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Chapter 4

Policy Feedback

Government Skepticism Trickling from Immigration to Matters of Health

Vanessa Cruz Nichols, Alana M. W. LeBrón, and
Francisco I. Pedraza

How might the dynamics of one bureaucracy shape one's future engagement and communications with the government outside that bureaucracy? Since 2008, the United States has deployed two major bureaucratic expansions. Although designed to curb costs and improve access to and quality of health care, the largest health care policy initiative in half a century, the Patient Protection and Affordable Care Act of 2010 (ACA) is projected to cost over \$1 trillion through 2025 (Congressional Budget Office 2015). Also costly to individuals, families, and communities, the American criminal justice system is increasingly central to strategies to identify, detain, and “remove all removable aliens” living in the United States (US Department of Homeland Security 2003). Spending on immigration enforcement reached \$17.9 billion in 2012 (in 2012 dollars), surpassing the total combined expenditures for all other federal law enforcement operations (Meissner et al. 2013). Increased funding supports operations like the Secure Communities program (SComm), a program that exemplifies the broader shift toward interior immigration enforcement strategies that rely on collaborations between local police and immigration enforcement agencies, as well as an emphasis on identifying and removing noncitizens classified as high-priority criminals (Meissner et al. 2013).

The growing US Latino population is an important stakeholder in immigration and health care bureaucratic expansions. The ACA was introduced at a point when the US faced the largest number of uninsured Americans in history—18 percent in 2010 (Kaiser Family Foundation 2013). As one in three of the nonelderly uninsured, Latinos represent a disproportionate share of premium-lowering healthy persons in the population (Kaiser Family Foundation 2013), and a 96 percent majority of deportations from the US since 2010 (Transactional Records Access Clearinghouse (TRAC) 2014). Latinos are

policy targets deeply implicated in, and simultaneously valued and marginalized by, the major US health care and immigration policy innovations of the twenty-first century.

While he was conducting Latino-targeted ACA outreach initiatives to bolster health insurance enrollment, then-President Obama addressed growing criticism from Latinos over deportations. A major concern that Latino community leaders underscore is the fear that personal information required to enroll in health insurance programs through new governmental health insurance marketplaces could be shared with immigration officials, exposing the unauthorized status of enrollees or undocumented household members (Easley 2014). In a March 2014 interview on the Spanish language cable network Univision, former President Obama reassured Latinos that immigration officials could not use personal information that consumers provide when signing up for health insurance through the online marketplace. As evidence, he cited executive policy issued through the US Bureau of Immigration and Customs Enforcement (2013) (ICE). However, one observer remarked: “[Latino families] hear [the president’s] assurance, but because of the level of deportations that have happened, there’s a lot of families that don’t know whether they can trust that assurance” (Easley 2014).

This anecdote captures the ways in which salient considerations about one arm of government can influence judgments about another arm of government. It suggests that Latinos drew lessons from immigration enforcement experiences, which informed their trust in government-sponsored efforts to court potential health insurance enrollees. We ask whether exposure to state powers engaged in expulsions undermines trust in welfare state efforts to communicate with citizens? How widespread is distrust of governmental outreach with respect to matters of health? To what extent is distrust concentrated among a specific group and driven by a specific aspect of interactions with the state?

Answers to these questions may reveal how policy implementation in one domain affects implementation in another. The scope of this paper does not involve the prevalence of those who became insured through the health insurance marketplaces that emerged under the ACA. Instead, we examine the extent to which an immigration enforcement program with the broadest territorial coverage in US history, SComm, compromises trust in government communication. We contend that the state’s deployment of the power of expulsion conveys lessons about the trustworthiness of the government. Because such lessons vary by *where* and for *whom* the deployment of threat is concentrated, distinct cognitive associations about state trustworthiness vary across different groups and locations.

Below we discuss the literature on trust in government, and how policy teaches ordinary people lessons that feed back into politics. Next, we

introduce hypotheses that link immigration enforcement to trust in government communications. Then, we analyze data from the 2011 Health Information National Trends Survey (HINTS), to compare individual-level trust in health information from the government among a national sample of Latinos, Blacks, Asians, and Whites. We find that Latinos living in locales with greater immigration enforcement report less trust in health information from the government. However, the judgments of non-Latinos are unrelated to immigration enforcement. We discuss the implications for immigration and health care policy, as well as for political engagement, political equality, and efficiency in governance.

POLICY FEEDBACK AND DOMAIN-SPECIFIC TRUST IN GOVERNMENT

There is growing appreciation in mass politics research that as policy reconfigures who gets what, this reconfiguration impacts the political system and future outputs from the system (Mettler and Soss 2004; Pierson 1993). That is, public investments in some citizens, but not others, redistributes money and time, thus changing the constituent pressures that influence politicians as they craft future policy (Campbell 2002; Mettler 2005). Policy also feeds back into policy processes by shifting “patterns of social understandings” (Pierson 2004, 36). As Schneider and Ingram (1993, 340) explain, “[p]olicy teaches lessons about the type of groups people belong to, what they deserve from the government, and what is expected of them.” What Soss (1999, 363) terms the “educative effects” of policy can be positive, as seen with GI Bill benefits that teach veterans they are worthy citizens whose civic contributions are appreciated (Mettler 2005). They can also be negative, such as lessons from welfare participation restrictions that create more reticent citizens (Schneider and Ingram 1993; Soss 1999).

