban Institute compiled and created the state-level immigration policy dataset (2022) sourcing their policies from the National Conference of State Legislatures (NCSL), the National Immigration Law Center, the Department of Homeland Security (DHS), as well as a variety of different policy-based publications. This dataset is divided into three domains: Public benefits (eligibility for medical care and food assistance, etc.), integration (driver's license and state IDs, access to education, etc.), and enforcement (employment verification, local law enforcement deputized as deportation agents, etc.), and was used to illustrate the changes made to local and state policies over the course of 20 years.

### *Sample Demographics*

This study restricts the sample to Mexican-born individuals aged 18 years and older who reported migration to or residence in the United States at least once. Individual-level data from survey years 2014-2019 are used, covering five years' worth of data. The household surveys also include the most recent U.S. state of residence, enabling this study to link the state-level variable on immigration policies to individual mental health outcomes. Respondents reported only living in 35 states (Figure 1), so subsequent states were dropped from the analysis. After applying sample exclusions and removing cases with missing key data, the final sample consists of 781

respondents, with 643 men and 138 women represented. 150 respondents reported being legally documented (temporary protected status, visas, DACA recipients, Silva letter recipients), while 630 reported themselves as undocumented. The median age was 48 years.



**Figure 1. States where respondents resided in the United States**

*Dependent Variable: Mental Health*

I assessed mental health using a self-reported health question asking whether the respondent has experienced emotional symptoms, nervousness, or psychiatric problems. Response options are coded as a binary variable (0 = no, 1 = yes). This measure provides a broad, general indicator of mental health-related symptoms, rather than specific diagnoses, and reflects respondents' own interpretations of their psychological well-being. Lastly, only 26 out of 781 (about 3.3%) respondents reported "yes" to experiencing mental health symptoms. Notably, 24 out of 26 of these respondents identified as undocumented.

### *Independent Variables: Immigration-Related Policies*

This study focuses on the years of 2013-2018, during which 35 states enacted at least one immigration-related policy. The policies are lagged by one year to account for the time between policy implementation and potential effects on outcome. Four policy measures are included as key independent variables: access to public insurance for legal permanent residents (LPR), access to driver's licenses, employment verification requirements (E-Verify), and local law enforcement participation in immigration enforcement through 287g agreements. These policies were selected to capture multiple dimensions of how state-level legislation shapes immigrants' everyday experiences and access to resources (Hatzenbuehler et. al 2017). Access to public insurance and driver's license policies were tracked using a binary structure (0 = state does not have policy, 1 = state does have policy), reflecting whether a given policy was in effect in a respondent's state of residence in the year. The last two variable were aggregated to fit this binary structure for analysis. The 287(g) jail policy utilized a different structure, 0= state does not have policy, 1= some counties have adapted this policy, 2 = state does have policy. For analysis, counties were defined as '1' if >50% of the county population lived in a sub-county jurisdiction (i.e. cities) with a 287(g) jail enforcement policy, to reflect a policy that would have affected most county residents. If enacted at the state-level, they were defined as '1.' Lastly, the employment verification policy variable encapsulated three options: 0 = no E-Verify mandate, 1 = employers mandated to use for some hires, and 2 = E-Verify for all hires. I aggregated states with E-Verify mandated for some hires and E-Verify for all hires as '1', reflecting the potential risk a respondent may face during the hiring process in their state. This study also supplemented incomplete employment verification data for years 2017 and 2018, referencing the National Conference of State Legislatures (NCSL) Immigration policy database as well as the National



Immigration Law Center (NILC). I carefully examined all immigration laws passed in corresponding states in 2017 and 2018, looking for enactment, changes, adjusts, or eradication of E-Verify policies within each state. My research confirmed there were no changes to the E-Verify existing policies in the states compared to the 2016 data provided.

#### *Covariates: Demographic and Socioeconomic Context*

This study also controls for individual-level demographic and socioeconomic characteristics that are commonly associated with mental health outcomes. Sex is coded as a binary variable (0 = male, 1 = female). Age is measured as a continuous variable in years. Years of education is also treated as a continuous variable, displaying total years of school completed. Wages are treated as a continuous measure of individual earnings in U.S. dollars. Documentation status was recoded as binary, distinguishing between documented and documented respondents, consistent with prior research examining legal status as an area of stratification for this population (Gomberg-Muñoz 2017; Menjívar and Abrego 2012). Lastly, occupation is included as a categorical variable, with respondents are grouped into occupational categories such as administrative services, agriculture, manufacturing, personal services, educator, sales, or transportation.

