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Racial Attitudes and Health Care Policy Opinion: An Anglx–Latinx Contrast

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Abstract: Recent studies confirm that Anglxs' racial attitudes can shape their opinions about the Affordable Care Act (ACA), particularly when this federal health care policy is linked to Barack Obama. Strong linkages made between Obama and the ACA cue Anglxs to apply their racialized feelings toward Obama to their health policy preferences. This is consistent with a growing body of research demonstrating that "racial priming" can have a powerful impact on Anglxs' political opinions. Yet few studies have explored racialized policy opinion among minorities, and fewer still have explored racial priming among Latinxs. In this paper, we compare the effect of racial priming on the health policy preferences of Latinxs and Anglxs. Using survey evidence from the 2012 American National Election Study, we find important Anglx–Latinx differences in racialized policy preferences. However, we also find that racial priming has an effect on U.S.-born Latinxs that closely resembles its effect on Anglxs. Results suggest that increasing ethnic diversity in the United States will not necessarily produce increasingly liberal politics as many believe. American politics in the coming decades will depend largely on the ways in which Latinxs' racial sympathies and resentments are mobilized.

Keywords: Health policy, racial politics, Latinx politics, public opinion, racial priming, Obama.

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INTRODUCTION

Studies show that racial attitudes are often associated with policy opinions regardless of whether the policy in question is ostensibly about race (e.g., Tesler 2012). This pattern has been observed in research on criminal justice (Pickett, Tope, and Bellandi 2014), social welfare (Gilens 1999), and even taxation (Brown 2007; Sears and Citrin 1985).[1] Related research suggests that racial sentiments may be shaped, activated, or primed by the use of particular linguistic elements from sources such as political actors or the media (Lopez 2014; Mendelberg 2001). Yet "Previous research has focused almost entirely on samples of white Americans and their attitudes toward Blacks, neglecting. . .how racial minorities may be affected by racial primes" (Hutchings and Jardina 2009, 401). While recent studies have begun to explore racial priming among Blacks (White 2007), scholars have yet to examine racial priming among other minority groups, perhaps most notably Latinxs. The present study addresses this gap by contrasting racialized sentiments toward health policy among Latinxs and non-Hispanic whites (henceforth "Anglxs").[2]

Latinx political sentiments are expected to be increasingly important for U.S. politics in the coming decades. Demographically, Latinxs make up the largest and fastest growing ethnic group (Colby and Ortman 2014). The Latinx proportion of U.S. voters has increased in every recent presidential election, and this trend is expected to continue (File 2013). The extent to which Latinxs bring their racial sentiments to bear on the policy process is likely to have a significant impact on partisan politics and the social consequences of those politics in the coming decades.[3]

In this study, we are particularly interested in attitudes regarding health policy. Health policy has been among the most salient, important, and contentious policy areas in recent years. President Barack Obama's first major domestic initiative—The Affordable Care Act (ACA)—was a proposal to overhaul important aspects of the nation's health care system. The legislation spawned rancorous partisan debates. The bitter discourse lead some to suggest that anti-Black antagonism was an underlying, and sometimes overt, feature of opposition to Obama's efforts to alter health policy (e.g., Robinson 2009; Waldman 2014). A Pew survey from 2009 found that 54% of respondents thought that race played at least some role in opposition to Obama's policies (Pew 2010). Indeed, Tesler (2012) found that racial attitudes became a more potent predictor of Anglxs' attitudes toward health care policy when those policies were attributed to President Barack Obama. Several additional studies provided

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similar findings (e.g., Knoll and Shewmaker 2015; Knowles, Lowery and Schaumberg 2010). Similar to other research in this area, these studies focused on the attitudes of Anglxs.

In what follows, we depart from prior research on racialized policy opinion by using data from the 2012 survey of the American National Election Study (ANES) to explicitly assess and contrast health policy opinions among both Anglxs *and* Latinxs. We ask whether Latinxs tend to bring racial attitudes to bear on health care policy opinions as do Anglxs. We also ask whether a link between racial attitudes and health policy opinions can be primed among Latinxs as among Anglxs. Our findings are discussed in terms of the United States' changing demographic profile, the persistent role of race and ethnicity in U.S. politics, and the implications for future policy.

PAST RESEARCH

Racial Attitudes and Policy Opinion

A substantial body of research demonstrates a link between racial sentiments and policy attitudes. This relationship is most straightforward with race-targeted policies such as affirmative action. The literature suggests that policies with explicit racial content elicit sentiments toward groups who are perceived to benefit (Nelson and Kinder 1996; Sears 1993; Winter 2008). Yet as indicated above, research shows that policy racialization has also occurred in policy domains which are not explicitly racial. For instance, racial attitudes have been linked to public opinion regarding taxes, crime, social welfare, and even social security (Gilens 1999; Gilliam and Iyengar 2000; Hurwitz and Peffley 1997; 2005; Sears and Citrin 1985; Winter 2008).

The literature suggests that race becomes conceptually linked to policy through a variety of mechanisms including early socialization and the production and consumption of news media (Gilens 1999; Sears and Henry 2005). Individuals are inundated with racialized understandings of policy in which government programs are widely construed as harmful to Anglxs and helpful to ostensibly undeserving Blacks (Lamis 1999, 7–8; Lowndes 2012). Among Anglxs in particular, and among other racial–ethnic groups to some degree, these understandings foment racially based personal and group interests in relation to policy (Block 2011; Bobo and Hutchings 1996; Bonilla-Silva 2006). In a prominent example, popular racialized

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tropes such as those about supposedly Black "undeserving poor" and "welfare queens" have become part of common social welfare policy understandings (Dyck and Hussey 2008; Gilman 2014, 247–248). Such ideas have been advanced by media representations of the poor and in comments by prominent political figures, including even U.S. Presidents (Katz 2013).

Additional studies show how the mention of particular words "primes" racial sentiments (Lopez 2014). For instance, use of racial code words (e.g., "urban" or "inner city") prompts stereotyped racial ideas and increases the likelihood of individuals forming a cognitive link between racial attitudes and policy opinion (Lopez 2014; Mendelberg 2001; White 2007). Hurwitz and Peffley (2005, 109) indicate that "...When messages are framed in such a way to reinforce the relationship between a particular policy and a particular group, it becomes far more likely that individuals will evaluate the policy on the basis of their evaluations of the group." For this reason, policies that have a particular racial or ethnic association—even when that association is implicit—may be particularly susceptible to a significant degree of racialization.[4]

Most crucial for the present study, research suggests that public receptivity to the policy positions of political elites is at least partly shaped by the race/ethnicity of those elites (Jacobson 2007; McConnaughy et al. 2010; Peffley and Hurwitz 2010). Studies demonstrate that many Anglxs view Black political elites as endangering their interests (Barreto, Segura, and Woods 2004; Block 2011; Lublin 1997; Scherer and Curry 2010). Hence if the demographic traits of elites influence public policy sentiments, it is plausible that legislation promoted by Barack Obama—the United States' first biracial President who self-identifies as being African-American—should be particularly susceptible to racialized evaluations. Indeed, this is what recent research has shown (Kam and Kinder 2012; Kinder and Dale-Riddle 2012). In a prominent example, Tesler and Sears (2010, 89) note that during the 2008 presidential contest, Obama's opponents increasingly linked him to policy ideas about higher levels of taxation on the affluent. As a consequence, the public's racial sentiments increasingly came to bear on their evaluations of tax policy. The data showed that "moving from least to most resentful had become associated with about a 40 [percentage] point decrease in support for raising taxes on higher-income Americans" (p. 88–9).