The logic of policy feedback processes inspires research on the individual attitudinal and behavioral consequences of contact with the law enforcement arms of the state. For instance, Weaver and Lerman (2010) find that the severity of encounters with the criminal justice system reduces trust in government. Similarly, Rocha, Knoll, and Wrinkle (2015) find evidence that deportations are linked to lower levels of trust in government, particularly among Latinos. These studies on individual-level trust in government complement and corroborate two key insights from previous policy feedback research: (1) a person’s experiences with a particular policy or agency of the state can “spill over” to define their general views of government; and (2) a negative experience with the state lowers political participation among lower-income citizens. These two policy feedback insights are critical because they

suggest, as Schattschneider (1960) originally argued and Schlozman et al. (2012) later echoed, that policy can reinforce inequalities by removing some voices from the public chorus that guides policymaking and holds elected officials accountable.

We extend these insights about trust in government by heeding the call of Levi and Stoker (2000, 499) “to think of political trust as domain-specific—one trusts a given political actor with respect to some problems, policies or activities but not others.” A domain-specific analysis of individual-level trust in government is an important addition to the literature because scholars increasingly agree that trust is defined in such terms at this level. Trust is a relational, contingent, and domain-specific judgment about the trustworthiness of another (Braithwaite and Levi 1998; Levi and Stoker 2000). For this reason, we are motivated to ask whether, in the minds of the general public, immigration enforcement renders the government less trustworthy in seemingly unrelated outreach efforts, like when it dispenses health information to the public. Our analysis complements the findings reported in existing studies on “general” trust by drawing out more specific implications for governance associated with a loss in trust for a particular facet of government.

The policy feedback approach does acknowledge the importance of the “relational” and “contingent” components of trust in government, but it does so using slightly different language. Whereas Braithwaite and Levi (1998) emphasize that vulnerability to harm from state behavior is a premise on which citizen trust may be betrayed, the policy feedback framework theorizes that people are both vulnerable to harm and susceptible to social promotion, contingent on public policy. For mass publics, the consequence of public policy is that it constructs and positions social groups in distinct relations to the state, both in terms of their political power, as well as whether they are viewed favorably or unfavorably in society (Campbell 2003; Schneider and Ingram 1993). The relational and contingent aspects of trust in government are therefore addressed in the policy feedback framework by underscoring that feedback processes (as it pertains to mass publics) are about *whom* among the broader public is exposed to *which* public policy, *how* that exposure occurs, and with *what* consequence to attitudes and behavior.

A crucial point in the policy feedback approach is that policy lessons are internalized by members of the target population. Internalizing policy lessons means that cognitive associations crafted in the process of forming judgments are called to mind when forming subsequent evaluations, thus generating a cumulative assessment about the person or institution in question. Negative or positive cognitive associations about the government can facilitate aversion or attraction to the government. While Hardin (1998) and Levi and Stoker (2000) rely on people’s knowledge and experience with the government and

bureaucracies to assess government trustworthiness, policy feedback scholars refer to this as “educative effects.”

Here, we apply these insights to the overlap between immigration and health care policy domains. Endogenous to the social construction of immigrant and criminal stereotypes are welfare stereotypes that are rooted in social insurance programs with citizenship-based restrictions (i.e., Temporary Assistance for Needy Families, State Children’s Health Insurance Program, and ACA-subsidized health insurance coverage) (Fox 2012; Jacobson 2008). Welfare program restrictions mirror the exclusionary design found in policies like e-Verify that requires checking the immigration status of employees, and are reinforced by immigration enforcement programs like SComm that aim to identify and detain undocumented immigrants who are in a local jail. Because undocumented status cannot be identified by race or other ascriptive trait, the charge for bureaucrats to be vigilant of undocumented immigrants raises the specter of racial profiling, a strategy whereby bureaucrats use racial and ethnic stereotypes as heuristics to orient their scrutiny (Golash-Boza 2012). From the perspective of persons who are most likely to be profiled, such policies and bureaucratic practices compromise the trustworthiness of the state and create aversive mental associations that are more amenable for forming judgments about other points of contact with the state.

Because 96 percent of US deportations involve immigrants from Latin American countries, and because a majority of Latinos believe their group absorbs the brunt of restrictive immigration policies (Manzano 2011; Merolla et al. 2012), we anticipate that the government as an attitude object is aversive in the minds of Latinos, particularly Latino immigrants. What bridges this aversion specifically to health policy is public policy stipulating immigration-based exclusion to various welfare state programs.¹ By contrast, and serving as comparison groups, we expect that the cognitive bridges that non-Latinos hold between the state as immigration law enforcer and provider of health information are not aversive. Because the source of mistrust is domain specific, we should not see that immigration enforcement structures trust in nongovernmental sources of health information or those associated with a potential “paper” trail with the government (Fox 2012).

We hypothesize that judgments about the government’s enforcement arms condition judgments about the government as a welfare state. Specifically, we hypothesize that local levels of increased immigration enforcement will be associated with (1) reduced trust in government as a source of health information for Latinos, and (2) will be unrelated to trust in government as a source of health information for Whites, Blacks, and Asians. To further test our theoretical claim, we also hypothesize that (3) among Latinos, local levels of immigration enforcement are unrelated to trust in sources of health information that protect one’s privacy.