## **REGRESSION ANALYSIS**

### *Multilevel Logistic Regression*

To examine the relationship between state-level immigration policies and individual mental health outcomes, this study applied multilevel logistic regression models. A multilevel logistic regression model is used to account for the nested, hierarchical structure of the data, as individuals are embedded within broad state-level policy environments (Raudenbush and Bryk

2002). This approach is appropriate given that the dependent variable is a binary outcome, a logistic specification is appropriate. Multilevel modeling allows for the estimation of both individual-level factors and policy effects while accounting for shared exposure to the policies at the state-level. Traditional logistic regression assumes independence of observations; however, individuals residing in the same state share exposure to common policy environments, potentially violating this assumption. Multilevel modeling accounts for this clustering by incorporating random effects at the state-level, allowing intercepts to vary across states (Wong and Mason 1985). This approach produces more appropriate standard errors and statistical inference in clustered data by accounting for unobserved state-level heterogeneity that may impact mental health outcomes.

$$\ln \ln \left( \frac{P(Y_{ij} = 1)}{1 - P(Y_{ij} = 1)} \right) = \beta_0 + \sum_{m=1}^M \beta_{1m} X_{mij} + \sum_{k=1}^K \beta_{2k} Z_{kj} + U_j$$

I estimated three models to assess alternative explanations for the observed relationships. Model 1 includes only individual level covariates, such as sex, age, years of education, wages, documentation status, and occupation. Model 2 includes only the four state-level policies being observed, while Model 3 presents the full model, incorporating both individual- and state-level policy variables. The full model allows for the assessment of policy effects while controlling for demographic and socioeconomic factors. Given that logit coefficients are expressed in log-odds and are not directly interpretable as changes in probability, substantive interpretations are based on average marginal effects. Across all models, average marginal effects (AMEs) are calculated to facilitate interpretation of predicted probabilities. All models incorporated random intercepts for each state, and MMP's sampling weights to account for household surveys.

### *Firth Penalized Likelihood Logistic Regression*

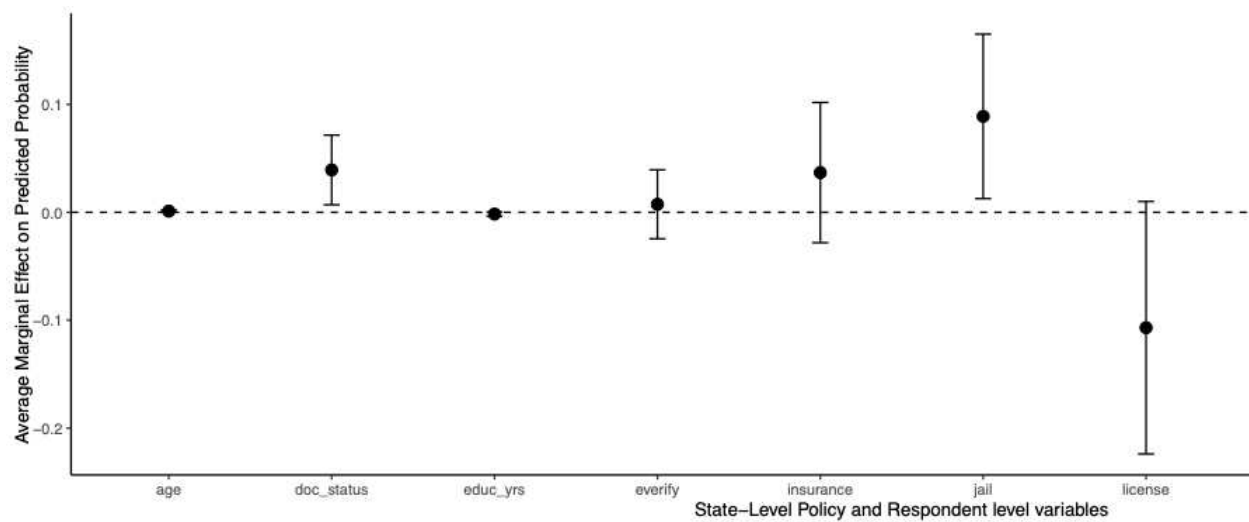
As mentioned above, a major limitation of the data is the low occurrence of the outcome, only 26 out of 781 respondents reported experiencing mental health problems. This creates a rare-events scenario, which may lead to biased coefficient estimate and inflated standard errors in standard logistic regression models (Firth 1993; Heinze 2003; Puhf et al. 2017). To address this limitation, a Firth penalized likelihood logistic regression is utilized as a robustness check. Firth penalized logistic regression reduces small-sample bias and provides more stable and reliable estimates in the presence of rare outcomes (Firth 1993; Heinze 2003). Specifically, Firth's penalized logistic regression adjusts the maximum likelihood estimation by incorporating a Jefferys prior-based penalty, thereby reducing small-sample bias and yielding stable coefficient estimates in the presence of separation.