Scholars have recently examined how health-related policies might be similarly viewed. Indeed, a more recent study conducted by Tesler (2012) found that racial sentiments were among the strongest predictors

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of sentiments toward health care policy. A related study by Knowles, Lowery, and Schaumberg (2010) illustrated that Obama's symbolic attachment to his health insurance reform proposal (i.e., Obamacare) prompted implicit racial prejudice among the plan's white opponents (see also Maxwell and Shields 2014). In short, policies linked to President Obama are particularly susceptible to being evaluated through a racial lens, at least among Anglxs.

Latinos and Racial Attitudes

Is the racialization of policy opinion a phenomenon particular to Anglxs? As indicated above, research on racialized political opinion is dominated by a focus on the racial attitudes of Anglxs. As Hutchings and Piston (2011) note, comparatively little scholarship has assessed the racial sentiments of other racial–ethnic groups or the role of these sentiments in policy opinion (but see DeSipio 2007 and Mohamed n.d. for exceptions). The relative lack of research in this area is surprising because there is little reason to suspect that minority groups are immune to exposure to and internalization of some of the broader social messages and stereotypes about other minorities. The dynamics of group-based status conflicts and material interests fomented by these messages and stereotypes, though somewhat varied between Anglxs and other racial–ethnic groups, are not altogether benign and have notable effects on intergroup sentiments (Bobo and Hutchings 1996; Tesler and Sears 2010).

The racial sentiments of Latinxs in particular have been found to reflect those of Anglxs in important ways (Tesler and Sears 2010, 98–99). While Latinxs do often hold relatively structural views toward racial and ethnic inequality and often vote dissimilarly to Anglxs, many feel closer to Anglxs and attempt to distance themselves from Blacks socially and politically (McClain et al. 2006; Segura and Valenzuela 2010). One often-cited study by Johnson, Farrell, and Guinn (1997) found that a substantial percentage of Latinxs view African-Americans as less intelligent than Latinxs. A different study by McClain et al found that 57% of the Latinx immigrants in a survey of a southern city stated that almost no African-Americans could be trusted, and about 59% stated that few Blacks are willing to work hard (McClain et al. 2006, 578). Other research by Segura and Valenzuela (2010, 505) shows that "Hispanics have mean responses on stereotype measures. . .that are statistically indistinguishable from those expressed by non-Hispanic whites." These recent studies are

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consistent with earlier works suggesting that many Latinxs feel socially closer to Anglxs than to African-Americans (Dyer, Vedlitz, and Worchel 1989; but see Kaufmann 2003 for an examination of important exceptions). Collectively, this work suggests that an assessment of the racial sentiments of the rapidly expanding Latinx population in the United States has important implications for the future of public policy.

Because there is comparatively less research on Latinx racial sentiments compared with those of Anglxs, we know relatively little about the links between Latinx racial sentiments and Latinx political opinion (Bowler and Segura 2012). Yet scholars are more frequently examining related issues. Studies by Segura and Valenzuela (2010) and Tesler and Sears (2010) each found links between Latinx racial sentiments and voting choices. Ditonto, Lau, and Sears (2013) additionally found links between Latinx racial sentiments and opinions of explicitly racial policy such as affirmative action. In these studies, goodwill toward Blacks was associated with relatively liberal political preferences and resentment toward Blacks was associated with relatively conservative political preferences.[5] Yet Latinx attitudes are peripheral findings in these studies, which means that the focus remains on the racial and policy sentiments of Anglxs. As a consequence, whether Latinxs apply racial attitudes to policy opinions which are not explicitly racial and whether Latinxs are susceptible to racial priming with respect to policy opinions remain open questions. In the following section, we formalize our expectations regarding Anglx–Latinx comparisons in racialized political preferences and the degree to which priming affects how Latinxs translate attitudes about race into opinions about health care policy.

HYPOTHESES

Our study is an attempt to answer the call for more research exploring the potential role of Latinxs' racial attitudes on their policy opinions. As noted in the literature review, the same stereotypes and racial–ethnic conflicts which subvert Blacks relative to Anglxs also come to influence Latinxs. While many Latinxs are resistant to pathological views of Blacks as a function of sympathy stemming from their own subordinated status (Sanchez 2008), many others adopt ready-made stereotypes of Blacks similar to those espoused by Anglxs. In such cases, notions of racial superiority over Blacks are adopted, and concerns over group competition are elevated (Segura and Valenzuela 2010; Tesler

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and Sears 2010). Some Latinxs may also internalize Anglxs' nebulous notions of the state as an aid to Blacks and an impediment to Anglxs (Lowndes 2012). Latinxs may therefore come to see government policy as largely or primarily benefitting Blacks. Accordingly, opinions of government health care may be influenced by racial sentiments among Latinxs, as they are among Anglxs (Maxwell and Shields 2014). As with Anglxs, the expectation is that having negative attitudes about African-Americans should be associated with greater opposition to government health care efforts, and vice-versa (Tesler 2012). The first hypothesis is, therefore, as follows:

H1: *Latinxs with sympathetic views toward Blacks are less oppositional to government health policy, and Latinxs with negative views toward Blacks are more oppositional.*

Whether or not Latinxs generally view government policy through a racial lens (as Anglxs often do, e.g., Winter 2008), it may be the case that Latinxs' racial sentiments can be brought increasingly to bear on their political preferences through racial priming. Previous research on racial priming has focused almost entirely on samples of Anglx Americans and their attitudes toward Blacks, neglecting how Latinxs may be affected by racial primes. Yet Latinxs inhabit the same atmosphere of chronically accessible anti-Black stereotypes and racialized notions of the state as do Anglxs. As noted above, ideas about racial group threat are readily accessible, even if acceptance of those ideas is tempered somewhat by empathy and a relatively structural understanding of inequality. Through racial priming then, racial sentiments might be brought to bear on preferences toward a given policy. Accordingly, linking Obama with policy may prime a link between Latinxs' racial sentiments and their policy assessments, as it does among Anglxs (Tesler 2012). In the present case of government health care, Latinxs' racial sentiments might come increasingly to bear on their opinions toward health care policy as Obama is increasingly implicated. Accordingly, our second hypothesis is as follows:

H2: *As Barack Obama is increasingly linked with health policy, Latinxs will increasingly bring their racial sentiments to bear on their attitudes toward health policy. This will happen in such a way that Latinxs with sympathetic views toward Blacks will become less oppositional to health policy, and Latinxs with negative views toward Blacks will become more oppositional.*

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METHODS

Data for this study come from the 2012 survey of the ANES. The 2012 ANES contains an oversample of self-identified Latinx and Black respondents and is therefore better suited for the current study compared with other national surveys (ANES 2013).[6] Importantly, the 2012 ANES also contains three key measures of attitudes toward health care policy. The first measure asks respondents their preferences toward a government versus private health insurance system on a seven-point scale where greater opposition to government health care is scored with higher values. This item does not implicate an association between health policy and Barack Obama in any direct sense. The second measure asks respondents for their attitudes toward the ACA on a seven-point scale where greater opposition to the ACA is scored with higher values. This item implicates Obama in the sense that the ACA is closely linked with Obama in popular discourse and the ACA is commonly called "Obamacare." The third item asks respondents their attitudes toward Obama's handling of health care policy on a four-point scale where greater opposition to Obama's handling of health care policy is scored with higher values. This third item explicitly associates Obama and health care policy, since it is precisely Obama's handling of health policy that respondents are prompted to consider.

These three items are each useful for determining whether Latinxs bring their racial sentiments to bear on their attitudes toward health policy. Moreover, when taken together, there is the additional benefit that these three health policy survey items increasingly implicate Barack Obama and therefore offer a unique opportunity to determine whether the increasing associations with Obama prime a link between racial sentiments and attitudes toward health policy. This is because the items represent different "levels" of the degree to which Obama is linked with health care policy in the respective survey questions (in one item, there is no association, in another, the association is indirect; in the third, the connection is explicit). Note that regression coefficients in analyses below are standardized on the *y*-axis in order to address problems which would otherwise arise from comparing effects across models with dependent variables scored on different scales. Exact wording for all survey items and details on the construction of all variables can be found in Appendix A.