DATA, DESIGN, AND METHODS

We evaluate the hypotheses outlined above using the 2011 Health Information National Trends Survey (HINTS), which is administered by the National Cancer Institute and provides individual-level data on the health status, behaviors, and health communication among a nationally representative sample of US adults. This paper analyzes data from Cycle 1 of the HINTS 4 data collection process, which included queries about trust in different sources of health information. Cycle 1 (n=3,959) was conducted from October 2011 through February 2012. The stratified sample of households in the HINTS dataset was selected without cluster sampling. The strata included those in a low minority, high minority, or Central Appalachia strata. We use person-level weights for the full sample and the jackknife method to reflect the features of the sample design. Thus, we do not expect there to be a correlation with the counties and our outcomes of interest because the HINTS sample is not based on a clustered sample.²

Surveys with sizeable subsamples of racial and ethnic minority groups are rare; HINTS allows us to extend Rocha et al. (2015) and Weaver and Lerman (2010) with analyses that include 461 Latino respondents, 2,431 White respondents, 576 non-Latino Black respondents, 168 Asian respondents, and 323 individuals from other ethnic/racial groups.³ HINTS administers the survey in English and Spanish, a feature that is critical to inferences to the broader Latino population. The premise of our research design and analysis is that Latinos, Blacks, Whites, and Asians occupy structurally distinct locations in the US racial hierarchy (Masuoka and Junn 2014). If disparate relations exist between the state and social groups, then different judgments about the state should form across groups. Specifically, if trust as a relational experience with the state is structured by different experiences with coercive arms of the state, then the internalization of policy lessons as depicted in models of policy feedback should produce different relationships between immigration enforcement and trust in government as a source of health information. We would know that our theoretical expectations are wrong if we find that among Blacks, Asians, or Whites, distrust in health information from the government also declines with greater immigration enforcement. To test whether Latinos are skeptical generally, we also assess the relationship between immigration enforcement levels and Latinos evaluations of other sources of health information.

We gauge domain-specific *trust in government* with the following measure: “In general, how much do you trust information about health or medical topics from governmental health agencies?” Although the four available responses range from “a lot” to “not at all,” modeling the responses as an ordinal outcome, and specifically the Brant test of parallel regression assumption, shows

that a single equation does not adequately capture the relationship between immigration enforcement and trust in the government as a source of health information. In the proceeding analyses we use logistic regression to model an indicator that collapses the responses into a dichotomous outcome, coded 1 if the respondent trusts government health information “a lot” or “some,” and 0 otherwise. This strategy also addresses micronumerosity challenges, as the number of racial/ethnic minorities in the data limit the power of statistical analysis to detect relationships that are discernable from the null. The unweighted distribution of our domain-specific indicator of trust in government agencies as a source of health information is 73 percent among Latinos, 72 percent among Whites, 76 percent among Blacks, and 82 percent among Asians. Given the dichotomous nature of our main outcome variable, we use logit model estimations in our analyses. Aside from trust in health information from government agencies, HINTS respondents were queried about trust in health information obtained from sources from the Internet, charity organizations, physicians, family members, religious leaders, radio, magazines, and television. These outcomes of interest were coded in the same dichotomous nature as trust in government agencies.

One key advantage of HINTS is that it includes a measure of self-reported anxiety. Psychological mechanisms like fear and anxiety are key causal links between social context and behavioral response (Beckjord et al. 2008; Marcus et al. 2000; Pantoja and Segura 2003). Fear more often spurs cautious thought processing and careful consideration of one’s behavioral strategies (Brader 2006; Marcus et al. 2000), whereas anxiety and anger tend to motivate individual or collective action when encountering the stressor (Marcus et al. 2000; Lerner and Keltner 2001). We rely on measures of worry and anxiety as proxies of perceived threat, thus facilitating the link between the deportation climate in one’s county and different governmental agencies (or points of contact with the state).⁴ A second advantage of HINTS is that it includes indicators of whether an individual has health insurance, and whether that insurance is provided through an employer or through a public agency (i.e., Medicaid or Medicare). People whose health care needs are covered by Medicaid or Medicare may draw on that experience, and the bureaucratic experiences associated with it, to assess the trustworthiness of health information from the government. By accounting for health insurance status and its source, we parse judgments that are formulated through participation in these government health care-related programs from assessments that health information from the government is worthy of trust (Campbell 2003; Moynihan and Herd 2010).

The HINTS includes measures of demographic characteristics relevant to perceptions of trustworthy sources of information, including gender, nativity, socioeconomic status, relationship status, and language proficiency (Clayman

et al. 2010; Manierre 2015; Nguyen and Bellamy 2006; Zarcadoolas et al. 2005). For summary statistics of these important demographic variables and additional individual-level characteristics, refer to Table 4.1. Age is a continuous variable (range: 18 to 99 years). Gender (female=1), nativity (US-born=1), and marital status (married=1) are dichotomous indicators. We measure English language proficiency using respondents' self-reported comfort with speaking English, recoded to range ordinally from 0 to 1, with 0 representing feeling "completely comfortable" and 1 representing feeling "not at all" comfortable speaking English, leaving middle categories that are assigned equidistant values in between. Level of education was recorded from 0 to 1, with 1 representing postgraduate education and 0 representing less than eight years of schooling, assigning equidistant values in between to five additional education categories.

Measuring Immigration Enforcement

We need a measure of immigration enforcement that corresponds to the county an individual lives in. We meet this need using three metrics drawn from archival data collected between 2008 and 2011 by Immigration and Customs Enforcement (ICE) regarding SComm program enforcement practices: the count of fingerprint submissions that local officials send to ICE, the number of individuals whose fingerprints match federal lists of persons subject to further scrutiny, and the number of individuals removed or deported.⁵ We combine these indicators into a composite score calculated as:

$$\text{Immigration Enforcement} = 1 + \left[\frac{\text{Low Priority Removals}}{\text{Total Removals}} * \log \left(\frac{\text{Matches / Submits}}{\text{PercentForeignBorn}} \right) \right]$$

where submissions, matches, and removals are cumulative counts tallied since the date of SComm activation in a county. The county-level distribution of this measure across the United States is shown in Figure 4.1, along with the distribution of exposure to SComm immigration enforcement among HINTS respondents.