Notably, this method does not support multilevel random effects, and these models were estimated without state-level random intercepts. Consequently, these models may underestimate the standard error which may lead to potentially biased inference. As such, the Firth models are not intended to replace the multilevel analysis but rather assess whether the substantive findings are sensitive to rare-event bias.

## **RESULTS AND FINDINGS**

Across the multilevel models, predicted probabilities reveal substantial differences in likelihood of reporting negative mental health outcomes across both individual and policy level contexts. In Model 1, only a few individual level predictors display statistically significant associations with reported mental health outcomes. This may suggest that individual-level characteristics have an association with mental health outcomes in this model. It is important to

note that while the logit coefficients may display statistical significance, they are estimated on the linear logit scale, whereas average marginal effects are nonlinear functions of the estimated



**Figure 2. Multilevel Logistic Regression Model 3 Predicted Probability plot**

coefficients evaluated on the probability scale. Consequently, statistical significance of the logit coefficients does not necessarily imply statistical significance of the corresponding marginal effects, as the change into a nonlinear model may shift both the magnitude of the estimated effects and their standard errors.

In Model 2, which solely contains state-level policy variable, no predictors reach statistical significance. However, results indicate patterns. Residing in a state with 287(g) jail enforcement is associated with an 8.3 percentage-point increase in predicted probability of reporting adverse mental health outcomes compared to residing in a state without such policies ( $p = 0.052$ ). In contrast, access to driver's licenses and state IDs is associated with a 10.6 percentage-point decrease in predicted probability of reporting adverse mental health outcomes ( $p = 0.1$ ). While these results do not provide strong statistical significance, the direction and

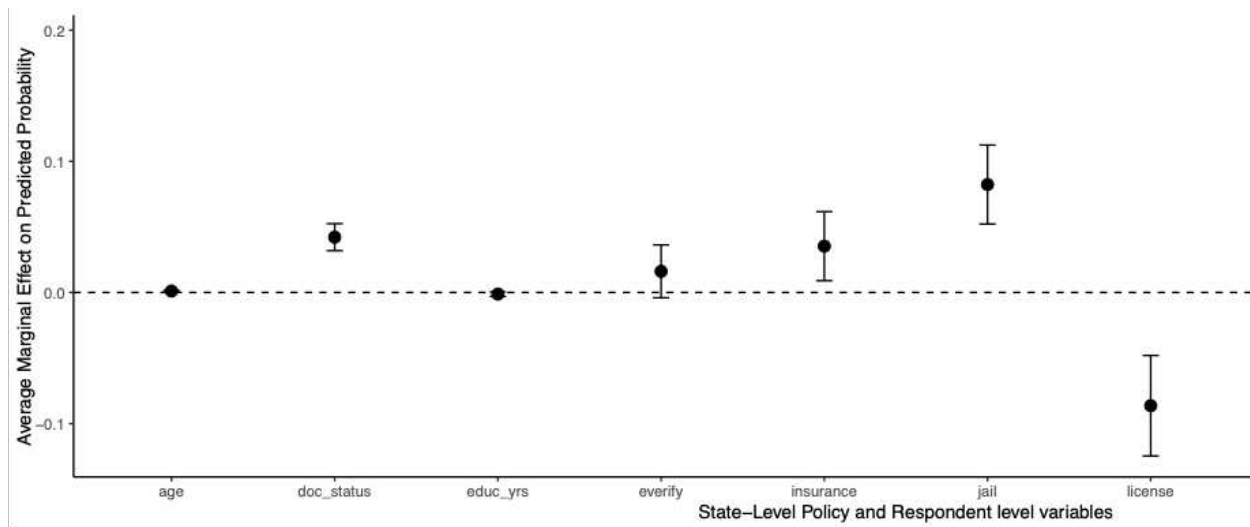
magnitude of the estimated effects suggest that state policy may play a role in shaping mental health outcomes.

