

**THE NEW BARRIER TO HEALTHCARE FOR THE LATINO
COMMUNITIES**

An Undergraduate Research Scholars Thesis

by

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ABSTRACT

The New Barrier to Healthcare for the Latino Communities

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Literature Review

There is a lack of research on how the new immigration policies under the Trump Administration are discouraging the Latino Community from seeking health care. Previous research has shown that restrictive policies toward Latinos affect how they interact with police officials, public school officials, and healthcare providers. Under the Trump administration, there have been dramatic shifts in immigration policy. For instance, increased immigration enforcement, travel bans targeting primarily Muslim countries, the termination of the Deferred Action for Childhood Arrivals (DACA) program, the rescission of Temporary Protected Status (TPS) for Salvadorans, Haitians, and Nepalese and the zero-tolerance rule that disqualifies any applicant from adjustment of immigration status if it is viewed as a public charge for the U.S. government (Santiago, C. D., Richards, M. H., & Walts, K. K. (2018) These proposed immigration policies are directly affecting the Latino behavior. Research has found that as a response to restrictive immigration policies, Latinos tend to limit as much as possible their interaction with government authorities.

Thesis Statement

My theoretical argument is that threatening political climate influences Latinos' willingness to access health care. This is not just noncitizens, but all Latinos due to a heightened sense of linked fate.

Theoretical Framework

I hypothesize that those who identify as Latino are less likely to seek medical care since the election of Donald Trump, compared to members of other racial/ethnic groups. Further, I predict that Latinos who view Trump's immigration policies as restrictive on Latino immigrants will be less likely to seek medical care. I also predict that Latinos with higher linked fate are more likely to view Trump's immigration policies as restrictive on Latinos. While Latinos with higher linked fate are less likely to seek medical care. Finally, I hypothesize that Latinos who see President Trump's policies as restrictive toward immigrants are more likely to increase their political participation.

Project Description

This research paper investigates and analyzes how the new immigration policies under the Trump administration are becoming the main factor that influences Latino behavior, especially when it comes to seeking health care. To answer this question, I relied on an original survey (IRB2020-0066D) that was fielded through Lucid Theorem. Respondents were asked to provide critical demographic information and their partisanship, along with a good portion of questions centered on their access to healthcare. I look at individual willingness to access healthcare as a function of immigration policy threat, controlling for a host of alternative explanations. Regression models used in this analysis, either partially support or completely reject my five hypotheses. Based on the results, I do not find strong support for my theory. Still, I

do seem to find evidence that the threatening political climate influences non-citizens Latinos' willingness to access health care. The results shed light on a statistically significant correlation between being Latino non-citizen and the decrease of seeking healthcare. This study has important implications, particularly within the context of the current global pandemic that the world is facing. Therefore, this research aims to eventually open the discussion for possible immigration policy revisions or even the discussion for ways to make an easier path for the Latinos communities to access healthcare.

DEDICATION

This research paper is dedicated to Julia Castillo, my mom, who is now a cancer survivor since June 2019. In March 2017, my mom was diagnosed with stage three melanoma on her right eye. There was a dark spot on my mom's eye that started to grow year by year, but my mom never visited a doctor due to financial, language, and transportation barriers. On top of that, my mom did not have health insurance, and she did not qualify for Medicaid since she was a permanent resident. Miraculously, my mom met Dr. Merritt, an ophthalmologist who knew that money was the biggest barrier for my mom to seek medical attention. He generously decided to offer his services for free. Dr. Merrit even connected my mom to MD Anderson Cancer Center in Houston. My mom received a total of 17 immunotherapy treatments, as well as multiple MRAs, CT scans, blood tests, and an eye surgery - all totaling up to more than 25 visits to MD Anderson Cancer Center in Houston for almost two years. My mom also received hotel and gas vouchers for each treatment she took. The good news is not only that my mom is cancer-free but also that my mom did not pay any cent out of her pocket. My mom received all this medical aid even though she was "just" a green card holder with no health insurance thanks to the help of Dr. Merritt. This research thesis is also dedicated to my dad and my sister, who travelled to Houston every three-weeks to Houston from Dallas so my mom could get her cancer treatments and eye surgery. Thank you, Dad, for missing work and driving my mom to Houston. Thank you, sister, for missing school so you could translate to Spanish what the doctors were saying.

Finally, I would like to thank God for miraculously provided healthcare access to my mom and for healing my mom from cancer. Praised God!!

ACKNOWLEDGMENTS

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INTRODUCTION

While there is extensive research and conversation about how restrictive immigration policies tend to affect Latino behavior, there is a minimal discussion on how the new immigration policies under the Trump administration are discouraging the ever-growing Latino population from seeking healthcare. During the initial phases of this research paper, it became clear that there is enough data on the impact of immigration policy on how Latinos interact with police officers and public school officials. However, there was little data available on the effects of Trump's immigration policies on how Latinos interact with health providers. And even there were very few studies that aim to investigate if Latinos are less likely to seek healthcare since the election of Donald Trump. New studies also suggest that these new immigration policies are increasing Latino voter turnout.

With this predicament in mind, the goal of this research is to find out if the new immigration policies are discouraging Latinos regardless of their immigration status from seeking healthcare. Though this research only sheds light on the effect of restrictive immigration policies on Latino behavior, it carries implications that pertain to the nation's economy, as well as future health and immigration policies.

Around 57 million people of Latino-origin currently reside in the U.S., representing 17.6% of the total population (Theodore, 2013). Lack of access to health care and health insurance remain prominent issues for the Latino community, making them one of the most vulnerable groups in the U.S. in terms of health care (Theodore, 2013). This is mainly due to factors such as having a low socio-economic status, language barriers, and especially immigration status. To effectively address the health needs of the Latino communities and to

improve healthcare policies, it is crucial to understand how changes in immigration policy under the Trump administration are becoming new barriers to healthcare. This is critical since recent research has shown that Latinos are holding back from seeking healthcare like never before.

Reducing the health care barriers for Latino immigrants is vital to the U.S. because it can prevent Latino immigrants from developing long-term diseases, and it can decrease uncompensated care costs covered by hospitals. With this topic emerging as one of the most debated issues in the United States, especially in the 2020 presidential elections, candidate positions on the issue will be critical for gaining Latino electoral support, especially since health care is one of the top concerns of Latino voters (Amaro, 2019). Besides, it is expected that we will see either positive or negative changes toward the Latino immigrant community in the U.S. healthcare system soon. If new policies that improve all Latino communities' access to health care is implemented, it could enhance Latino immigrants' health and thereby preserve the overall quality of the U.S healthcare system and the nation's economy.