The first component measures the proportion of "low-priority" removals to total removals, an indicator proposed by Pedroza (2013) to capture the degree of discretion in deportation powers exercised by federal authorities. Sorting counties along a range from universal enforcement to focused enforcement on "high-priority" removals, we tap the intensity with which an aversive policy lesson is conveyed to a broader public. A higher ratio indicates greater cause to perceive trust in government as breached, which we anticipate will be the understanding for Latinos but not for other groups. Elsewhere, Rocha

Table 4.1 Summary Statistics

	Total Sample (n=4,151)		Latino (n=461)		White (n=2,843)		Black (n=657)		Asian (n=190)		
	N	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Immigration enforcement	2565	0.14	0.4	0.18	0.36	0.15	0.42	0.04	0.4	0.18	0.31
Age in years	3891	53.95	16.55	48.28	15.96	55.16	16.54	52.85	15.68	47.37	14.96
Self-rated worry	3863	0.19	0.3	0.21	0.32	0.17	0.28	0.24	0.34	0.18	0.3
Education	3874	0.62	0.28	0.51	0.31	0.66	0.26	0.56	0.27	0.73	0.27
English proficiency	3804	0.05	0.17	0.21	0.31	0.01	0.07	0.04	0.13	0.24	0.29
<i>Dichotomous Variables</i>	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Married	3,848	52.3	452	53.5	2,798	57.4	647	30.3	188	64.9	188
Medicare/Medicaid	3,856	14.8	444	25.0	2,776	10.6	636	27.4	189	10.1	189
Employer health insurance	3,928	75.8	454	56.6	2,827	81.1	651	60.7	190	81.1	190
Trust in government	3,776	72.1	433	73.2	2,737	71.4	607	76.6	180	81.1	180
health info											
US-born	3,912	86.3	461	55.1	2,841	91.6	654	89.1	190	24.7	190
Female	3,856	59.8	445	60.5	2,789	58.2	631	67.5	185	55.7	185

Sources: 2011 Health Information National Trends Survey, n=4,151; immigration enforcement metrics from Department of Homeland Security, Bureau of Immigration and Customs Enforcement Secure Communities interoperability reports (2008–2011), www.ice.gov.

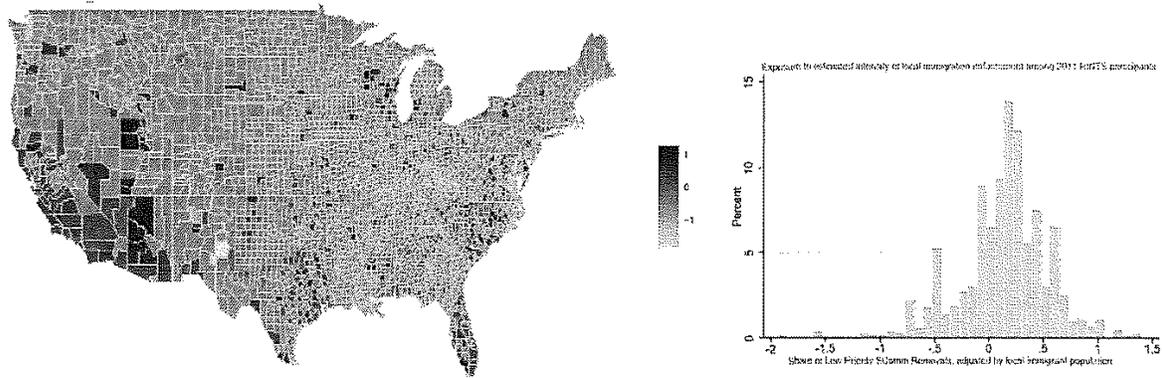


Figure 4.1 Secure Communities Enforcement 2011, Exposure among HINTS 4, Cycle 1 Participants. *Source.* Authors' constructed measure using Secure Communities metrics available at www.ice.gov, and a Department of Homeland Security formula to detect "anomalous jurisdictions."

et al. (2015) argue and find that deporting people who are classified as "low-priority," in particular, reduces general trust in the government.⁶

The second component of the enforcement measure taps the degree of local police contribution to SComm, operationalized here with a formula that the Department of Homeland Security uses to monitor and "detect anomalous jurisdictions" (Department of Homeland Security 2011, 2). The Department of Homeland Security uses the "foreign-born arrestee comparison" to identify "jurisdictions where aliens appear to constitute a significantly greater fraction of the arrested population than they do of the general population." We use this comparison to weight the scope of implementation of our first component. This strategy allows our measure to distinguish counties with greater numbers of immigrants, as well as the general level of local police enforcement. Our composite measure accounts for whether enforcement is applied in a targeted or universal fashion, as well as the degree to which an individual is more or less likely to be ensnared by local police in the first place. From the perspective of policy feedback, this composite measure taps the intensity with which a policy lesson is conveyed to policy targets. Specifically, our measure represents the degree to which trust is breached, and therefore, at least for Latinos, undermines trustworthiness in other points of contact with the state.