Since individuals classified as Latinx have a wide variety of backgrounds and experiences, we decompose the findings in accordance with different

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Latinx experiences where possible. Given limitations in the data, we are only able to meaningfully differentiate Latinxs born in the United States ($N = 488$) and those born elsewhere ($N = 299$).

Racial sentiments are measured using the popular racial resentment index. Racial resentment is measured using a standard set of four survey questions (see Kinder and Sanders 1996). These questions relate to respondent perceptions of Black individuals' work ethic, experiences with discrimination, and deservingness. Our measure is an additive index generated from the four survey items ($\alpha = .80$). As in prior research, the resulting index is rescaled for ease of interpretation so that the least racially resentful score is at zero, the most racially resentful score is at one, and all other scores range between. Thus, a one-unit change in the racial resentment variable translates to moving across the full range of the scale.

The 2012 ANES is particularly useful for this study because it contains several control variables, which, when included in the analyses, allow us to state with a higher degree of confidence that our measure of racial attitudes does indeed capture racial sentiments rather than political sentiments void of racial content (Henderson and Hillygus 2011; Rabinowitz et al. 2009;). These controls include the usual measures of liberal–conservative ideology and party identification as well as measures for anti-statism (which measures the extent to which respondents oppose state intervention into social, economic, or private affairs; see Tesler 2012), and inegalitarianism (which measures a respondent's preference for equality across groups; see Sears, Henry, and Kosterman 2000). All ideological controls are coded, like racial resentment, with the most liberal values at zero, the most conservative values on the high end at one, and all other values in between. Also included in the models below are demographic controls known to be correlated with socio-political attitudes. These include income, education, gender, and residence in one of the 11 formerly confederate southern states. Income is coded on a 27-point scale provided by the ANES, with incomes below $2500 at the low end and top coding at $212,500 and above. Education is coded at five levels from "Less than high school" at the bottom category of coding through "Graduate degree" at the top category of coding. Gender is coded using a binary measure with "female" as the referent group. The "southern" variable is also binary and is coded with non-formerly confederate states as the referent group.

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ANALYSIS

Descriptive Statistics

Table 1 presents descriptive statistics for all 2012 ANES survey respondents and for three racial–ethnic groupings: Anglx, Latinx, and Black. For each of the three dependent variables concerning health policy, Anglxs tend to be most oppositional, Latinxs tend to be less oppositional, and Blacks tend to be the least oppositional. A similar pattern can be seen in racial resentment scores, where Anglxs have the highest tendency toward racial resentment, Latinxs are slightly less resentful, and Blacks are the least resentful.

It is important to take a close look at the descriptive statistics in Table 1 concerning the focal group, Latinxs. Note that the difference in racial resentment scores between Latinxs (.64) and Anglxs (.67) is only 3% of the scale's breadth. This difference is small, particularly in comparison to the 23 percentage point difference between Latinxs and Blacks (.41). Note also that the mean racial resentment scores for Anglxs and Latinxs fall on the upper (more resentful) half of the scale, while the mean score for Blacks is on the lower (more sympathetic) half of the scale. This suggests that racial resentment among Latinxs is more similar to the sentiments of Anglxs than it is to those of Blacks. This also suggests that racial priming, if it influences all three racial–ethnic groups, could polarize the political preferences of Latinxs and Anglxs in opposition to the preferences of Blacks. Such data patterns imply the potential for a large block of the population to align in opposition to the preferences of Black people on the basis of racial resentment.[7] But do the racial attitudes of Latinxs in fact bear on their attitudes toward health policy? And does racial priming influence Latinxs as it does Anglxs?

Table 1 demonstrates that racial resentment and health policy preferences trend to run parallel to each other across racial/ethnic groupings. Anglxs have the highest means, Latinxs have lower means, and Blacks have the lowest means. This pattern of parallel means for racial resentment and health policy preferences across the racial–ethnic groupings suggests that differences in racial resentment between the groupings may be contributing to the differences in attitudes toward the three policy items. However, note that all ideological controls (and also the income control) follow this same pattern. Separating the independent effects of racial resentment will therefore require multivariate analyses with all variables considered simultaneously.

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Table 1. Descriptive Statistics Across Racial–Ethnic Identity Groups

	All Respondents		Anglxs		Latinxs		Blacks		
	Mean	*SD*	*Mean*	*SD*	*Mean*	*SD*	*Mean*	*SD*	*Range*
Dependent Variables									
Govt.–Private Health Insurance	4.18	1.90	4.36	1.75	3.73	2.21	3.51	2.11	1–7
Favor–Oppose the "2010 Health Care Law"	4.07	2.23	4.41	2.06	3.60	2.34	2.49	1.96	1–7
Favor–Oppose "Obama's Handling of Health Care"	2.61	1.32	2.87	1.17	2.23	1.51	1.38	.99	1–4
Predictor Variables									
Racial Resentment	.63	.25	.67	.22	.64	.27	.41	.26	0–1
Inegalitarianism	.42	.21	.44	.19	.40	.22	.27	.21	0–1
Anti-statism	.50	.33	.56	.30	.40	.35	.26	.28	0–1
Liberal–Conservative	4.25	1.45	4.38	1.34	4.02	1.70	3.74	1.62	1–7
Democrat–Republican	3.81	2.13	4.24	1.91	3.14	2.37	1.91	1.56	1–7
Family Income/$10,000	6.29	5.18	6.82	4.85	4.87	5.24	4.42	5.61	.25–21.25
Gender (Female as referent)	.49	.50	.50	.46	.50	.61	.47	.60	0, 1
Age Group	7.08	3.40	7.40	3.10	5.79	4.01	6.36	4.05	1–13
Education Group	2.90	1.14	3.02	1.06	2.46	1.30	2.63	1.25	1–5
Southern	.32	.47	.28	.41	.37	.59	.55	.60	0, 1
Feel Cold Toward Obama	.44	.35	.51	.31	.31	.38	.11	.22	0, 1
N	4619		2981		789		847		

Multivariate Analysis

Nine multivariate analyses are conducted to determine, first, whether racial resentment is associated with health policy preferences among Latinxs as it is among Anglxs and, second, to determine whether racial sentiments are associated with Latinxs' policy preferences as Obama is increasingly implicated with the policy. For all three racial–ethnic subgroups, a full multivariate model including the racial resentment predictor is fit for each of the three dependent variables ($3 \times 3 = 9$).[8] Recall that coefficients in these models are standardized on the *y*-axis so that standard-unit changes in the dependent variables can be compared across models for a given predictor such as racial resentment. Coefficients can be interpreted precisely as a standard deviation change in a given dependent variable for a one-unit increase in the predictor.[9]

If racial resentment is significantly associated with each of the dependent variables among Latinxs, the first hypothesis is supported. The second hypothesis is supported if the Latinx models reveal increasingly large racial resentment coefficients as the survey items that compose the dependent variables increasingly implicate Barack Obama.

Table 2 displays the racial resentment coefficients drawn from these nine multivariate models in rows one through three. Full models have been placed in Appendix B for brevity in the main text.[10] Notably, the racial resentment coefficient is significant for every dependent variable among Anglxs, but the racial resentment coefficient is not statistically significant for the first dependent variable among Latinxs net of other factors, and the coefficient is only significant for the second dependent variable at a generous α cutoff of .10. Thus, the first hypothesis is not supported. Latinxs do not tend to bring their racial sentiments to bear on attitudes toward government health policy generally. Seemingly, Latinxs' marginalized social positions make clear to Latinxs the existence of major inequities in the social structure, and this inhibits the adoption of the mindset, relatively common among Anglxs, wherein government health policy is viewed simplistically as unearned favoritism for racial minorities.