CHAPTER I

LITERATURE REVIEW

The prior literature work about how U.S immigration policies affect Latino behavior is divided into three main headings. This section will review the Latino interaction with police officials, public school officials, and the healthcare providers. Further, this section will argue the importance of providing easier health access to the Latino community since previous research explains that there are possible economic implications due to the high number of uninsured Latinos living in the country.

The Impact of Immigration Policy on Latino Behavior

Under the current administration, there has been an increase in restrictive immigration policies. Over the past years, we have seen increased immigration enforcement, travel bans, the termination of the Deferred Action for Childhood Arrivals (DACA) program, the rescission of Temporary Protected Status (TPS), the proposal of the public charge rule, and even the U.S citizenship exams are getting harder (Santiago, C. D., Richards, M. H., & Walts, K. K. (2018). This threatening political climate is having a direct, negative effect towards the well-being of Latino communities. Substantial research indicates that Latino are limiting themselves from interacting with police officials, public school officials and even health providers (Cruz, 2016). On the brighter side, recent research also suggests that these new immigration policies are increasing Latino voter turnout (Amaro, 2019). Therefore, it is crucial to pay careful attention to the possible harmful and helpful impacts of immigration policies on Latino communities. The following section provides a review of this existing literature.

Encounters with Police Officials

One body of research that speaks to the question at hand includes studies on the effects of immigration policies on other aspects of Latino behavior, including interaction with community officials. For example, research has shown that the Latino community experiences isolation and disconnectedness from police in response to changes in immigration policies (Theodore, 2013). Many Latinos feel isolated from the law enforcement officers who are sworn to protect them. More than four in ten Latinos say that because police are more involved in enforcing immigration laws since 2013, they have become less likely to volunteer information about crimes due to fear of getting deported or bringing unwanted attention to their family or friends (Theodore, 2013). Theodore (2013) found that 44 percent of Latinos surveyed reported they are less likely to contact police officers if they have been the victim of a crime. Based on these findings, we can infer that Latinos fear that police officers will use this interaction as an opportunity to inquire into their immigration status or that of people they know, especially in the Trump era. Also, new research indicates that among men of color, Hispanic males were two times more likely any other racial group to have a fatal interaction with the police in neighborhoods that have a high percentage of Hispanic residents (Everding, 2018). These findings are also supported by Jones (2018), who found that Black and Hispanic residents were also more likely to have multiple contacts with police than white residents, especially in the contexts of traffic and street stops. Jones (2018) argues that racial profiling toward Latinos has heightened since President Trump started encouraging police to use stop-and-frisk, a policy that allows police officials to stop residents for virtually any reason. Jones (2018) argues that this has caused law enforcement to lose credibility and trust among Latinos.

Engagement with Public School Officials

Research also shows that immigration status and the immigration policy environment affect interactions between Latino parents and school officials. The increased presence of federal immigration officials in the communities throughout the past decade has alarmed Latino parents (Solorzano, 2008.) Solorzano (2008) states that parents are concerned about how to protect their children's access to public education while also protecting their information privacy (Solorzano, 2008) Like other parents, immigrant Latino parents send their children to school. However, given their concerns about deportation, their interaction with teachers and school staff is distant, and their participation in school activities is very minimal (Cruz, 2016).

Although school districts do not allow educators and school administrators to report to immigration officers about the real or perceived immigration status of the students or the students' parents, undocumented Latino parents view educators as government employees that can enforce federal immigration laws (Solorzano, 2008). Many undocumented Latino parents do not know that their privacy is protected by the Family Educational Rights and Privacy Act 1974 [FERPA]. Unfortunately, the lack of information about their privacy rights impedes undocumented Latino parents from building a closer relationship with their children's teachers (Cruz, 2016). This results in the absence of information and trust by the Latinx families with teachers (Solorzano, 2008).

Recent research shows the fear that Solorzano (2008) describes in his study is still predominantly in the Trump era. For instance, Iris Cruz (2016) finds that Latino parents (regardless of immigration status) reported feeling ignored, disrespected, judged, and discriminated against by school teachers. The effects of these negative attitudes against Latino parents creates an uncomfortable environment and results in the absence of Latino parents on

their children's academics. Besides, Iris Cruz (2016) found out that this uncomfortable environment is not only true for Latino parents but also to Latino students. Iris Cruz (2016) interviewed Latino high school students about their high school experiences and found that negative expectations were set up for them by school personnel that inhibited their engagement in the educational process. Oddly enough, however, these negative attitudes against the Latinx communities did create one positive side effect: encouraging Latinx to increase their political participation (Cruz, 2016)

Latino Voter Turnout

Currently, more than 23 million naturalized immigrants in the United States are eligible to vote (Budiman, Bustamante & Lopez, 2020). In a February 2020, poll by Univision Noticias and the Latino Community Foundation, 73% of Latino registered voters said they would almost certainly vote in the presidential election. Latinos listed "protecting immigrant rights" as the fourth-most important issue, behind lowering the cost of health care, improving incomes, and creating more jobs (Gammage, 2020). A February 2020 Pew Research Center survey found that nationally, the top immigration policy goal for Latinos is establishing a way for most undocumented immigrants to stay in the country legally (Gammage, 2020).

A report by Budiman et al. (2020) explains that Latinos with a strong sense of group identity are more likely to participate in political activities and vote. According to a Pew Research Center study, many of the Trump administration's proposed policy changes, such as expanding the U.S.-Mexico border wall and limiting legal immigration, have generated strong, polarized reactions from the public (Budiman et al., 2020). These proposals may also affect "how immigrants see their place in America and the potential role they could play" in the 2020 presidential election (Budiman et al., 2020). These results are reaffirmed by Yesenia Amaro

(2019), who states that since the election of Donald Trump in 2016, Latinos are more likely to participate in politics such as voting and campaigning. Recent research suggests that President Trump's rhetoric sparked this notable increase of registered Latino voters in the U.S states such as California against undocumented immigrants (Amaro, 2019). For instance, in 2018, the national voter turnout rate for naturalized Latino and Asian citizens who were registered to vote was higher than among their U.S.-born counterparts, according to the Pew Research Center (Amaro, 2019). That same year, in the November midterm election in California, the eligible turnout rate for Latinos was 35.9 percent, an 18.6 percent increase from the 2014 midterm election, according to data released by the University of Southern California's Civic Engagement Project (Amaro, 2019).