Statistical Model

In order to approximate the relational and contingent aspects of trust in government, we invoke a comparative relational analysis in our evaluation of the proposed hypotheses. Thus, we conduct split-sample analyses by race/ethnicity. The premise of the approach, explicated elsewhere by Masuoka and Junn (2014), is that Latinos, Blacks, Whites, and Asians occupy structurally distinct locations in the US racial hierarchy. If disparate relations exist between

the state and social groups, then judgments formed by members within each group are more appropriately analyzed separately from one another. The comparative relational analyses comport with the conceptual definition of trust as relational, as well as the policy feedback notion that policy lessons are internalized by policy targets. For our purpose, we would know that our theoretical expectations are wrong if we find that distrust in government health information among Blacks, Asians, or Whites is also patterned by immigration enforcement. To address the question of whether these patterns vary by nativity, in separate models, we interact immigration enforcement with nativity.

RESULTS

To what extent does local exposure to immigration enforcement pattern trust in government health information outreach?⁷ As seen in Table 4.2, results of the logit estimation indicate that immigration enforcement is, in fact, significantly associated with distrust in health information from the government, but

Table 4.2 Logistic Regression Estimates of Trust in Government as a Source of Health Information

	<i>Latinos</i>	<i>Whites</i>	<i>Blacks</i>	<i>Asians</i>
Immigration enforcement	-1.60** (0.74)	0.02 (0.20)	-0.20 (0.83)	1.07 (0.97)
US-born	-0.10 (0.47)	0.76 (0.61)	1.43 (1.47)	1.75 (1.75)
Female	-0.57 (0.45)	0.17 (0.18)	0.58 (0.58)	0.40 (0.86)
Self-rated worry	0.72 (0.76)	-0.04 (0.36)	0.02 (0.80)	0.56 (1.89)
Education	0.99 (0.72)	1.08** (0.37)	-0.81 (1.14)	-0.43 (1.91)
Low English language comfort	0.18 (0.85)	0.83 (1.73)	-0.94 (2.13)	1.60 (2.43)
Age in years	-0.01 (0.01)	-0.01 (0.01)	-0.02 (0.01)	-0.04 (0.06)
Married	-0.47 (0.44)	-0.03 (0.21)	1.15* (0.57)	1.30 (1.16)
Medicare/Medicaid insurance	0.19 (0.48)	0.27 (0.26)	-0.82 (0.79)	0.70 (1.54)
Constant	2.03* (1.05)	-0.28 (0.97)	1.28 (2.07)	1.52 (4.17)
<i>N</i>	312	1,322	356	112

Source. Health Information National Trends Survey, 2011 Standard errors in parentheses.

* $p < .10$, ** $p < .05$.

only among Latinos, as predicted by Hypotheses 1 and 2. The immigration enforcement logit coefficient (-1.60) for Latinos in Table 4.2 is significant (p -value = .0185; one-tailed test). By contrast, model estimates for non-Latinos are not distinguishable from zero, suggesting no statistically discernable relationship between immigration enforcement and trust in government as a source of health information among Blacks, Whites, and Asians. If we had observed meaningful or uniform differences across these various groups, this would undermine our interpretation that immigration enforcement specifically structures judgments of the government's trustworthiness in health domains among members of the enforcement-targeted group. However, given the large standard errors associated with our model in Table 4.3, we cannot say the negative effect observed among Latinos is substantially different for this particular group in the split-sample analyses.

We illustrate the substantive impact of immigration enforcement intensity on trust in health information from the government in Figure 4.2, which traces a series of predicted probabilities with 95 percent confidence intervals based upon the results of Table 4.2. For Latinos, across the full range of our composite immigration enforcement measure, from lower to higher levels, the predicted probability of trusting health information from the government decreases with increasing immigration enforcement. The magnitude of the reduction in trust in government health agencies is 60 percent as we move from low levels of immigration enforcement to higher levels. By contrast, the effect appears to be quite flat for Whites and Blacks. For Asians, the lower starting point of trust in government appears to be indistinguishable from zero. This suggests that policy lessons rooted in immigration enforcement are not internalized uniformly across members of different racial and ethnic communities.⁸ How highly correlated is trust in government with other sources of information?

Immigration Enforcement and Other Sources of Health Information

Although we have shown disparate enforcement-to-trust relationships across racial and ethnic groups, one might reasonably ask whether the link is unique to governmental sources of information. Next, we test whether Latinos are generally more mistrusting of any source of information in response to immigration enforcement (Hypothesis 3). If Latinos are skeptical of any source of information, then we have no reason to believe respondents are making a specific connection between the government agencies enforcing deportation policies and the government agencies distributing health information.

As shown in our logit estimates in Table 4.3,⁹ we find that those sources of information with the perceived potential to expose personal information to

Table 4.3 Split-Sample Logistic Regression Estimates of Trust in Other Source of Health Information Such as the Internet, Charities, Physicians, Family Members, Religious Leaders, Radio, Magazine, and Television