Table 2 does, however, indicate that such a mindset can be primed. The racial priming effect is clearly visible among both Anglxs and Latinxs. For both of these groups, the coefficient for racial resentment increases in size from one dependent variable to the other as Obama is increasingly implicated (columns A through C). Among Anglxs, all of the coefficients are statistically significant at $p < .001$ (.39; .49; .53). Among Latinxs, statistical significance reflects the smaller but increasingly

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Table 2. Y-Standardized Racial Resentment Coefficients from Full Multivariate OLS Models Predicting Health Policy Attitudes

		Dependent Variables			
Row	Race–Ethnicity Groups and Subgroup	A Oppose A Govt. versus Private Health Insurance System	B Oppose the ACA	C Oppose Obama's Handling of Health Policy	D N
1	White Non-Hispanic	.39***	.49***	.53***	2982
2	Black Non-Hispanic	.13	−.09	−.11	847
3	Hispanic	.29	.32^	.49*	790
4	Hispanic non-native	1.08**	−.31	.19	299
5	Hispanic native	.07	.63**	.67*	488

$p < .001^{***}$; $p < .01^{**}$; $p < .05^{*}$; $p < .10^{\wedge}$.

large magnitude of the racial resentment coefficients: the coefficient for opposition to a government versus private health insurance plan (.29) is not significant, the coefficient for opposition to the ACA is larger (.32) and is significant with a generous α of .10, and the coefficient for oppositional attitudes toward Obama's handling of health care is largest (.49) and is statistically significant at the more conventional α cutoff of .05. The differences in the coefficients are in some cases modest, but the findings consistently support the second hypothesis.

Notably, the effect of racial priming seems to be slightly greater among Latinxs than Anglxs. For Anglxs, the difference in racial resentment coefficients from the least to most racially primed dependent variable (.39–.53) is .14 standard deviations. For Latinxs, the difference in racial resentment coefficients from the least to most primed dependent variable (.29–.49) is .20 standard deviations. While Table 1 demonstrated that Anglxs tend to be more racially resentful than Latinxs, Table 2 suggests that the effect of racial priming is actually more pronounced among Latinxs.

Note that none of the racial resentment coefficients are statistically significant for Blacks, and the magnitude of these non-significant coefficients does not increase as Obama is increasingly implicated (Table 2, row 2). Mentions of Obama do not prime racial considerations for Blacks the same way they do for Anglxs and Latinxs. This again suggests that racial sentiments among Latinxs tend to reflect those of Anglxs more than Blacks.

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Latinx Nativity

Generalized statistics can obscure important variation within racial–ethnic groupings. While our data limit a full exploration, the ANES data are sufficient to explore one major dimension of difference among Latinxs: birth inside or outside of the United States. Prior research does not directly address this subject, yet there are two reasons to suspect that those experiencing early acculturation in non-U.S. locations may respond quite differently to racial primes in comparison with those experiencing early acculturation within the United States.[11] First, as noted above, the theory of symbolic racism emphasizes early socialization as important for the development of racial sentiments (Sears and Henry 2003; Sears and Kinder 1981).[12] Those socialized in the same national context as U.S.-Anglxs are therefore more likely to respond to racial primes as do U.S.-Anglxs. Second, racial identity in Latin American countries is generally understood to be less clearly defined than inside the United States (Telles and Paschel 2014). Consider for example the ideology of racial mixture, or *mestizaje*. *Mestizaje* is loosely translated as the celebration of racial mixing in Latin American countries (Telles 2004). The implementation of *mestizaje* is far from complete, and research suggests the ideology of *mestizaje* may itself help obscure and perpetuate widespread *de facto* racial stratification (Bonilla-Silva 2006; Telles 2004). Nevertheless, the blurring of racial identity boundaries outside of the U.S. context is likely to inhibit Black–White understandings of policy for those Latinxs who have recently immigrated to the United States.

Existing research is consistent with this expectation. For example, Latinxs who have adapted to the United States more extensively are more sensitive to U.S.-style racial stratification, and as a consequence, they are more likely to identify as White rather than non-White (Frank, Akresh, and Lu 2010). We might expect that this difference in sensitivity to U.S.-style racial stratification also results in differential responsiveness to racial primes, with those born inside the United States being more susceptible to racial primes.

Racial resentment coefficients for Latinxs born outside the United States and inside the United States are presented in rows 4 and 5 of Table 2. The coefficients in these rows demonstrate the importance of birth within the United States. As we might have expected, those Latinxs born *inside* the United States bring their racial sentiments resentment to bear ever-more on health policy preferences as Barack Obama is increasingly implicated (row 5).[13] This series of coefficients reflects the

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effect of racial priming often observed among Anglxs and now observed among Latinxs as a pan-ethnic grouping.

For Latinxs born *outside* of the United States, there seems to be no systematic priming pattern which results from implicating Barack Obama. To be sure, racial resentment has a significant influence on attitudes toward a government versus private health insurance system (row 4, column A). The link between racial sentiments and government health care preferences is consistent with the literature reviewed above (e.g., McClain et al. 2006) as well as research on race relations outside of the United States (e.g., Telles 2004), but this cannot be explained with reference to the racial priming phenomenon by which implicating Obama primes racial sentiments. Instead, this finding suggests that acculturation within the United States has a unique capacity to facilitate the priming of racial attitudes when Obama is implicated with a given policy, at least among non-Black survey respondents.

Directly Examining Sentiments toward Obama

The effect of racial resentment on health policy opinion increases as Obama is increasingly implicated with a given policy, at least among Anglxs and U.S.-born Latinxs. This strongly suggests that implicating Obama primes racial sentiments, but we have not yet directly examined sentiments toward Obama in and of themselves. The findings above would be further strengthened with direct evidence that feelings toward Obama are increasingly associated with the three dependent variables and that feelings toward Obama do indeed help explain the strengthening correlation between racial sentiments and health policy attitudes.

Fortunately, the 2012 ANES contains a survey item in which respondents are directly asked how they feel about Barack Obama. They are asked to indicate their feelings toward Obama on a "feeling thermometer," which is scored with the coldest feelings at 0° to the warmest feelings at 100°. Responses have been coded to match the other ideological variables, so that the warmest feelings toward Obama are scored at 0, the coldest feelings toward Obama are scored at 1, and all other scores fall between (see Table 1).[14]

Table 3 demonstrates that attitudes toward Obama are increasingly associated with the three dependent variables, as expected ($p < .001$).[15] This is the case among both U.S.-born Latinxs (.57; .84; .1.55) and Anglxs (.51; .1.07; 1.45). Does the increasing size and strength of the Obama

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Table 3. Priming Racial Resentment and Feelings of Warmth/Cold Toward Obama for Three Measures of Health Policy Preferences, Y-Standardized OLS Coefficients from Multivariate Models[a]

	Govt.-Private Health Insurance			Affordable Care Act			Obama's Handling of Health Care		
Latinxs (U.S.-born),[b] N = 472									
Racial Resentment	.07		.00	.63**		.54**	.67*		.49*
Warm/Cold Toward Obama		.57^	.57^		.84***	.79***		1.55***	1.50***
Anglxs, N = 2982									
Racial Resentment	.39***		.33**	.49***		.36***	.53***		.35***
Warm/Cold Toward Obama		.51***	.47***		1.07***	1.04***		1.45***	1.41***

[a] See Appendix B for full models. Coefficients presented are standardized on the Y-axis for comparability across DVs. All models include controls for inegalitarianism, anti-statism, liberal–conservatism, Democrat–Republican, income, gender, age, education, and southern.