Budiman et al. (2020) suggest that the notable increase of Latino political participation, such as voting, is because many Latinos come from a mixed-family status that wants to see racial changes in America. Furthermore, according to Annabella España Najera, associate professor with the Department of Chicano and Latin American Studies at Fresno State, when Latinos have a co-ethnic candidate on the ballot, they are more likely to pay attention to the election (Amaro, 2019). It is also possible that healthcare access is also a motivation for turnout, given this is an issue of top importance for Latinos.

The Impact of Healthcare Policy on Latino Behavior

Creating a more accessible healthcare system for all people living in the United States has become an increasingly crucial public policy issue. While this is not an entirely new issue, many policymakers and even 2020 presidential contenders are currently debating health policies, some of which affect Latino communities. The Democratic candidates of 2020 have embraced a clear position of offering full access to healthcare benefits to undocumented immigrants through

"Medicare-for-all" and universal coverage plans (Sullivan, 2020). A recent Gallup poll found more U.S. adults ranked access to health care as "extremely important" to their 2020 votes than any other issue, at 35 percent of total votes (Sullivan, 2020). However, data from the recent polls conducted from the SurveyMonkey Audience suggest that Democratic party voters are divided over the issue of government-provided healthcare for undocumented immigrants (Roig & Hickey, 2019)

The millions of Latino immigrants that have entered the United States are likely to have never received primary preventive health care in their country of origin. Throughout past decades, research has shown that barriers to healthcare are particularly prevalent among the Latino immigrant community after arrival in the United States. Some of those barriers are lack of knowledge regarding available services, cost of health services, as well as barriers related to differences in culture, language, and beliefs about health and illness conditions (Ku & Jewers, 2015). A study by Martinez & Rhodes (2020) found that in 2015, 17.5% of Latinos from all age groups did not have a "usual place to go for medical care," as compared to 11.2% of their non-Latino white counterparts. For young adults (aged 19-25), specifically, these percentages were 34.9% for Latinos and 25.7% for the non-Latino white population (Martinez & Rhodes, 2020).

Previous research, such as that of Terriquez & Joseph (2016), states that communication is central to the process of health care delivery and has profound effects on patient-provider relationships and on the health care people receive. Terriquez & Joseph (2016) found that language barriers between providers and patients may result in the excessive ordering of medical tests, lack of understanding of medication side effects and provider instructions, decreased use of primary care, increased use of the emergency department, and inadequate follow-up. Feder (2010) reiterates that those who lack English proficiency leave medical appointments without

understanding doctors' instructions. In one case, Paz-Soldan's clinic saw an infant who had been hospitalized for several weeks after birth. Yet, no one at the hospital had communicated to the mother that the child had Down syndrome or explained the significance of the diagnosis (Feder, 2010).

Terriquez & Joseph (2016) conducted a study and found that while 74% of young adults reported having some type of health insurance, only 63% of Latinos do. In terms of the kind of insurance, similar percentages of the entire population and the Latino subsample have employer-provided coverage (19% and 21% respectively). However, while 55% of all young adults' report having insurance through some other source (including through their parents), only 42% of Latinos do. These statistics show that Latinos are less likely than whites to work for an employer that offers health insurance to some employees, and they are less likely than whites to be eligible to participate if they work for such an employer (Terriquez & Joseph, 2016). Latino immigrants are thus more likely to be uninsured or underinsured than another ethnic groups. Therefore, they often do not go to the doctor until they need it, typically ending up in emergency care. According to Derose, Escarse & Lurie (2007), twenty-two percent of Latinx immigrants, both legal and unauthorized, have not seen a doctor in the past five years. These findings imply that the Latinx population receives inconsistent preventive health care. This, in turn, puts them at a higher risk of developing long-term diseases that could otherwise be avoided. Although undocumented immigrants may be able to receive free health care at community clinics, private charities, and hospital emergency centers, they often do not take advantage of these alternative sources of health care for fear of being reported to the authorities (Ku & Jewers, 2015). Instead, undocumented immigrants turn to unlicensed health care providers, and they often purchase prescription drugs that have been smuggled into the United States (Ku, 2019).

Economic Implications

Whether Latino immigrants are uninsured impacts not only their overall health but also the country's economy (Gonzalez, Tarraf, Vega, 2015). One of the vulnerabilities that Latino immigrants experience is that since they are less likely to be insured and receive quality health care, they are less likely to receive a timely diagnosis for severe health conditions (Ku & Jewers, 2015). For example, the Committee on Community Health Services (2005) reports that Latino children with diabetes are more likely to contract a more severe kind of diabetes called diabetic ketoacidosis. Because Latino immigrants are less likely to receive preventative care, they are forced to use emergency care when a medical condition becomes too severe to ignore. According to Conover (2019), a former Research Scholar at the Center for Health Policy and Inequalities at Duke University, hospitals of all types have provided \$538 billion in uncompensated care costs to uninsured, primarily Latino immigrants, both legal and unauthorized since the year 2000. Also, the Institute of Medicine, a component of the National Academy of Sciences, has estimated that lack of health insurance in the United States costs between \$65 and \$130 billion per year (Ku, 2019). This suggests that uncompensated hospital care for the uninsured and underinsured imposes a significant financial burden on the U.S. healthcare system (Gonzalez, Tarraf, Vega, 2015). Improving access to health care benefits and providing the opportunity to obtain health insurance to Latinx immigrants would reduce uncompensated costs and, in turn, preserve the overall quality of healthcare (Gonzalez, Tarraf, Vega, 2015).

Impact of Immigration Policies on Healthcare Access for Latino Communities

Latino immigrants face a more dire and difficult situation when accessing healthcare because of their immigration status (Ku & Jewers, 2015) Under past administrations, undocumented immigrants have not been eligible to enroll in federally funded Medicaid or

Children’s Health Insurance Program (CHIP) or purchase coverage through the Affordable Care Act (ACA) Marketplaces. However, states such as California have taken the lead in addressing these inequalities. In California all children less than 19 years old (regardless of legal status) can enroll in Medicaid. About 176,899 children have enrolled as of February 2017. Undocumented children are restricted from healthcare benefits because of their parents’ decision to immigrate illegally to the United States (Artiga & Diaz, 2019). Ku & Jewers (2015) argue that immigrant children have no control over their immigration status; therefore, it is unjust to deny them health care benefits. However, even though U.S. citizen children of undocumented immigrants are eligible for health benefits through the Children’s Health Insurance Program, recent research shows that these children have significantly fewer medical appointments than the children of citizens (Artiga & Diaz, 2019).