	Internet	Charities	Physicians	Family	Religious leaders	Radio	Magazines	Television
Among Latino respondents								
Immigration enforcement	-1.04* (0.62)	-1.21** (0.50)	-0.83 (0.63)	-0.41 (1.06)	-0.69 (0.60)	-1.05 (0.92)	-0.61 (1.16)	-1.00 (0.75)
Constant	0.43 (1.08)	2.07* (1.13)	4.13** (1.91)	0.90 (1.50)	2.55** (1.22)	1.61 (1.34)	-0.17 (1.40)	1.22 (1.24)
N	306	309	319	311	309	305	309	308
Among White respondents								
Immigration enforcement	-0.23 (0.20)	-0.22 (0.19)	-0.37 (0.36)	-0.10 (0.16)	-0.12 (0.20)	-0.24 (0.25)	-0.12 (0.26)	-0.17 (0.20)
Constant	0.10 (1.22)	-1.23* (0.63)	-0.66 (4.15)	1.98*** (0.64)	0.63 (0.97)	-1.32** (0.64)	0.09 (0.89)	-1.05* (0.61)
N	1,323	1,324	1,359	1,341	1,334	1,319	1,333	1,330
Among Black respondents								
Immigration enforcement	-0.43 (0.83)	0.33 (0.58)	-1.45** (0.71)	0.72 (0.61)	0.52 (0.78)	0.53 (0.96)	-0.75 (0.51)	-1.04** (0.51)
Constant	1.40 (1.81)	4.03*** (1.02)	5.90*** (0.93)	0.83 (1.64)	2.98* (1.62)	1.06 (1.45)	-0.57 (1.35)	0.73 (1.33)
N	351	352	338	357	357	353	353	355
Among Asian respondents								
Immigration enforcement	1.20 (1.26)	-0.66 (1.31)	1.34 (5.11)	-0.72 (1.40)	0.20 (1.96)	-1.12 (1.68)	-0.63 (1.19)	-0.43 (1.24)
Constant	4.86 (3.04)	-2.34 (1.90)	6.13 (8.70)	-1.16 (2.78)	0.12 (4.69)	-0.03 (2.12)	-1.17 (2.12)	1.36 (3.99)
N	110	112	115	113	112	110	112	112

Source: Health Information National Trends Survey, 2011.

Standard errors in parentheses. Analyses include control items for nativity, gender, worry, education, low English language comfort, age, marital status, and Medicare/Medicaid insurance.

* $p < .10$, ** $p < .05$, *** $p < .01$.

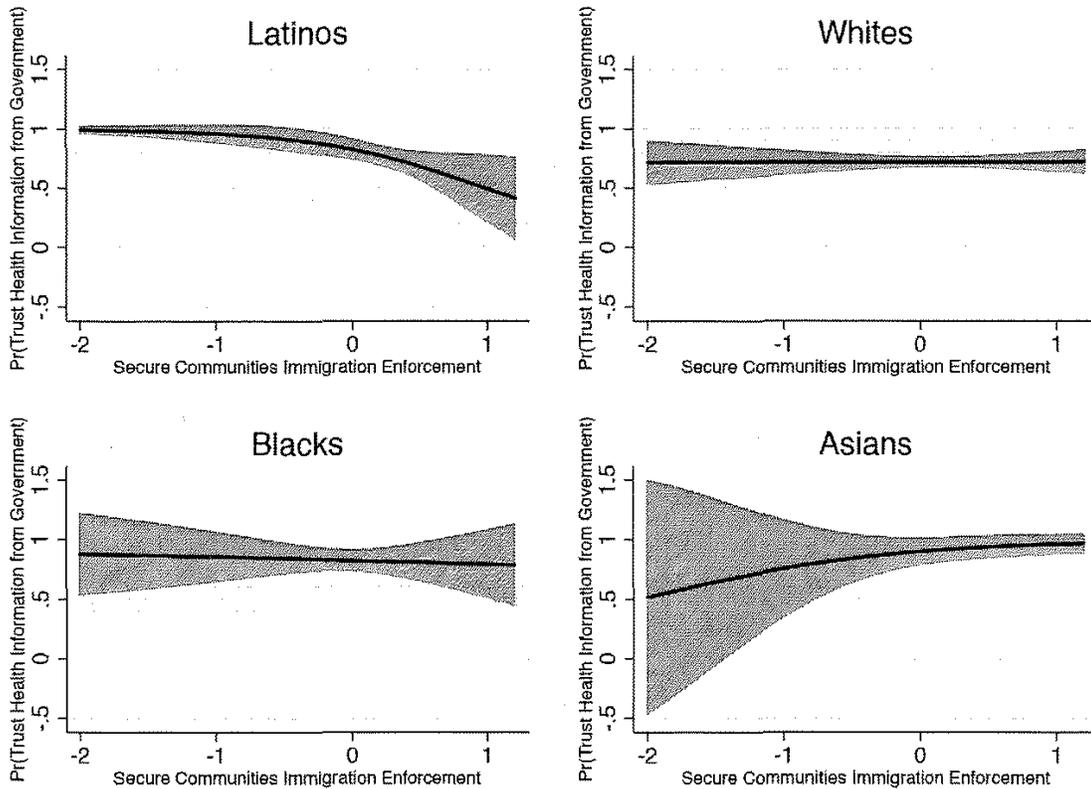


Figure 4.2 Predicted Probability of Immigration Enforcement on Trust in Government as a Source of Health Information by Race and Ethnicity. *Source.* Health Information National Trends Survey, 2011; ICE Secure Communities.

government bureaucrats and governmental databases, such as the Internet and charities, were correlated with the spillover effects of immigration enforcement and the extent to which people found them trustworthy. While predicting trust in the Internet as a source of health information, the immigration enforcement variable is marginally associated with lower levels of trust for Latinos (p -value = .05; one-tailed test). For charity sources of health information, the immigration enforcement variable also predicts lower levels of Latino trust (p -value = .01; one-tailed test). Thus, we did not find that Latinos were growing more skeptical in an unsophisticated manner. As seen in the remainder of the table, we do not find other racial groups experiencing similar patterns of distrust in the Internet or charities.¹⁰