[b] Following results presented in Table 2, only U.S.-born Latinxs are included.

thermometer coefficient help account for the increasing influence of racial sentiments on health policy preferences? For each dependent variable, the racial resentment coefficient decreases in magnitude when the Obama thermometer variable is included in the model. In other words, feelings toward Obama are indeed accounting for part of the effects of racial resentment on policy preferences. As expected, the effect is most prominent in the case of the third dependent variable, which explicitly mentions Obama. Here, the decrease in the racial resentment coefficient after accounting for attitudes toward Obama is 27% for U.S.-born Latinxs and 34% for Anglxs. Certainly, the relationship between racial resentment and health policy preferences is not fully explained with reference to racial priming via implication of Obama. Nevertheless, the findings do suggest that Latinxs—just like Anglxs—increasingly associate the three dependent variables with Obama, and this association primes Latinxs to bring their racial sentiments to bear on health policy preferences.

DISCUSSION

A wide and growing body of research tells us that racial attitudes shape policy opinions. Racial attitudes most clearly bear on explicitly racial policy. However, studies of racialized politics have increasingly examined public opinion toward policies with no explicit racial content, such as policy regarding health care, and found that the effects of racial sentiments on political opinion can be significant where racial sentiments have been primed. Yet studies to date have primarily focused on the views of Anglxs, leaving important gaps in our understanding of how racial sentiments bear on the political opinions of racial–ethnic groupings besides White non-Latinxs. While scholars have increasingly considered the political preferences of Blacks, the political preferences of Latinxs remain largely unexplored. Accordingly, scholars have called for inquiry into how racial sentiments come to bear on the policy preferences of ethnic minorities. The present study answers this call by assessing when and how racial sentiments influence Latinxs' views toward a non-racial subset of policy, specifically relating to health care. Three key findings emerged from this study. We elaborate on these findings below and discuss limitations as well as implications for future research.

First, while the average level of racial resentment among Latinxs is similar to that of Anglxs, it is clear that Latinx and Anglx racial sentiments diverge in important ways. In comparison to Anglxs, Latinxs born in the

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United States are less likely to apply their racial sentiments to their policy preferences when a given policy is not explicitly racial and when racial sentiments have not been actively primed. The hypothesis that racial sentiments influence Latinxs' preferences toward policy with no explicit racial content received little support, despite a literature that suggests close parallels between the racial attitudes of Anglxs and Latinxs. Accordingly, negative views toward Blacks are likely to bear on a much smaller range of political preferences for Latinxs born in the United States compared with Anglxs.

A second key finding was that among Latinxs born in the United States, an association between racial attitudes and policy support can be activated or primed. Specifically, when Barack Obama was mentioned in statements about national health policy, U.S.-born Latinxs were more likely to tie racial sentiments to their policy preferences. Those with more sympathetic views toward Blacks became less antagonistic toward government health policy linked to Obama whereas the converse is true among those with more resentful views toward Blacks. Similarly high average levels of racial resentment between Latinxs and Anglxs therefore suggest that racial priming is likely to have a net negative influence on policy support among U.S.-born Latinxs, as it does among Anglxs (Tesler 2012). Nonetheless, further research is needed to determine the conditions under which racial priming activates racial *sympathy* versus *resentment* among Latinxs as well as other racial/ethnic groups.

A third finding emerging from this study is that racial priming does not appear to influence the health political preferences of Latinxs born in non-U.S. nations. This does not mean that non-native Latinxs do not bring their racial sentiments to bear on their political preferences. Prior research demonstrates that non-native Latinxs do sometimes exhibit socially and politically relevant anti-Black attitudes (see, e.g., McClain et al. 2006), and Table 2 clearly demonstrates that non-Native Latinxs' racial sentiments can be associated with health policy preferences even without racial primes. Our study instead demonstrates that racial priming is much more potent among Latinxs raised within the American cultural milieu. The latter finding is particularly important since the number of native-born Latinxs in the United States is now larger and increasing at a much higher rate compared with foreign-born Latinxs (Krogstad and Lopez 2014). Like our second finding, this third finding also points the way to future research, since the differences in racial priming effects according to nativity suggest that future studies could fruitfully explore the ways that distinctive geo-specific cultures produce different levels of

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susceptibility to racial priming both in terms of racial sympathy and racial resentment.

The finding regarding differential responsiveness to racial primes according to nativity should be explored in greater depth. For now, we only suggest that differences between U.S. racial stratification ideologies and the ideology of *mestizaje* in the Latin American countries likely help explain why racial priming has a greater effect on Latinxs born in the United States.

We also think it worthwhile to note that similarities in racialized political sentiments between Anglxs and Latinxs do not imply that Anglxs see Latinxs as racial–ethnic equals. Research continues to suggest that Anglxs often have very negative views of Latinxs (Feliciano, Lee, and Robnett 2011) and Anglxs' negative attitudes toward Latinxs can have important political implications (Fox 2004).

CONCLUSION

A common refrain in contemporary politics is that increasing ethnic diversity in the United States will produce increasingly liberal politics (see Greenberg 2015). Our research indicates that this demographically induced shift in politics may not be as straightforward as some expect. The analyses presented above suggest that the racialization of Latinxs' political preferences may have the capacity to blunt some of the often-presumed liberalizing influences associated with increasing ethnic diversity.

This is not to say that Anglxs and Latinxs will necessarily form a united political front in opposition to Blacks. Anglx hostility toward Latinxs is instead more likely to result in what Bonilla-Silva (2006) has identified as a tiered racial hierarchy in the United States, with Anglxs holding the most status, Blacks holding the least, and Latinxs holding a status that reflects the lightness or darkness of their skin.

So long as such status differentials between groups remain entrenched, negative sentiments toward those with low status are likely to remain "chronically accessible" as popular logics and political tools for influencing policy opinion (Tesler and Sears 2010, 149). The finding here is that political preferences among many Latinxs can be racially primed. As a consequence, the ways in which Latinxs' racial sympathies and resentments are mobilized are likely to have a significant impact on the trajectory of American politics in the coming decades.

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NOTES

1. Links between racial attitudes and policy attitudes are important for many reasons. Of central concern here are policy outcomes, which are implicated inasmuch as public opinion plays a role in the formulation, production, and implementation of policy. See Burstein (2014) for a helpful review of past and current literature on democratic responsiveness.

2. In this paper, we will consistently use the term "Latinx" in reference to the concept of all people with recent Spanish-speaking heritage including those who identify—or are identified as—Latino, Latina, or Hispanic. We acknowledge the scope of this concept is ambiguous given the fluid nature of race, ethnicity, and identity. We use the terms "Black" and "African American" interchangeably. In the analyses, the term Black is exclusive of respondents in the Latinx grouping. We use the term "Anglx" in reference to white identifiers *not* in the Latinx grouping. We acknowledge that our use of these racial–ethnic terms is an imperfect compromise, and encourage the reader to view our racial–ethnic grouping terms as contested concepts rather than absolute labels. We capitalize these words here, and we know that other authors will use lowercase letters when referring to these racial groups. There will be times in this paper when we follow this convention to preserve the integrity of quotes.

3. Given recent statements about building a wall between Mexico and the United States from the highest levels of U.S. government, we hesitate to make strong statements about U.S. policy becoming more attentive to the political preferences of Latinxs in the immediate future. Nevertheless, we do expect that demographic changes will place pressure on policy makers to better represent Latinxs in the long run.

4. It is worth noting that the general public may be unaware that particular sentiments—such as racial animus—have been activated by subtle racial cues (Lopez 2014; Mendelberg 2001; Valentino, Hutchings, and White 2002).