In Model 3, which includes individual- and state-level variables, several predictors displayed statistical significance. Age is positively associated with negative mental health outcomes, with each additional year corresponding to a 0.11 percentage-point increase in the predicted probability of reporting mental health problems ( $p < 0.05$ ). Documentation status also emerges as significant, with undocumented respondents exhibiting a 3.9 percentage point increase in predicted probability of reporting adverse mental health outcomes compared to documented respondents ( $p < 0.05$ ). Occupation differences remain statistically significant, compared to individuals in administrative roles, respondents working in agriculture, manufacturing, and personal service occupations exhibit 7.9, 2.9, and 4.4 percentage-points higher predicted probability in reporting negative mental health outcomes ( $p < 0.05$  for all). At the state-level, the 287(g) jail policy is associated with an 8.9 percentage-point higher predicted probability of reporting negative mental health outcomes ( $p < 0.05$ ).

In conclusion, results across the models reveal a progression in which including the state level policy variables is central to explaining variation in mental health outcomes. In model 3, jail enforcement is significantly associated with higher predicted probabilities of negative mental health outcomes, as well as age and documentation status. Overall, these findings indicate that while individual-level characteristics alone do not strongly predict mental health outcomes, the inclusion of state policy contexts reveals meaningful and significant associations, highlighting the role of policy environments in shaping mental health among Mexican immigrants.

### *Robustness Checks: Firth Logistic Regression*

Across models, the Firth estimates are broadly consistent with the primary analyses. In Model 1, several predictors, such as age, documentation status, and some occupational categories, are positively associated with the predicted probability of reporting negative mental health. This



**Figure 3. Firth Penalized Likelihood Logistic Regression Model 3 Predicted Probability plot**

suggests that once rare-event bias is accounted for, individual characteristics emerge as meaningful predictors that in the first models. In Model 2, results indicated that 287(g) jail policy is associated with higher predicted probabilities of negative mental health outcomes, while access to driver's licenses and state IDs is associated with lower predicted risks.

In the full model, documentation status remained significant, with undocumented respondents exhibiting a 4.2 percentage point increase in predicted probability of reporting adverse mental health outcomes compared to documented respondents. State-level policies have also suggested substantial effects. Occupation differences remain statistically significant, compared to individuals in administrative roles, respondents working in agriculture, manufacturing, and personal service occupations exhibit 9.2, 2.9, and 3.6 percentage-points

higher predicted probability in reporting mental health outcomes ( $p < 0.01$ ). Residing in a state with 287(g) jail policies is associated with an 8.2 percentage-point higher predicted probability of reporting negative mental health outcomes ( $p < 0.001$ ), while access to driver's license and state IDs is associated with an 8.6 percentage point decrease in predicted probability ( $p < 0.001$ ). Overall, this model reinforces that both individual characteristics and policy climates indicate shaping mental health outcomes, even when accounting for rare events.

In conclusion, the Firth models reinforce the conclusions of the primary analyses. The consistency in both direction and magnitude of effects across modeling strategies suggests that the observed relationships are not driven by rare-event bias but instead reflect robust associations between the state policies and mental health outcomes among Mexican immigrants.

## **DISCUSSION AND CONCLUSION**

Overall, the findings indicate that state immigration policies are associated with Mexican immigrants' mental health, although the strength and direction of the relationships vary across the four policy measures. Enforcement policies were consistently associated with greater adverse mental health outcomes, whereas inclusionary policies, such as access to driver's licenses, corresponded with lower levels of negative mental health outcomes. Together, these findings suggest that state immigration policy is an important contextual factor shaping mental health among Mexican immigrants.