To explain the skepticism Latinos are exhibiting toward the Internet, Hoffman et al. (1996) finds this outlet represents a two-way form of communication, one that often requires personal information be shared. According to Ha and Jung Lee (2011), consumers increasingly turn to online resources for their health information. Skepticism surrounding charity organizations is not unfounded, and falls in line with previous scholarship regarding a concern for privacy of information. Historically, immigration authorities have worked

closely with charity organizers during times of crises, gaining access to the personal information supplied on relief applications by Mexicans and Mexican Americans (Fox 2012). Furthermore, recall that one concern that critics of interior immigration enforcement operations voiced to President Obama during his ACA outreach to Latinos is that sharing private information would expose Latino families to risk of deportation. Perhaps the underlying mechanism is a concern about sharing private information with any source. Unlike the protections for personal information that are assumed in personal relationships with family members, and unlike the confidentiality afforded in patient-physician relationships, engaging with the state and charities is difficult to do anonymously.

DISCUSSION

Recent studies show that trust in government declines as a function of exposure to law enforcement (Rocha et al. 2015; Weaver and Lerman 2010). We extend these findings by evaluating domain-specific trust in government, and by comparing the link between immigration enforcement and trust in government-provided health information across different racial and ethnic groups. The evidence is striking: Latinos who live in counties where immigration enforcement is the most intense, at least as implemented through the SComm program, are less likely to trust health information from government agencies. By contrast, Blacks, Asians, and Whites do not appear to judge health information from the government on the basis of immigration enforcement. In general, we did not find that Latino skepticism about sources of health information is universal or structured in an unsophisticated manner. The policy lessons that immigration enforcement conveys to Latinos primarily shape attitudes toward government health agencies.

Schneider and Ingram (1993, 340) explain that “[p]olicy teaches lessons about the type of groups people belong to, what they deserve from government, and what is expected of them.” People internalize messages from their experience with the government and its institutions (Soss 1999). With negative experiences with the carceral state, we can understandably expect there to be greater skepticism toward the government (Weaver and Lerman 2010). In this paper, the carceral state is represented by higher levels of SComm immigration enforcement by local law enforcement authorities at the county level. We demonstrate that these interactions are not restricted to the policy’s target population or targeted policy scope. This finding is in line with Soss (1999), who explains that welfare participation provides the most direct connection to a government institution for many people. These institutional experiences then shape how people view the government as a whole. These results

remained robust while accounting for Medicaid and Medicare participation, which serves to hold constant another potential form of experience with the government (Schneider and Ingram 1993; Soss 1999; Campbell 2003). We find that local immigration law enforcement, as represented by the institutional implementation of SComm at the county level, provides a powerful and substantively negative governmental experience for Latinos. Subsequently, these experiences determine the level of skepticism Latinos hold toward the government when interfacing with other aspects of the state—largely depicting the source in question as a threat (Herring et al. 2013, 1062).

Assessments of the trustworthiness of the government as a source of health information have enormous implications for public service outreach efforts that the government spearheads. For example, if agencies like the Centers for Disease Control and Prevention (CDC) are associated with the government in the minds of Latinos, then health outreach initiatives that the CDC directs about seasonable flu vaccinations, cancer screenings, and disease outbreak warnings may be viewed with skepticism by Latinos, thus stymieing their salubrious impact.

Our findings with respect to declining trust in charities suggest that the reticence to trust health information from the government may be linked specifically to the requirement to provide personal identifying information. Skepticism about sharing personal information with any entity, including the government and charities, might reinforce distrust in other sources that require personal details. In general, immigrants might worry about any questions or status inquiries that may create a paper trail that could trace back to themselves or their families. Thus, the findings here have implications for governance and policy feedback effects that extend beyond narrow policy scopes.

During the Great Depression, relief workers and charity organizers shared with immigration authorities the personal information supplied on relief applications by Mexicans and Mexican Americans (Fox 2012). Bureaucratic practices that link social service use, ethnicity, and immigration status continue to find policy expression today. One notable effort to codify the cooperation between local public bureaucrats and federal immigration authorities is California's 1994 Proposition 187. The initiative aimed to restrict undocumented immigrants from using public services, including schooling. The measure mandated that public workers identify and report to officials any person who they suspected of being undocumented. Thus, it is easy to see how immigrants might harbor generalized worries about any questions or status inquiries their paper trail at these charities might provoke for themselves or their families. These findings have implications for governance and the extent to which communication flows easily, with policy feedback effects that extend beyond narrow policy scopes.

What mattered to Latinos in our opening anecdote was whether they could trust the specific assurances that then-President Obama was giving about immigration policy not being connected to health care policy. Concerns among Latinos about immigration enforcement are sufficiently acute to forego enrollment in health insurance (Fix and Passel 1999; Watson 2014), and in some cases, avoid health care providers (Beniflah et al. 2013; Hacker et al. 2011; Toomey et al. 2014; White et al. 2014). What mattered to the administration was that the distrust of government that is partially rooted in immigration enforcement does not undermine how the government performs its job to deliver health services. The administration's concern was sufficiently acute so as to stress on the www.healthcare.gov website, as well as through a formal statement of "agency policy" for ICE (2013), that "Your information will never be used for enforcement purposes when you apply to healthcare.gov or a state marketplace." The results here suggest that the previous administration was well aware of the skepticism surrounding questions of citizenship status in one's household and those seeking health information.