5. These studies controlled for such factors as party identification and liberal–conservative ideology. In short, racial sentiments have unique and independent effects beyond their impact through other ideological factors known to be correlated with both racial sentiments and political preferences.

6. The 2012 ANES was conducted in four waves immediately before and after November 2012 presidential elections by the University of Michigan and Stanford University. It consists of a sample of 5916 respondents, with 2056 interviews conducted face-to-face and 3860 interviews conducted online (ANES 2013). The oversamples consist of 300 added face-to-face interviews with Blacks and 300 added face-to-face interviews with Latinxs. Respondents could choose English or Spanish as the language for the survey. More information on the 2012 survey and other ANES surveys can be found here: http://electionstudies.org/index.htm.

7. This bifurcated effect of racial priming would be observed in the plausible case that racial sympathy and resentment are equally susceptible to priming.

8. This method is preferable to a single model with racial–ethnic predictors for clarity reasons since the strength of many of the predictors should be expected to vary by race–ethnicity. A model where all predictors are interacted with race–ethnicity is implicated, and for the predictor coefficients, this is mathematically equivalent to computing separate models for each race–ethnicity, which we do here.

9. For racial resentment and the other ideological variables, recall that the coding scheme is such that a one-unit change in the variable (0–1) is the same as moving from the bottom of the scale to the top of the scale. Thus, a coefficient of .30 would be interpreted as: the change in a given dependent variable (in standard deviations) which results from moving across the entire scale of an ideological predictor.

10. While we emphasize the findings regarding racial resentment in the main text, it is also worthwhile to briefly note general patterns in the effects of the controls, visible in the full models in the Appendix. Especially worth noting are the consistently powerful independent effects of the

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inegalitarianism and anti-statism controls, the modest independent effects of the ideology and partisanship controls, and the virtually non-existent effects of the demographic controls, net of the ideological controls.

11. Here, we include Washington DC in the "United States." In order to reduce outlier effects due to geographic isolation and majority–minority demography, we reverse-code respondents who are U.S. citizens but are born in overseas territories such as Puerto Rico.

12. Other theories of racial sentiments emphasize material interests or material group interests (e.g., Bobo 1999; Bonilla-Silva 2006). The purpose here is not to adjudicate between theories, which may in any case be complimentary (Bobo 2000). We simply wish to point out that early socialization plays a key role in prominent theories of racial sentiments.

13. Mean racial resentment levels are .63 for Latinxs born in the United States and .65 for Latinxs born outside the United States.

14. The Obama thermometer variable correlates with the racial resentment variable at .5 for all three racial–ethnic groupings, .45 for Anglxs, and .3 for U.S.-born Latinxs, all at $p < .001$. The correlation for the Black grouping is not statistically significant.

15. As seen in Appendix B, these are fully controlled multivariate models identical to those analyzed above.

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APPENDIX A

Health Care Policy Attitudes

Attitudes toward a government versus private health insurance system—*inspre_self*

Respondents were asked to place themselves on a seven-level scale of preferences for government insurance or private insurance for health care. The leftmost end of the scale was labeled "Government insurance plan" and the rightmost end for the scale was labeled "Private insurance plan."

Attitudes toward the 2010 health care law—*health_2010hcr_x*

Respondents were asked, "Do you favor, oppose, or neither favor nor oppose the health care reform law passed in 2010? This law requires all Americans to buy health insurance and requires health insurance companies to accept everyone." Respondents answering "favor" or "oppose" were then asked the strength of their feelings. The result is a seven-level measure ranging from "Favor a great deal" through "Neither favor nor oppose" to "Oppose a great deal."

Approval/disapproval of President Barack Obama's handling of health care—*presapp_health_x*

Respondents were asked, "Do you APPROVE or DISAPPROVE of the way Barack Obama is handling health care?" Respondents were then asked, "Do you approve STRONGLY or NOT STRONGLY/Do you disapprove STRONGLY or NOT STRONGLY?" The result is a four-level measure ranging from "Approve strongly" to "Disapprove strongly."

Racial Resentment

The racial resentment variable is an index composed of responses to four survey items. Each item asks respondents to indicate their level of agreement with a given assertion on a five-level scale. The assertion for each survey item is presented below. Responses are additively combined and scaled so that respondents who give the most racially sympathetic responses for all questions have a score of 0 on the index, respondents who give the most racially resentful responses for all questions have a score of 1 on the index, and all other scores fall between. The measure is discussed at length by Kinder and Sanders (1996). See the main text for a brief discussion on origins, prominent uses, and reviews of the racial resentment measure.

resent_workway

"Irish, Italians, Jewish and many other minorities overcame prejudice and worked their way up. Blacks should do the same without any special favors."

resent_slavery

"Generations of slavery and discrimination have created conditions that make it difficult for blacks to work their way out of the lower class."

resent_deserve

"Over the past few years, blacks have gotten less than they deserve."

resent_try

"It's really a matter of some people not trying hard enough; if blacks would only try harder they could be just as well off as whites."

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Racial and Ethnic Identity

Survey respondents were asked, "Are you Spanish, Hispanic, or Latino?" Respondents who answered "Yes" to this question were asked, "Which Hispanic group are you?" If more than one Hispanic group was mentioned, respondents were asked "Which group do you most closely identify with?" Responses were organized into seven categories: Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Cuban-American, and Other. Few respondents fell into some of these categories. In order to conduct meaningful statistical analyses on Hispanic subgroups, Mexican-origin identifiers (Mexican, Mexican-American, and Chicano) were coded as one subgroup and Cuban-origin identifiers (Cuban and Cuban-American) were coded as one group. The remaining subgroups were sampled in too few numbers to permit meaningful statistical analyses.

Respondents were also asked for their racial self-identification. Responses were combined with responses to the Hispanic identity questions to create several summary race–ethnicity measures. The measure most suitable for this study contained four categories: White non-Hispanic, Black non-Hispanic, Hispanic, and Other non-Hispanic.

Respondents were also asked, "In what state, country, or territory were you born?" Respondents born in a U.S. state or DC were coded as U.S.-born.

The measures for Hispanic identity, race, and birth country were combined in various ways to perform the analyses in the main text.

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APPENDIX B

From Table 2: Anglxs

	Oppose a Govt. versus Private Health Insurance System Unstd./SE	Y-Std.	Oppose the ACA Unstd./SE	Y-Std.	Oppose Obama's Handling of Health Policy Unstd./SE	Y-Std.
Racial Resentment	.74	.39***	1.09	.49***	.70	.53***
	(.19)		(.21)		(.12)	
Inegalitarianism	1.00	.53***	1.12	.50***	.21	.16
	(.23)		(.23)		(.13)	
Anti-statism	1.31	.69***	1.25	.56***	.63	.48***
	(.14)		(.17)		(.09)	
Lib.-Con.	.28	.15***	.25	.11***	.14	.11***
	(.04)		(.04)		(.02)	
Dem.-Rep.	.15	.08***	.34	.15***	.25	.19***
	(.02)		(.03)		(.02)	
Fam. Inc./$10k	.03	.01***	−.03	−.01***	−.00	−.00
	(.01)		(.01)		(.00)	
Gender (F. as ref.)	−.28	−.15***	−.02	−.01	.01	.00
	(.07)		(.07)		(.04)	
Age Group	−.00	−.00	.00	.00	.00	.00
	(.01)		(.01)		(.01)	
Educ. Group	.00	.00	−.06	−.03^	−.07	−.06***
	(.03)		(.04)		(.02)	
Southern	−.08	−.04	−.04	−.02	.03	.03
	(.07)		(.09)		(.04)	
Constant	3.67		3.26		2.12	
	(.12)		(.14)		(.08)	
R^2	.40		.49		.54	
Subpop. N	2,982.00		2,982.00		2,982.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