In particular, the significance of the jail 287(g) policy signals that enforcement-based policies intensify conditions of racial profiling and surveillance, exclusion, and uncertainty, which may lead to negative mental health outcomes for Latinos. Conversely, inclusionary policies, such as allowing immigrants to apply for driver's license or state identification, could

mitigate some of these harms by creating easier access to resources. Overall, the results suggest that policy climates and individual contexts may operate as mechanisms through which racialized stigmas are reproduced and maintained, potentially shaping access to resources and lived experiences amongst Mexican immigrants.

### *Contributions, Limitations and Directions for Future Research*

The contribution of my study adds to the theoretical development of structural stigma by elucidating the racialized nature of immigration policies. By incorporating a racialization perspective, it better explains why certain populations, such as Latinxs, are negatively targeted and subjected to certain laws compared to white immigrants. My study also makes a significant methodological contribution. Notably, this study's data included undocumented individuals, a population commonly excluded from data collection or likely to opt out due to concerns about their legal status and the threat of deportability.

Despite the contributions of my study, several methodological limitations remain. First, the measure of the mental health is based on a binary indicator of self-reported "nerves," the survey's measure of adverse mental health outcomes. This may underestimate the true prevalence of mental health issues by failing to capture a broader spectrum of mental health outcomes stemming from anxiety, depression, and trauma-related symptoms. Cultural stigma, differences in reporting, and limited access to formal diagnoses may also contribute to underreporting. Second, while Firth penalized logistic regression was useful for addressing rare-event bias, it does not easily accommodate clustered or multilevel data structures. As a result, these models do not account for the nesting of individuals within states, which may contribute to underestimated standard errors and overconfident statistical inferences. Lastly, this study only captures four different immigration policies. The inclusion of additional policies may provide a



more robust understanding of how state-level policies impact immigrants. Lastly, this study does not account for additional state-level contextual characteristics, such as political ideology, economic conditions, population density, and other social policies that may be associated with both immigration policy and mental health. The omission of these factors may reflect broader state-level contexts rather than immigration policy alone.

Future research can build on these findings by incorporating additional dimensions of policy, such as access to education or other enforcement policies, to better capture policy climates. While evidence suggests that higher educational attainment does not necessarily reduce the odds of psychological distress in immigrants, scholars discuss marginalization-related diminished returns (MDRs), which refers to weaker health effects of educational attainment for socially marginalized groups compared to privileged groups (Assari et al. 2020; Barsha et al. 2024). Due to a lack of legal status, the effects from having more years of completed education do not translate for marginalized groups such as Mexican immigrants, given the additional structural barriers they face without proper documentation statuses. Including educational policies into quantitative analyses would give a greater understanding of how inclusionary educational policies may mitigate negative mental health outcomes for Mexican immigrants. Qualitative approaches may also provide valuable insight into the mechanisms through which policies are experienced and interpreted by individuals, to better understand how they impact Latinx immigrants in their daily lives. In-depth interviews with immigrant and mixed status families, for instance, may illuminate specific racializing mechanisms operating within local policy climates, which ascribe illegality and reinforce unequal power relations through exclusion. Future studies could further advance the concept of structural racialized stigma by further examining the processes in which they are reproduced.