Permanent resident immigrants, most commonly known as green card holders, have a five-year ban before they can become eligible to apply for public health insurance programs like Medicaid and CHIP (Artiga & Diaz, 2019). This complicates health access for permanent resident immigrants not covered by private, employer-sponsored insurance (Artiga & Diaz, 2019). Finally, although naturalized citizens may use Marketplace tax credits, Medicaid eligibility is limited to those deemed “qualified,” and often, these citizens cannot afford to obtain such health insurance (Artiga & Diaz, 2019). Artiga & Diaz (2019) found that 15.5 million Latino adults under 65 years are not insured. Of this population, 43% are U.S.-born citizens, 46% are non-citizens; and 11% are naturalized citizens thus proving that eligible Latinos are still uninsured. It is important to note that many uninsured lawful immigrants are eligible for coverage options under the ACA but remain uninsured (Health Coverage for Immigrants, 2019). Artiga (2019) suggests that due to the new immigration policies under the Trump administration,

even lawful Latino immigrants are restraining themselves and their children from medical care for fear that their immigration status may change since they may be considered a “public charge”.

Theoretical Argument and Hypotheses

Existing research shows that Latino communities in the United States are being affected by barriers to health care. It is also apparent that healthcare barriers are being intensified under the Trump administration (Ku & Jewers, 2015). Currently, Latinos' immigration status places them among the most vulnerable groups in the United States when it comes to healthcare access. Undocumented Latinos, in particular, are even more susceptible as they have less access to available health services compared to their U.S. lawful or born counterparts (Ku & Jewers, 2015). Although there are studies about how current immigration policies are negatively affecting the Latinx communities, the research on how Latinos are limiting their use of healthcare in the past years remains limited.

As the Latino population continues to grow, it is crucial to understand if a threatening political climate affects their behavior. Here, I argue that changes in the political climate since the election of Trump, including the implementation of more restrictive immigration policies, are affecting Latino health decisions. I claim that this is not just among noncitizens, but all Latinos who experience a heightened sense of linked fate. The fact that immigration has been racialized to target the Latino community enhances the connection between all Latinos, regardless of immigration status, in response to restrictive immigration policies. Latinos feel a sense of threat, and this, in turn, affects other behaviors, including the willingness to seek healthcare. For instance, naturalized citizens may be limiting their use of public services for fear that the federal government will strip their citizenship rights. It may also be the case that permanent residents

will abstain from using federal benefits for fear that this will decrease their chances of qualifying for citizenship (Healthcare Coverage for Immigrants, 2020)

Specifically, I hypothesize that those who identify as Latino are less likely to seek medical care since the election of Donald Trump, compared to members of other racial/ethnic groups. Further, I predict that Latinos who view Trump's immigration policies as restrictive on Latino immigrants will be less likely to seek medical care. I also predict that Latinos with higher linked fate are more likely to view Trump's immigration policies as restrictive on Latinos. While Latinos with higher linked fate are less likely to seek medical care. Finally, I hypothesize that Latinos who see President Trump's policies as restrictive toward immigrants are more likely to increase their political participation.

CHAPTER II

METHODOLOGY

| Table 1. Respondents' Demographics | | |
|---|----------|--------------|
| | % | Count |
| Gender | | |
| Male | 47.95 | 772 |
| Female | 51.93 | 836 |
| Other | 0.12 | 2 |
| Total | 100 | 1610 |
| Ethnicity | | |
| White | 70.14 | 1125 |
| Hispanic/Latino | 10.04 | 161 |
| Black/African American | 11.47 | 184 |
| Native American or American Indian | 1.18 | 19 |
| Asian/Pacific Islander | 5.30 | 85 |
| Other | 1.87 | 30 |
| Total | 100 | 1604 |

To test my hypotheses, I relied on an original survey (IRB2020-0066D). The survey was fielded through Lucid Theorem, an online marketplace for recruiting research participants. The study population consisted of 1,702 people. However, respondents were given the option to skip any question that they did not wish to answer or exit the survey at any point. Table 1 shows the respondents' demographics. Table 1 shows that females had the highest response rates, which is 51.93%. In the age category, the age range of 56 and above had the highest percentage of responses followed closely behind by those between the ages of 26 and 40. When dividing out the participant pool by education level, the majority of responses came from respondents with some college but no degree followed by those with a high school diploma or equivalent. Though

we were most interested in gathering the input of Hispanic/Latino participants, they only made up 10% of the respondents.

Respondents were told that the survey was designed to better understand public attitudes on local government, how the public receives certain benefits, and how local officials treat them. Along with asking about critical demographic information and partisanship, a good portion of the questions centered on the access to healthcare.

My first hypothesis is that those who identify as Latino are less likely to seek medical care since the election of Donald Trump compared to members of other racial groups. Key to testing my first hypothesis were two important questions from the survey. Question 29 asked: "Since the election of Donald Trump in 2016, how much more or less are you do the following?" with one response area being "seek healthcare." This captures my main dependent variable of seeking medical care. This dependent variable was renamed to "Seeking healthcare." My main independent variable is ethnicity (Latino vs. Non-Latino).

My second hypothesis is that Latinos who view Trump's immigration policies as restrictive on Latino immigrants will be less likely to seek medical care. To test my second hypothesis, I used the following question to measure my independent variable: "What best describes your attitudes toward President Trump's immigration policies, as they affect the following groups?" I assess responses of Latino/a/x individuals in particular. This variable was renamed to "Latino's Attitudes." The dependent variable I evaluated was again Seeking Healthcare.

Additionally, I have two hypotheses on the effects on linked fate. The first of these is that Latinos with higher linked fate are more likely to view Trump's immigration policies as restrictive on immigrants, especially for Latino immigrants. To test this hypothesis, I used the

following question to capture my independent variable: "How much do you agree or disagree with the following statement: What happens to other Latino/a/x people in this country will have something to do with what happens in my life?". This variable was renamed to Linked fate. My other hypothesis is that Latinos with a higher belief in linked fate are less likely to seek medical care.