From Table 2: Latinxs

	Oppose a Govt. versus Private Health Insurance System Unstd./SE	Y-Std.	Oppose the ACA Unstd./SE	Y-Std.	Oppose Obama's Handling of Health Policy Unstd./SE	Y-Std.
Racial Resentment	.55	.29	.71	.32^	.64	.49*
	(.42)		(.38)		(.29)	
Inegalitarianism	1.42	.75**	1.04	.47*	.31	.24
	(.50)		(.49)		(.33)	
Anti-statism	1.60	.85***	1.61	.72***	.53	.40*
	(.31)		(.31)		(.21)	
Lib.-Con.	.27	.14***	.13	.06*	.00	.00
	(.07)		(.06)		(.04)	
Dem.-Rep.	.04	.02	.31	.14***	.33	.25***
	(.05)		(.05)		(.03)	
Fam. Inc./$10k	.01	.00	.01	.00	.02	.01
	(.02)		(.02)		(.01)	
Gender (F. as ref.)	.00	.00	.19	.09	.12	.09
	(.16)		(.15)		(.10)	
Age Group	.04	.02	−.01	−.00	−.01	−.01
	(.03)		(.02)		(.02)	
Educ. Group	.13	.07	−.12	−.06	−.03	−.02
	(.09)		(.08)		(.05)	
Southern	−.04	−.02	−.06	−.03	.04	.03
	(.17)		(.17)		(.10)	
Constant	3.70		3.25		1.89	
	(.31)		(.29)		(.21)	
R^2	.28		.36		.42	
Subpop. N	790.00		790.00		790.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

From Table 2: Blacks

	Oppose a Govt. versus Private Health Insurance System Unstd./SE	Y-Std.	Oppose the ACA Unstd./SE	Y-Std.	Oppose Obama's Handling of Health Policy Unstd./SE	Y-Std.
Racial Resentment	.24	.13	−.20	−.09	−.14	−.11
	(.45)		(.37)		(.20)	
Inegalitarianism	1.40	.74*	1.20	.54**	.89	.68***
	(.61)		(.45)		(.27)	
Anti-statism	1.02	.54**	1.59	.71***	.95	.72***
	(.37)		(.37)		(.22)	
Lib.-Con.	.19	.10**	.05	.02	.03	.02
	(.07)		(.05)		(.03)	
Dem.-Rep.	.24	.13***	.34	.15***	.17	.13***
	(.07)		(.06)		(.04)	
Fam. Inc./$10k	.01	.01	−.02	−.01^	.00	.00
	(.03)		(.01)		(.01)	
Gender (F. as ref.)	−.22	−.12	.02	.01	.02	.01
	(.18)		(.15)		(.07)	
Age Group	.04	.02	−.00	−.00	−.01	−.01
	(.03)		(.02)		(.01)	
Educ. Group	−.03	−.01	−.06	−.03	.01	.01
	(.08)		(.07)		(.04)	
Southern	−.18	−.09	−.37	−.16*	−.18	−.14*
	(.18)		(.15)		(.08)	
Constant	4.51		3.75		2.11	
	(.32)		(.27)		(.16)	
R^2	.16		.24		.31	
Subpop. N	847.00		847.00		847.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

From Table 2: Latinxs Born Outside the United States

	Oppose a Govt. versus Private Health Insurance System		Oppose the ACA		Oppose Obama's Handling of Health Policy	
	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.
Racial Resentment	2.05	1.08***	−.68	−.31	.25	.19
	(.61)		(.61)		(.38)	
Inegalitarianism	1.24	.66	1.02	.46	.18	.14
	(.80)		(.80)		(.58)	
Anti-statism	1.16	.61*	1.92	.86***	0.39	.30
	(.55)		(.53)		(.33)	
Lib.-Con.	.25	.13*	.13	.06	−0.00	−.00
	(.11)		(.09)		(.06)	
Dem.-Rep.	.07	.04	.33	.15***	.35	.26***
	(.08)		(.07)		(.04)	
Fam. Inc./$10k	.00	.00	.02	.01	.03	.02^
	(.03)		(.03)		(.02)	
Gender (F. as ref.)	−.11	−.06	.47	.21^	−.09	−.07
	(.26)		(.25)		(.16)	
Age Group	.08	.04*	−.03	−.01	.02	.01
	(.04)		(.04)		(.03)	
Educ. Group	.08	.04	−.30	−.14**	−.05	−.03
	(.14)		(.11)		(.08)	
Southern	−.67	−.35*	.18	.08	.15	.11
	(.27)		(.27)		(.18)	
Constant	2.99		3.94		2.21	
	(.47)		(.42)		(.29)	
R^2	.25		.33		.39	
Subpop. N	299.00		299.00		299.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

From Table 2: Latinx Born Inside the United States

	Oppose a Govt. versus Private Health Insurance System Unstd./SE	Y-Std.	Oppose the ACA Unstd./SE	Y-Std.	Oppose Obama's Handling of Health Policy Unstd./SE	Y-Std.
Racial Resentment	.13	.07	1.41	.63**	.88	.67*
	(.53)		(.46)		(.37)	
Inegalitarianism	1.57	.83*	.88	.39	.38	.28
	(.64)		(.57)		(.38)	
Anti-statism	1.83	.97***	1.63	.73***	.54	.41*
	(.38)		(.39)		(.26)	
Lib.-Con.	.23	.12*	.16	.07^	.03	.02
	(.10)		(.08)		(.05)	
Dem.-Rep.	.08	.04	.28	.13***	.30	.23***
	(.07)		(.06)		(.04)	
Fam. Inc./$10k	−.01	−.00	−.01	−.00	.01	.01
	(.02)		(.03)		(.02)	
Gender (F. as ref.)	−.03	−.02	.01	.00	.24	.18*
	(.19)		(.19)		(.12)	
Age Group	.02	.01	−.03	−.01	−.03	−.02
	(.03)		(.03)		(.02)	
Educ. Group	.23	.12*	.06	.03	.01	.01
	(.12)		(.11)		(.08)	
Southern	.19	.10	−.08	−.04	−.06	−.05
	(.21)		(.22)		(.12)	
Constant	3.90		2.86		1.69	
	(.39)		(.36)		(.27)	
R^2	.34		.42		.45	
Subpop. N	488.00		488.00		488.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

From Table 3: Govt. versus Private Health Insurance, U.S.-Born Latinx

	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.
Racial Resentment	.13	.07			.00	.00
	(.53)				(.53)	
Fl. Cld. toward Ob.			1.08	.57^	1.08	.57^
			(.55)		(.55)	
Inegalitarianism	1.57	.83*	1.40	.74*	1.40	.74*
	(.64)		(.59)		(.62)	
Anti-statism	1.83	.97***	1.62	.86***	1.62	.86***
	(.38)		(.40)		(.41)	
Lib.-Con.	.23	.12*	.25	.13*	.25	.13*
	(.10)		(.10)		(.10)	
Dem.-Rep.	.08	.04	−.01	−.01	−.01	−.01
	(.07)		(.09)		(.09)	
Fam. Inc./$10k	−.01	−.00	−.01	−.01	−.01	−.01
	(.02)		(.02)		(.02)	
Gender (F. as ref.)	−.03	−.02	−.11	−.06	−.11	−.06
	(.19)		(.19)		(.19)	
Age Group	.02	.01	.02	.01	.02	.01
	(.03)		(.03)		(.03)	
Educ. Group	.23	.12*	.26	.14*	.26	.14*
	(.12)		(.12)		(.12)	
Southern	.19	.10	.17	.09	.17	.09
	(.21)		(.20)		(.20)	
Constant	3.90		3.65		3.65	
	(.39)		(.24)		(.40)	
R^2	.34		.36		.36	
Subpop. N	488.00		488.00		488.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