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## APPENDIX

**TABLE 1**

| Multilevel Logistic Regression | Model 1                       | Model 2             | Model 3                      |
|--------------------------------|-------------------------------|---------------------|------------------------------|
| (Intercept)                    | 0.000<br>(0.000)              | 0.012***<br>(0.007) | 0.000<br>(0.000)             |
| <i><b>Individual-level</b></i> |                               |                     |                              |
| Sex (male)                     | 1.879**<br>(0.410)            |                     | 1.555*<br>(0.335)            |
| Age                            | 1.036***<br>(0.009)           |                     | 1.039***<br>(0.009)          |
| Years of Education             | 0.944*<br>(0.026)             |                     | 0.944*<br>(0.026)            |
| U.S. Wage                      | 1.000<br>(0.000)              |                     | 1.000<br>(0.000)             |
| Documentation Status (legal)   | 8.697***<br>(3.476)           |                     | 9.837***<br>(3.899)          |
| <i><b>Occupation Area</b></i>  |                               |                     |                              |
| Administration                 | 0.000<br>(0.000)              |                     | 0.131<br>(37.064)            |
| Agriculture                    | 31650317.619<br>(61906680000) |                     | 41784274.270<br>(4281223000) |
| Domestic Service               | 1.573<br>(3225.845)           |                     | 0.000<br>(0.150)             |
| Manufacturing                  | 9917652.680<br>(19398510000)  |                     | 12576798.582<br>(1288620000) |
| Personal Service               | 12231755.851<br>(23924800000) |                     | 20362299.727<br>(2086320000) |
| Professor, Educator or Artist  | 2120.873<br>(4171642)         |                     | 3.324<br>(582.529)           |
| Sales                          | 7771152.330<br>(15200040000)  |                     | 8905888.678<br>(9125077000)  |
| Transportation                 | 0.000                         |                     | 1.041                        |

| Multilevel Logistic Regression         | Model 1<br>(8.917) | Model 2             | Model 3<br>(415.802) |
|----------------------------------------|--------------------|---------------------|----------------------|
| <b><i>State Immigration Policy</i></b> |                    |                     |                      |
| Driver's license                       |                    | 0.053*<br>(0.065)   | 0.052*<br>(0.068)    |
| Jail 287(g)                            |                    | 8.723***<br>(4.127) | 12.743***<br>(6.179) |
| E-Verify                               |                    | 0.870<br>(0.472)    | 1.287<br>(0.683)     |
| Access to public insurance             |                    | 3.692<br>(3.235)    | 3.578<br>(3.389)     |
| SD (Intercept state)                   | 2.926              | 1.120               | 1.226                |
| R2 Marg.                               | 0.768              | 0.268               | 0.879                |
| R2 Cond.                               | 0.935              | 0.470               | 0.917                |
| AIC                                    | 1223.4             | 1310.8              | 1188.5               |
| BIC                                    | 1293.3             | 1338.8              | 1277.1               |

p < 0.1, \* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001

Note: Logistic regression models estimated with survey weights. Standard errors are clustered at the state level using a random intercept. Reported coefficients are log-odds; substantive interpretations are based on average marginal effects. The relatively large coefficient and standard errors likely reflect the rarity of the outcome and the sparse distribution of events across state, both which reduce estimation precision in multilevel logistic regression models despite the use of random effects.

**TABLE 2**

| Firth Regression Table         | Model 1             | Model 2             | Model 3             |
|--------------------------------|---------------------|---------------------|---------------------|
| (Intercept)                    | 0.000***<br>(0.001) | 0.013***<br>(0.005) | 0.000***<br>(0.000) |
| <b><i>Individual-level</i></b> |                     |                     |                     |
| Sex (male)                     | 1.628*<br>(0.321)   |                     | 1.513+<br>(0.310)   |
| Age                            | 1.027***            |                     | 1.031***            |

| Firth Regression Table                 | Model 1   | Model 2  | Model 3   |
|----------------------------------------|-----------|----------|-----------|
|                                        | (0.007)   |          | (0.008)   |
| Years of Education                     | 0.974     |          | 0.964     |
|                                        | (0.024)   |          | (0.025)   |
| U.S. Wage                              | 1.000     |          | 1.000     |
|                                        | (0.000)   |          | (0.000)   |
| Documentation Status (legal)           | 4.531***  |          | 6.227***  |
|                                        | (1.576)   |          | (2.210)   |
| <u><i>Occupation Area</i></u>          |           |          |           |
| Administration                         | 2.341     |          | 2.438     |
|                                        | (4.683)   |          | (4.870)   |
| Agriculture                            | 18.414*** |          | 19.971*** |
|                                        | (26.228)  |          | (28.351)  |
| Domestic Service                       | 0.319     |          | 0.217     |
|                                        | (0.638)   |          | (0.433)   |
| Manufacturing                          | 7.730*    |          | 5.960+    |
|                                        | (10.932)  |          | (8.392)   |
| Personal service                       | 6.984+    |          | 7.381*    |
|                                        | (9.921)   |          | (10.445)  |
| Professor, Educator or Artist          | 7.410     |          | 10.626    |
|                                        | (14.885)  |          | (21.343)  |
| Sales                                  | 4.725     |          | 3.813     |
|                                        | (6.843)   |          | (5.499)   |
| Transportation                         | 0.941     |          | 0.670     |
|                                        | (1.877)   |          | (1.333)   |
| <b><i>State Immigration Policy</i></b> |           |          |           |
| Driver's license                       |           | 0.160*** | 0.116***  |
|                                        |           | (0.059)  | (0.043)   |
| Jail 287(g)                            |           | 6.221*** | 8.012***  |
|                                        |           | (1.993)  | (2.571)   |
| E-Verify                               |           | 1.513    | 1.550+    |
|                                        |           | (0.391)  | (0.404)   |
| Access to public insurance             |           | 2.457*   | 2.791**   |
|                                        |           | (0.922)  | (1.062)   |