Finally, I also assess how Trump's immigration policies are encouraging political participation. I hypothesize that while threat may present a barrier to health access, it may promote civic involvement and hence motivate positive policy change in the future. This is as new representatives are elected to office that better reflect the needs and demands of the Latino community. To test my hypothesis, my independent variable measures Latino/a/x attitudes toward President Trump's immigration policies, while my dependent variable is whether Latinos are more likely to participate in politics since Trump's election, which comes from one of the responses of Question 29. This dependent variable was renamed to "Political Participation."

To assess competing explanations of Latino/a/x/ healthcare access, I also include several control variables in my models. Partisanship, education, and citizenship served as control variables. Question 3 asked, "Generally speaking, do you think of yourself as:" and the responses were "Republican, Democrat, Independent, Another party, and No reference." It is essential to control the political affiliation of the participants because being affiliated with a political party may affect attitudes towards the U.S healthcare system and behavior. Also, question 5 asked what is the highest level of school that participants have completed or the highest degree they have received. The responses were from Less than High School diploma to Professional School degree. Controlling the educational attainment of the participants would prevent us from making wrong assumptions since people who have a high educational level, probably have health

insurance, which leads to better access to quality health care. Lastly, question 7 asked if the participants are U.S citizens. This question is important because knowing the immigration status; we can understand the possible health care barriers the participants are facing and, therefore, how will this affect their beliefs and attitudes towards the health care system.

CHAPTER III

DATA ANALYSIS

I investigated the theoretical argument made above by estimating ordinary least squares models on originally collected survey data. I theorized that the threatening political climate has an effect on Latinos' willingness to access health care. This is not just noncitizens, but all Latinos due to a heightened sense of linked fate.

| Table 2. Hypothesis 1 | | |
|-----------------------------------|----------------------|-------------------------|
| Seeking Healthcare | | |
| | Model 1 | Model 2 |
| Latino | 0.078 (0.088) | 0.126 (0.089) |
| Democrat | | -0.338*** (0.063) |
| Independent | | -0.345*** (0.073) |
| Another Party | | -0.395 (0.311) |
| No Preference | | -0.444*** (0.127) |
| Education Level | | 0.066*** (0.017) |
| Non-citizen | | -0.502*** (0.191) |
| Constant | 3.045*** (0.028) | 3.041*** (0.081) |
| N | 1564 | 1510 |
| R-squared | 0.0005 | 0.041 |
| Adj. R-squared | -0.0001 | 0.036 |
| Residual Std. Error | 1.045 (df = 1562) | 1.021 (df = 1502) |
| F Statistic | 0.776 (df = 1; 1562) | 9.069*** (df = 7; 1502) |
| *** p < .01; ** p < .05; * p < .1 | | |

Table 2 shows the empirical models testing the first hypothesis. Model 1 shows the relationship between Seeking Healthcare Variable (dependent variable), and Latino Variable (main independent variable). Seeking Healthcare Variable comes from one of the answer choices of Question 29 from the survey data. A positive value in this variable means that there is an increase in the possibility that a respondent will seek health care while a decrease unit means that there is a decrease in the possibility that a respondent will seek healthcare. The Latino Variable represents the Latino respondents. The first model is a bivariate regression. In column 2, I added control variables such as political party affiliation, citizenship, and education level. It is important to include and control those variables because a lack of awareness of control variables can lead to faulty results. This is known as omitted variable bias. Additionally, noting control variables makes it easier to establish the relationship between the independent and dependent variables since it allows other researchers to be able to reproduce this data. Model 1 shows that there is a low positive correlation, not statistically significant, between Seeking Healthcare and being Latino. However, Model 2 shows a more comprehensive breakdown of the relationship between seeking healthcare and being Latino due to the inclusion of the control variables for respondents' political affiliation, citizenship and education level. Based on model 2 results, we can observe that there is a positive correlation between Education Level Variable and Seeking Healthcare Variable. This means more educated respondents were more likely to seek healthcare. Specifically, Model 2 implies that a 1 unit increase in the education variable is associated with a 0.66 increase in seeking healthcare. We can infer that the more education the respondent has causes an increase in willingness since the election of Trump.

Further, we can see that there is statistical evidence that a respondent's political affiliation has an impact on seeking healthcare. Model 2 shows that being Democrat is negatively

correlated to Seeking healthcare and highly significant value at the P-value .01. Therefore, we can reject the null hypothesis of a zero effect. The results in model 2 indicate that identifying as Democrat is associated with a 0.338 decrease in willingness to access healthcare. Similarly, when a respondent identifies as Independent there is a low negative correlation and a highly statistically significant P-value at .01. This means that when a respondent who identifies as Independent there is 0.345 decrease, and this is compared to Republicans. Model 2 also shows that when a respondent does not have a preference in a political party, there is a low negative correlation and a highly significant value at P-value at .01 when Seeking Healthcare. Thus, again implying that when a respondent does not have a preference in a political party, there is a decrease by 0.444 in Seeking Healthcare by that person.

Finally, we can observe from model 2 that there is negative correlation but highly statistically significant value at P-value at .01 for those who are non-citizens. This implies that for every respondent who is non-citizens, there is a decrease by .502 in seeking healthcare by that person allowing us to infer that non-citizens are more likely to not seek healthcare than citizens.

| Table 3. Hypothesis 2 | | |
|-----------------------------------|---------------------|---------------------|
| Seeking Healthcare | | |
| | Model 1 | Model 2 |
| Latino's Attitudes | 0.033 | -0.006 |
| | (0.067) | (0.071) |
| Democrat | | -0.128 |
| | | (0.248) |
| Independent | | 0.041 |
| | | (0.300) |
| Another Party | | -1.165 |
| | | (1.115) |
| No Preference | | 0.206 |
| | | (0.501) |
| Education Level | | 0.062 |
| | | (0.060) |
| Non-citizen | | -0.980* |
| | | (0.565) |
| Constant | 3.103*** | 2.990*** |
| | (0.119) | (0.333) |
| N | 149 | 142 |
| R-squared | 0.002 | 0.041 |
| Adj. R-squared | -0.005 | -0.009 |
| Residual Std. Error | 1.106 (df = 147) | 1.095 (df = 134) |
| F Statistic | 0.246 (df = 1; 147) | 0.815 (df = 7; 134) |
| *** p < .01; ** p < .05; * p < .1 | | |

Hypothesis 2, 3, 4 and 5 are specific about Latinos; therefore, I subset the sample to only include Latinos. Table 3 presents the OLS estimates of the effect of Latino's attitudes toward President Trump's immigration policies, as they affect the Latino community on Latino's willingness to seek healthcare. Model 1 shows that there is a low correlation but no statistical significance between Latino's attitudes toward Trump's immigration policies toward Latinos and Seeking Healthcare. This means that there is no difference in seeking healthcare between Latinos with different attitudes towards Trump's immigration policies. Model 2 shows the control variables such as political affiliation, citizenship and education. With these new additions, model