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From Table 3: Support–Oppose the ACA, U.S.-Born Latinx

	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.
Racial Resentment	1.41	.63**			1.21	.54**
	(.46)				(.42)	
Fl. Cld. toward Ob.			1.87	.84***	1.76	.79***
			(.43)		(.41)	
Inegalitarianism	.88	.39	.95	.43	.59	.27
	(.57)		(.61)		(.57)	
Anti-statism	1.63	.73***	1.37	.62***	1.28	.58***
	(.39)		(.39)		(.37)	
Lib.-Con.	.16	.07^	.21	.09*	.19	.09*
	(.08)		(.08)		(.08)	
Dem.-Rep.	.28	.13***	.14	.06*	.14	.06*
	(.06)		(.07)		(.06)	
Fam. Inc./$10k	−.01	−.00	−.01	−.01	−.02	−.01
	(.03)		(.02)		(.02)	
Gender (F. as ref.)	.01	.00	−.19	−.08	−.12	−.05
	(.19)		(.19)		(.19)	
Age Group	−.03	−.01	−.03	−.02	−.04	−.02
	(.03)		(.03)		(.03)	
Educ. Group	.06	.03	.08	.04	.11	.05
	(.11)		(.10)		(.10)	
Southern	−.08	−.04	−.13	−.06	−.13	−.06
	(.22)		(.23)		(.23)	
Constant	2.86		3.21		2.44	
	(.36)		(.23)		(.33)	
R^2	.42		.45		.46	
Subpop. N	488.00		488.00		488.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

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From Table 3: Obama's Handling of Health Care, U.S.-Born Latinx

	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.
Racial Resentment	.88	.67*			.65	.49*
	(.37)				(.29)	
Fl. Cld. toward Ob.			2.04	1.55***	1.98	1.50***
			(.24)		(.24)	
Inegalitarianism	.38	.28	.25	.19	.06	.04
	(.38)		(.31)		(.31)	
Anti-statism	.54	.41*	.21	.16	.16	.12
	(.26)		(.21)		(.20)	
Lib.-Con.	.03	.02	.07	.05	.06	.04
	(.05)		(.06)		(.05)	
Dem.-Rep.	.30	.23***	.14	.10***	.14	.10***
	(.04)		(.04)		(.04)	
Fam. Inc./$10k	.01	.01	.00	.00	.00	.00
	(.02)		(.01)		(.01)	
Gender (F. as ref.)	.24	.18*	.06	.04	.10	.07
	(.12)		(.10)		(.10)	
Age Group	−.03	−.02	−.03	−.02*	−.03	−.03*
	(.02)		(.01)		(.01)	
Educ. Group	.01	.01	.05	.04	.07	.05
	(.08)		(.05)		(.05)	
Southern	−.06	−.05	−.11	−.09	−.11	−.09
	(.12)		(.10)		(.10)	
Constant	1.69		1.63		1.22	
	(.27)		(.12)		(.20)	
R^2	.45		.58		.59	
Subpop. N	488.00		488.00		488.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

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From Table 3: Govt. versus Private Health Insurance, Anglxs

	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.
Racial Resentment	.74	.39***			.62	.33**
	(.19)				(.19)	
Fl. Cld. toward Ob.			.96	.51***	.89	.47***
			(.18)		(.18)	
Inegalitarianism	1.00	.53***	1.09	.58***	.87	.46***
	(.23)		(.22)		(.23)	
Anti-statism	1.31	.69***	1.13	.60***	1.11	.58***
	(.14)		(.15)		(.15)	
Lib.-Con.	.28	.15***	.26	.14***	.25	.13***
	(.04)		(.04)		(.04)	
Dem.-Rep.	.15	.08***	.09	.05**	.09	.05**
	(.02)		(.03)		(.03)	
Fam. Inc./$10k	.03	.01***	.03	.01***	.03	.01***
	(.01)		(.01)		(.01)	
Gender (F. as ref.)	−.28	−.15***	−.30	−.16***	−.30	−.16***
	(.07)		(.07)		(.07)	
Age Group	−.00	−.00	−.00	−.00	−.00	−.00
	(.01)		(.01)		(.01)	
Educ. Group	.00	.00	−.01	−.01	.01	.01
	(.03)		(.03)		(.03)	
Southern	−.08	−.04	−.08	−.04	−.10	−.05
	(.07)		(.07)		(.07)	
Constant	3.67		3.74		3.37	
	(.12)		(.09)		(.14)	
R^2	.40		.41		.41	
Subpop. N	2,982.00		2,981.00		2,981.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

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From Table 3: Support–Oppose the ACA, Anglxs

	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.
Racial Resentment	1.09	.49***			.79	.36***
	(.21)				(.20)	
Fl. Cld. toward Ob.			2.39	1.07***	2.31	1.04***
			(.20)		(.20)	
Inegalitarianism	1.12	.50***	1.07	.48***	.79	.36***
	(.23)		(.20)		(.22)	
Anti-statism	1.25	.56***	.75	.34***	.72	.32***
	(.17)		(.17)		(.17)	
Lib.-Con.	.25	.11***	.20	.09***	.18	.08***
	(.04)		(.04)		(.04)	
Dem.-Rep.	.34	.15***	.18	.08***	.18	.08***
	(.03)		(.03)		(.03)	
Fam. Inc./$10k	−.03	−.01***	−.03	−.01***	−.02	−.01**
	(.01)		(.01)		(.01)	
Gender (F. as ref.)	−.02	−.01	−.06	−.03	−.06	−.03
	(.07)		(.07)		(.07)	
Age Group	.00	.00	.00	.00	.00	.00
	(.01)		(.01)		(.01)	
Educ. Group	−.06	−.03^	−.07	−.03*	−.04	−.02
	(.04)		(.03)		(.04)	
Southern	−.04	−.02	−.07	−.03	−.10	−.05
	(.09)		(.08)		(.08)	
Constant	3.26		2.96		2.50	
	(.14)		(.10)		(.14)	
R^2	.49		.53		.54	
Subpop. N	2,982.00		2,981.00		2,981.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

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From Table 3: Obama's Handling of Health Care, Anglxs

	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.	Unstd./SE	Y-Std.
Racial Resentment	.70	.53***			.46	.35***
	(.12)				(.10)	
Fl. Cld. toward Ob.			1.91	1.45***	1.86	1.41***
			(.09)		(.09)	
Inegalitarianism	.21	.16	.11	.08	−.05	−.04
	(.13)		(.10)		(.11)	
Anti-statism	.63	.48***	.22	.17**	.20	.15*
	(.09)		(.08)		(.08)	
Lib.-Con.	.14	.11***	.09	.07***	.08	.06***
	(.02)		(.02)		(.02)	
Dem.-Rep.	.25	.19***	.13	.10***	.13	.10***
	(.02)		(.02)		(.02)	
Fam. Inc./$10k	−.00	−.00	−.00	−.00	.00	.00
	(.00)		(.00)		(.00)	
Gender (F. as ref.)	.01	.00	−.03	−.02	−.02	−.02
	(.04)		(.04)		(.04)	
Age Group	.00	.00	.00	.00	.00	.00
	(.01)		(.01)		(.01)	
Educ. Group	−.07	−.06***	−.08	−.06***	−.06	−.05***
	(.02)		(.02)		(.02)	
Southern	.03	.03	.00	.00	−.01	−.01
	(.04)		(.04)		(.04)	
Constant	2.12		1.77		1.50	
	(.08)		(.05)		(.07)	
R^2	.54		.62		.63	
Subpop. N	2,982.00		2,981.00		2,981.00	

^$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

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