|                        |         |         |         |
|------------------------|---------|---------|---------|
| Firth Regression Table | Model 1 | Model 2 | Model 3 |
| R2                     | 0.014   | 0.016   | 0.041   |

$p < 0.1$ , \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

Firth's Logistic regression models estimated with survey weights. Reported coefficients are log-odds; substantive interpretations are based on average marginal effects. The relatively large coefficient and standard errors likely reflect the rarity of the outcome and the sparse distribution of events across state, both which reduce estimation precision in multilevel logistic regression models despite the use of random effects.

**TABLE 3: Average Marginal Effects from Multilevel Logistic Regression of Policy variable**

|                         | AME (pp) | Std. Err. | Z     | P >  z | [95% Conf. Interval] |
|-------------------------|----------|-----------|-------|--------|----------------------|
| <b>(Model 2)</b>        |          |           |       |        |                      |
| Employment Verification | -0.392   | 1.51      | -0.26 | 0.7950 | [-3.35, 2.57]        |
| Access to Insurance     | 4.01     | 3.57      | 1.12  | 0.2609 | [-2.98, 11.00]       |
| Jail 287(g)             | 8.25     | 4.25      | 1.94  | 0.0523 | [-0.08, 16.58]       |
| Driver's License        | -10.58   | 6.57      | -1.61 | 0.1071 | [-23.45, 2.29]       |
| <b>(Model 3)</b>        |          |           |       |        |                      |
| Employment Verification | 0.741    | 1.63      | 0.45  | 0.6496 | [-2.45, 3.94]        |
| Access to Insurance     | 3.68     | 3.32      | 1.11  | 0.2668 | [-2.82, 10.2]        |
| Jail 287(g)             | 8.89     | 3.89      | 2.29  | 0.0223 | [1.27, 16.5]         |
| Driver's License        | -10.7    | 5.97      | -1.79 | 0.0731 | [-22.4, 1.00]        |

**TABLE 4: Average Marginal Effects from Firth Penalized Logistic Regression of Policy Variables**

|                         | AME (pp) | Std. Err. | Z    | P >  z | [95% Conf. Interval] |
|-------------------------|----------|-----------|------|--------|----------------------|
| <b>(Model 2)</b>        |          |           |      |        |                      |
| Employment Verification | 1.46     | 0.976     | 1.49 | 0.135  | [-0.455, 3.37]       |
| Access to Insurance     | 3.11     | 1.388     | 2.24 | 0.025  | [0.39, 5.83]         |
| Jail 287(g)             | 6.97     | 1.545     | 4.51 | <0.001 | [3.94, 10.0]         |



|                         |       |       |       |        |                 |
|-------------------------|-------|-------|-------|--------|-----------------|
| Driver's License        | -6.67 | 1.765 | -3.78 | <0.001 | [-10.13, -3.21] |
| <b>(Model 3)</b>        |       |       |       |        |                 |
| Employment Verification | 1.61  | 1.03  | 1.56  | 0.118  | [-0.408, 3.62]  |
| Access to Insurance     | 3.53  | 1.34  | 2.63  | 0.009  | [0.896, 6.16]   |
| Jail 287(g)             | 8.23  | 1.54  | 5.36  | <0.001 | [5.22, 11.2]    |
| Driver's License        | -8.63 | 1.96  | -4.42 | <0.001 | [-12.5, -4.80]  |