2 shows that there is no statistical significance between Latino's attitudes, Political Party affiliation, and Education Level with Seeking Healthcare. However, model 2 does show that there is a strong negative correlation between being a non-citizen and seeking Healthcare, which is statistically significant at a P-Value of 0.1. This implies that for Latinos, being a non-citizen, is associated with a 0.980 decrease on the seeking healthcare scale. This reaffirms the finding from Table 1 that non-citizens are less likely to seek healthcare.

| Table 4: Hypothesis 3 | | |
|-----------------------------------|---------------------|---------------------|
| Linked Fate | | |
| | Model 1 | Model 2 |
| Latino's Attitudes | 0.137 | 0.046 |
| | (0.107) | (0.114) |
| Democrat | | -0.883** |
| | | (0.394) |
| Independent | | -0.411 |
| | | (0.478) |
| Another Party | | -2.515 |
| | | (1.790) |
| No Preference | | -0.684 |
| | | (0.802) |
| Education Level | | -0.048 |
| | | (0.097) |
| Non-citizen | | 0.444 |
| | | (0.907) |
| Constant | 1.696*** | 2.569*** |
| | (0.190) | (0.531) |
| N | 149 | 142 |
| R-squared | 0.011 | 0.053 |
| Adj. R-squared | 0.004 | 0.004 |
| Residual Std. Error | 1.764 (df = 147) | 1.759 (df = 134) |
| F Statistic | 1.634 (df = 1; 147) | 1.082 (df = 7; 134) |
| *** p < .01; ** p < .05; * p < .1 | | |

In Table 4, I tested my third hypothesis to model the impact of linked fate on Latino's attitudes toward President Trump's immigration policies, as they affect the Latino community. Model 1 reveals that while there is a positive correlation but no statistical significance between Linked fate and Latino's attitudes, there is a strong negative correlation between being a Latino Democrat and having higher feelings of Linked fate. This association is statistically significant at P-value .05. The results imply that for Latinos, being Democrat decreases the likelihood of linked fate by 0.883.

| Table 5. Hypothesis 4 | | |
|-----------------------------------|---------------------|---------------------|
| Seeking Healthcare | | |
| | Model 1 | Model 2 |
| Linked Fate | 0.009 | -0.009 |
| | (0.051) | (0.054) |
| Democrat | | -0.121 |
| | | (0.247) |
| Independent | | 0.040 |
| | | (0.296) |
| Another Party | | -1.190 |
| | | (1.120) |
| No Preference | | 0.203 |
| | | (0.500) |
| Education Level | | 0.063 |
| | | (0.060) |
| Non-citizen | | -0.980* |
| | | (0.559) |
| Constant | 3.132*** | 3.000*** |
| | (0.132) | (0.338) |
| N | 149 | 142 |
| R-squared | 0.0002 | 0.041 |
| Adj. R-squared | -0.007 | -0.009 |
| Residual Std. Error | 1.103 (df = 147) | 1.090 (df = 134) |
| F Statistic | 0.028 (df = 1; 147) | 0.823 (df = 7; 134) |
| *** p < .01; ** p < .05; * p < .1 | | |

Table 5 relates to my fourth hypothesis and explores the relationship between Linked fate levels and willingness to seek healthcare. Model 1 shows that there is a positive correlation between Linked fate and Seeking healthcare, but this association is not statistically significant. In model 2 I again added political affiliation, citizenship and educational level as my control variables. Model 2 shows that there is not statistically significance between Latino's Linked fate, political party affiliation, and Educational level with a Latino's willingness to seek healthcare. However, Model 2 shows that there is a strong negative correlation between being a Latino non-citizen and seeking healthcare. This association is statistically significant with a P-value of 0.1.

For Latinos, being non-citizen is associated with a decrease in 0.98 on the seeking healthcare scale. This again affirms the results found in Tables 2 and 3.

| Table 6. Hypothesis 5 | | |
|-----------------------------------|---------------------|------------------------|
| Political Participation | | |
| | Model 1 | Model 2 |
| Latino's Attitudes | -0.106 | -0.183** |
| | (0.085) | (0.085) |
| Democrat | | -0.460 |
| | | (0.295) |
| Independent | | -0.805** |
| | | (0.358) |
| Another Party | | -1.951 |
| | | (1.341) |
| No Preference | | -1.396** |
| | | (0.601) |
| Education Level | | 0.016 |
| | | (0.073) |
| Non-citizen | | -2.366*** |
| | | (0.679) |
| Constant | 3.696*** | 4.269*** |
| | (0.150) | (0.398) |
| N | 148 | 142 |
| R-squared | 0.011 | 0.148 |
| Adj. R-squared | 0.004 | 0.104 |
| Residual Std. Error | 1.393 (df = 146) | 1.317 (df = 134) |
| F Statistic | 1.562 (df = 1; 146) | 3.328*** (df = 7; 134) |
| *** p < .01; ** p < .05; * p < .1 | | |

Finally, Table 6 addressed my last hypothesis regarding political participation. Model 1 shows that there is a negative correlation between Latino's attitudes and political participation, but this association is not statistically significant. In model 2, as before, I added political affiliation, citizenship, and educational level as my control variables. Model 2 shows that there is a strong negative correlation between Latino's attitudes and political participation. This association is significant with a P-value of .05. This means that when the control variables are

considered, we can infer that Latinos who perceive Trump's immigration as restrictive towards Latino immigrants are less likely to participate in political activities such as voting and campaigning. The additional results in model 2 also indicate that when a Latino identifies as Independent, there is a negative association with a 0.805 decrease in how often respondents have participated in politics. This association is statistically significant with a P-value of .05, implying that compared to Latino who identify as Republican, a Latino who identifies as Independent is less likely to participate in political activities. Similarly, when a Latino does not have a political party preference, there is a negative association with a 1.396 decrease in participating in political activities again meaning that Latinos with no political affiliation tend to participate less in political activities. Lastly, model 2 shows when a Latino is not a U.S citizen, there is a negative association with a 2.366 decrease in political participation. This association is highly significant with a P-value of .01.