Although we did not examine ACA enrollment patterns, our analysis does comport with the challenge facing policy makers in implementing the ACA that was suggested by the anecdote in the introduction. The success of the ACA in increasing coverage and reducing health care costs depended on: (1) mandatory enrollment; and, (2) enrollment among younger, premium-lowering populations. To the extent that immigration enforcement breached trust in government in the domain of health provision, the level of participation in ACA-mandated enrollment would be lower than expected among Latinos, reducing expected cost savings anticipated from enrolling a youthful demographic. Our conclusion is that Latinos are navigating a sense of *exclusion* from one domain (i.e., immigration) as they engage in another domain where they are *sought* after (i.e., health care matters).

The Latino-targeted ACA outreach effort was initially anemic. Only after criticisms about a poorly translated Spanish-language version of the healthcare.gov website and low signup rates among Latinos in the first open enrollment periods, did a focused and better financed Latino outreach effort appear. Nevertheless, available evidence indicates that the ACA has reduced the number of uninsured Americans (Levitt 2014; Sanger-Katz 2014). However, if the ACA had been implemented in a policy environment with less interior immigration enforcement, it might have extended health insurance coverage to a greater extent and sooner than it did, particularly among Latinos. It seems reasonable that less interior immigration enforcement, particularly during the initial ACA rollout, would have meant incurring fewer costs in the efforts to customize Latino outreach.

These findings should be understood in the context of some limitations. The HINTS data does not provide country of origin measures. Thus, we are

not able to parcel out associations with country of origin or political ideology in our models. Country of origin differences might be particularly relevant, as immigrants may draw on experiences with their home government to inform their view of US government. Furthermore, some immigrants might have access to more resources that are contingent on immigration status, and might be more trusting of the United States as a result.

CONCLUSION

If the question about who gets what is the quintessential definition of politics, then public forms of health communication are subject to political dynamics. The policy-driven attitudes that we observe about trust in disparate sources of health information tap into some of the less obvious political dynamics that are catalyzed by immigration enforcement. The authority and power of policies need not be contained to the substantive domains that legislators intended to target. Spillover effects in one policy domain to another imply that the interpretation we accord to policies can inform the meaning we imbue in other areas of life that are associated with that policy.

What it means to be an equal citizen in America is not simply a matter of whether you have citizenship or not. Some rules render citizenship less than equal (e.g., felony, age restrictions). This matters to Latinos in their day-to-day life for at least two reasons. First, the focus of immigration enforcement efforts was once concentrated at the border, particularly between the United States and Mexico. Now, enforcement-oriented immigration policies are equally preoccupied with the interior. Second, a key strategy of the new immigration enforcement era is cross-jurisdiction coordination. To the extent that immigration enforcement implicates a broader social group than policy designers intended, our investigation documents the way public policies can shape politics beyond the problems they are designed to solve. In this case, it is the welfare arm of the state that has become entangled with the coercive arm of the state.

NOTES

1. Historical and contemporary accounts of immigration enforcement policy trace negative stereotypes of Latinos to immigration and welfare state policy (Chavez 2013; Jacobson 2008; Ngai 2004). Most notably, the concept of “illegal alien” defines immigrants as criminals and is conflated with Latino identity (Ngai 2004).

2. More details on the sample methodology of HINTS 4 Cycle 1 are available at <http://hints.cancer.gov/instrument.aspx>

3. The non-Hispanic “other” category consists of people who identify as non-Latino (NL) Hawaiian, NL Pacific Islander, NL Alaskan Native, NL Native–American, and/or NL mixed with multiple aforementioned races.

4. We measure “self-rated worry” using an item in the HINTs that asked respondents: “Over the past 2 weeks, how often have you experienced feeling nervous, anxious, or on edge?” We recoded the variable to range from 0 to 1 for four response options: “nearly everyday,” “more than half the days,” “several days,” and “never.”

5. Archival data are available at www.ice.gov. As part of SComm, local authorities submit information about all individuals in their custody to federal authorities through IDENT/IAFIS, “a data conduit connecting the FBI’s Integrated Automatic Fingerprint Identification System (IAFIS) with DHS US-VISIT’s Automated Biometric Identification System (IDENT).” The SComm program uses this “interoperability tool” to identify people for further scrutiny under immigration law.

6. The intent of SComm was to prioritize undocumented immigrants who were categorized as Level 1 (L1), which includes those charged with felonies like homicide, sexual assault, and kidnapping. ICE records show that many jurisdictions report majority low-priority removals, classified as Level 2 (L2) and Level 3 (L3) immigrants to indicate minor offenses like non-violent drug misdemeanors and traffic violations. In November 2014, President Obama acknowledged the incongruence between SComm’s mission and implementation, and announced a renewed focus on the removal of noncitizens classified as L1 offenders. SComm’s name is now the Priority Enforcement Program.

7. Bivariate analyses of trust in government health information by race and ethnicity indicate that the least trusting groups of government health information outreach are Latinos and Whites, with a one percentage point difference between them. The most trusting groups are Blacks and especially Asians.

8. We then examined whether these patterns vary by nativity. Although Latino immigrants are the most common profile of deportees, we find that their US-born counterparts respond similarly to immigration enforcement. The lack of differences based on nativity suggests that the lessons associated with immigration enforcement are internalized similarly by Latinos. Results available upon request.

9. We then examined whether these patterns vary by nativity. Although Latino immigrants are the most common profile of deportees, we find that their US-born counterparts respond similarly to immigration enforcement. The lack of differences based on nativity suggests that the lessons associated with immigration enforcement are internalized similarly by Latinos. Results available upon request.

10. It is worth noting Black respondents reported lower levels of predicted likelihood to trust their physicians and television outlets as sources of health information as immigration enforcement increased in their counties.

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James D. Ward

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