CONCLUSION

It is important to address whether immigration policies are one of the main factors that are discouraging Latino communities from seeking healthcare. Access to comprehensive, quality healthcare services to all people residing in the United States is important for promoting and maintaining health and preventing and managing disease. This research is more valuable than ever in the midst of a global pandemic. The fear that this administration has fueled in immigrant communities is thwarting efforts to protect the health of everybody. Even when services are available, Latino immigrants, especially noncitizens, may be afraid to seek care.

However, the regression models used in this analysis either partially support or completely reject my 5 hypotheses. The lack of statically significant findings leads me to reject my first hypothesis stating that Latinos are less likely to seek medical care since the election of Donald Trump. I did, however, find that the more educated respondents, the more likely they were to seek healthcare. Also, results showed that a respondent's political affiliation had an impact on whether or not they sought healthcare. Respondents who identified as Democrat, Independent and not having a party of preference were found to be less likely to seek health care compared to respondents who identified as Republicans.

I also do not find support for my second hypothesis stating that Latinos who see Trump's immigration policies as restrictive on Latino immigrants will be less likely to seek healthcare. Results showed that there is no difference in seeking healthcare between Latinos with different attitudes towards Trump's immigration policies. My third hypothesis arguing that Latinos with higher linked fate are more likely to view Trump's immigration policies as restrictive on Latinos was also rejected through my data analysis. However, I found out that Latinos who identify as

Democrat are more likely to have higher feelings of Linked fate than a Latino who identifies as Republican or other political party. I reject my fourth hypothesis that concluded that Latinos with higher linked fate are less likely to seek medical care. However, I found that non-citizens, in which they made up 2.18 % of the sample population, are less likely to seek healthcare. Finally, the results partially reject my last hypothesis that states that Latinos who see President Trump's policies as restrictive toward immigrants are more likely to increase their political participation. Results showed instead that non-citizens are less likely to participate in political activities such as voting and campaigning than U.S citizens. Based on the results, I do not find strong support for my theory, but I do seem to find evidence that the threatening political climate influences non-citizens Latinos' willingness to access health care.

It is worth mentioning that there is the possibility of potential errors on the above findings. In future research, a larger target audience would be desirable to receive better data representation. My Latino sample population was only 10.04%. Also reducing nonresponse by not allowing participants to skip a survey question, would reduce biased estimators. Lastly, there might be specification errors since there is a possibility that in the survey there is a mismatch between what the survey is measuring and what it is intended to measure.

Future research could also extend to specific population groups within the Latino community such as, permanent residents, undocumented immigrants, DACA students, etc. Non-citizens avoiding healthcare would make them less healthy and thus more susceptible to an infectious disease outbreak. Therefore, there is a need for further research in non-citizens Latino behavior on healthcare during the Trump era and COVID-19.

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APPENDIX

Do you wish to participate in this survey?

Yes

No

End of Block: IRB Consent

Start of Block: Default Question Block

Q1 What is your age?

18 - 25 years

26 - 40 years

41 - 55 years

56 or older

Q2 What is your gender?

Male

Female

Other or chose not to identify

Page Break

Q3 Generally speaking, do you think of yourself as:

- Republican
 - Democrat
 - Independent
 - Another party
 - No preference
-

Q4 Do you think of yourself as closer to the Democratic party or the Republican party?

- Democratic party
 - Republican party
 - Neither
-

Page Break

Q5 What is the highest level of school you have completed or the highest degree you have received?

- Less than high school diploma
- High school graduate or equivalent (Ex: GED)
- Some college but no degree
- Associate degree
- Bachelor's degree (Ex: BA, AB, BS)
- Master's Degree (Ex: MA, MS, MENG, MED, MSW, MBA)
- Professional school degree (Ex: MD, DDS, DVM, LLB, JD)
- Doctorate Degree (Ph.D, EDD)
- Other (please specify) _____

Page Break

Q6 What is your ethnicity?

- White
 - Hispanic/Latino
 - Black or African American
 - Native American or American Indian
 - Asian/Pacific Islander
 - Other
-

Q7 Are you a U.S. Citizen?

- Yes
 - No
 - Prefer not to answer
-

Q8 How would you categorize your current residency status in the U.S?

- Legal permanent resident
 - Temporary worker
 - Asylee or refugee
 - Other or choose not to answer
-

Page Break

Q10 How often have you been stopped by the police in the past 5 years?

- More than once
 - Once
 - Never
-

Q11 How justified were the police in stopping you?

- Very justified
 - Somewhat justified
 - Neither justified nor unjustified
 - Somewhat unjustified
 - Very unjustified
-

Page Break

Q41 Thinking about the times you were stopped by police in the past 5 years, how would you describe those encounters?

- All stops were justified
- The stops were mostly justified
- The stops were neither justified nor unjustified
- The stops were mostly unjustified
- All stops were unjustified

Page Break

Q12 In an everyday encounter with police, how do you believe you will be treated?

- Very fairly
- Somewhat fairly
- Neither fairly nor unfairly
- Somewhat unfairly
- Very unfairly

Page Break

Q13 From where do you receive health insurance benefits?

- Medicare
 - Medicaid
 - Through my employer
 - Private insurance (not through my employer)
 - I do not have health insurance
 - Other (please specify) _____
-

Q14 Which best describes the care you received from medical professionals in the past year? Select all that apply.

- I received treatment for a temporary illness
 - I received treatment for a chronic illness
 - I received an annual wellness exam
 - I received treatment for a medical emergency
 - I have not received care from a medical professional in the past year
-

Q16 Have you been to an emergency room in the past 5 years?

- Yes
 - No
-

Q17 Which of the following best describes the reason for your visit to the ER?

- True medical emergency
 - A temporary illness
 - A chronic illness
 - Other (Please specify): _____
-

Q18 How healthy do you consider yourself to be?

- Very healthy
 - Somewhat healthy
 - Neither healthy nor unhealthy
 - Somewhat unhealthy
 - Very unhealthy
-

Page Break

Q19 Do you currently have children in public schools?

- Yes
 - No
-

Q20 In an everyday encounter with public school officials, how do you believe you will be treated?

- Very fairly
- Somewhat fairly
- Neither fairly nor unfairly
- Somewhat unfairly
- Very unfairly

End of Block: Default Question Block

Start of Block: Treatment

Q25 Please read the following statement made by President Trump during a speech to NYC law enforcement in July 2017. Select the degree to which you agree or disagree. "For years and years, [laws have] been made to protect the criminal...Totally protect the criminal, not the

officers. You do something wrong, you're in more jeopardy than they are. These laws are stacked against you. We're changing those laws."

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

Page Break

Q26 In the same July 2017 speech, President Trump stated the following regarding treatment of persons under arrest. Select the degree to which you agree or disagree. "Now we're getting them out anyway, but we'd like to get them out a lot faster, and when you see these towns and when you see these thugs being thrown into the back of a paddy wagon, you just see them thrown in, rough, I said, please don't be too nice."

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

Page Break

End of Block: Treatment

Start of Block: Control

Q23 Please read the following statement made by Bill Gates in 2010 regarding public education in America. Select the degree to which you agree or disagree. “Schools aren’t developing the potential of our kids, and you see that in the dropout rates....The education system is the only reason the dream of equal opportunity has a chance of being delivered—and we’re not running a good education system.”

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

Page Break

Q27 In the same 2010 interview, Gates discusses the evaluation systems for public school teachers. Select the degree to which you agree or disagree with the following assessment: “We’ve ended up with a personnel system that essentially does no evaluation. It doesn’t identify whether teachers are weak or strong and gives them no incentives for improving their weak points.”

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

End of Block: Control

Start of Block: DVs and feeling thermometers

Q29 Since the election of Donald Trump in 2016, how much more or less likely are you to do the following:

| | Much less likely | Somewhat less likely | Neither less nor more likely | Somewhat more likely | Much more likely |
|---|-----------------------|-----------------------|------------------------------|-----------------------|-----------------------|
| Seek healthcare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Attend school or send my children to school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seek governmental support/welfare benefits | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participate in politics (voting, campaigning, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Q31 Are you currently receiving any of the following benefits?

| | Yes | No |
|---------------|-----------------------|-----------------------|
| SNAP | <input type="radio"/> | <input type="radio"/> |
| Medicaid | <input type="radio"/> | <input type="radio"/> |
| CHIP Benefits | <input type="radio"/> | <input type="radio"/> |

Q32 Please read the following statements and select the degree to which you agree or disagree.
“Seeking medical attention will negatively affect my chances of becoming a lawful permanent resident or a U.S. citizen.”

- Strongly agree
 - Agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Disagree
 - Strongly disagree
 - I don't know.
-

Q33 Please read the following statements and state whether you agree or disagree. “Applying for health insurance will negatively affect my chances of becoming a lawful permanent resident or a U.S. citizen.

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree
- I don't know.

Page Break



Q34 Please tell me your degree of confidence in each U.S institution listed below:

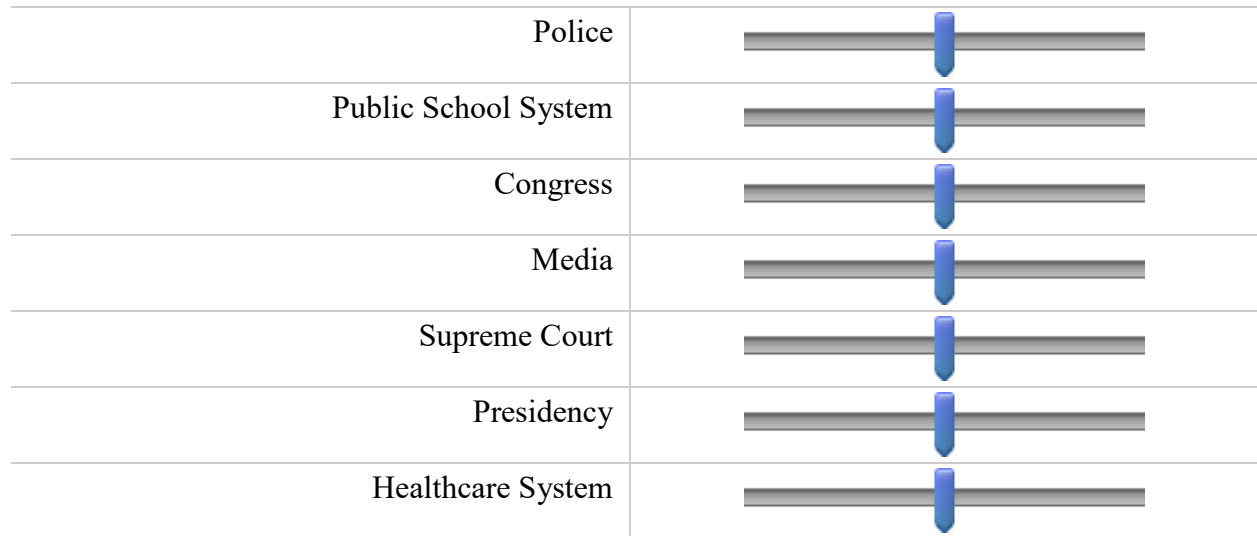
| | Very confident | Confident | Somewhat confident | Neither confident or not confident | Somewhat not confident | Not confident | Not confident at all |
|----------------------|-----------------------|-----------------------|-----------------------|------------------------------------|------------------------|-----------------------|-----------------------|
| Police | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public school system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Congress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Media | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Supreme court | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Healthcare system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presidency | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q35 I'd like to get your feelings toward some of the institutions in American society. Please rate each group or person using something called the feeling thermometer. Rating between 50 degrees and 100 degrees means that you feel favorable and warm toward the group or person. Ratings between 0 and 50 degrees mean that you have unfavorable feelings toward the group or person and that you don't care too much for them. You would rate the group or person at 50 if you don't feel particularly warm or cold toward them.

0 10 20 30 40 50 60 70 80 90 100



Page Break

Q45 What best describes your attitudes toward President Trump's immigration policies, as they affect the following groups?

| | Very restrictive | Somewhat restrictive | Neither restrictive nor welcoming | Somewhat welcoming | Very welcoming |
|-----------------------|-----------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|
| All immigrants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asian immigrants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Latino/a/x immigrants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Muslim immigrants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Q44 How much do you agree or disagree with the following statement: What happens to Latino/a/x people in this country will have something to do with what happens in my life?

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

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Q36 How would you rate the job that police in your community are doing when it comes treating racial and ethnic groups equally?

- Very poor
 - Below average
 - Average
 - Above average
 - Excellent
-

Q37 How serious a problem do you think police brutality is in the United States?

- Extremely serious
 - Very serious
 - Moderately serious
 - Not too serious
 - Not at all serious
-

Q38 How serious a problem do you think violence against police is in the United States?

- Extremely serious
- Very serious
- Moderately serious
- Not too serious
- Not at all serious